

Canal Communities Partnership

Results from a Survey of the Needs of People with Disabilities

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October, 2007

1. Background to the Research

This document describes research carried out by the Canal Communities Partnership (CCP) in order to identify and engage with people in the CCP catchment area who are over 16 years of age and are excluded or limited in their social / employment opportunities because of having an impairment. This research was conducted in 2007 in order to allow CCP to build more links with disabled people and engage them more inclusively in the work of the Partnership. The document consists of four sections including this one. Section two provides details about the conduct of the research; section three contains the results of the survey and section four consists of conclusions and recommendations.

2. The Conduct of the Research

This section provides the history and philosophy of the design and implementation of the project, including: questionnaire design; information booklet to accompany the questionnaire; piloting both documents; fieldwork; and responses.

History: A steering committee was formed to oversee the design and implementation of the research. The committee consisted of eight individuals who were staff members or co-ordinators within the Partnership (i.e., Adult Education; Community Development; Childcare; Education and the Local Employment Service). This committee met four times throughout the period the project was operational.

Philosophy: The philosophy for the initiative was driven by Pobal's (2006) document which stated:

The visibility and the rate of participation of disabled people in community development activities throughout the country is very low. In order to create the conditions that will ensure the real and equal participation of people with disabilities in community development activities at local level, it is necessary to:

- *Understand and acknowledge the experiences of people who have disabilities (p. 4).*

This recommendation steered all aspects of the research.

Additionally, Pobal (2006) identified two models of disability:

- **The Medical Model:** which identifies the 'problem' as being within the disabled person, and the solution as providing a cure for the impairment;
- **The Social Model:** which identifies the 'problem' of disability as the barriers created by society that block full and equal participation by disabled people.

According to Pobal (2006):

The social model of disability is strongly rooted in the community development principles of inclusion, change and empowerment and recognises that society and the surrounding environment creates exclusionary barriers for disabled people (p. 8).

This philosophy underpinned the spirit of the research, the formulation of the questionnaire and information booklet and the reporting of the results which are the subject of this document.

Questionnaire Design: The first step in the research process was to design a simple, pre-coded questionnaire to be used by those involved with the survey. It contained questions concerning; difficulties with transport; hindrances to moving around in the community; difficulties accessing education, training and employment; if the respondents knew the location of their Local Employment Service and FÁS offices; the activities in which they engage in their area; difficulties with social activities; a social activity they would like in their area; things that limit or affect quality of life; hindrances in taking part in community activities; if respondents would be interested in further contact with the CCP. Demographic information was collected about respondents': gender; age; disability and for those respondents who expressed an interest in being contacted by CCP there was space for contact details.

Information Booklet: An information booklet to accompany the questionnaire was also designed and provided information on: the Canal Communities Partnership; the reason for conducting the survey; what constitutes a disability; confidentiality assurances for those contemplating taking part in the research; information on what the CCP intended to do with the information from the research; the need for a Disability Forum; information on where to

get help with completing the questionnaire; where to get further information about the survey; and useful contacts.

Piloting: The questionnaire and information booklet were piloted simultaneously by staff in CCP and by 11 people with diverse disabilities (e.g., mobility difficulty, intellectual disability, etc.) outside the CCP catchment area. Following feedback, changes to the two documents were made. The questionnaire and information booklet used in the study are contained in Appendix A to this report.

Fieldwork: CCP contacted (in person or by phone) 10 organisations of and for people with disabilities¹ and asked for their assistance in contacting their members who live in the CCP area, encouraging them to take part in the research. All organisations were provided with survey packs comprising:

- A blank, stamped envelope (for sending the information to organisations' members);
- A copy of the Information Booklet (mentioned above);
- A copy of the questionnaire (mentioned above);
- A stamped self-addressed envelope (in which to return the questionnaire to the CCP).

All five co-ordinators within the Partnership (mentioned above) were asked to distribute the survey packs to their own subgroups and additionally, to distribute them at any meetings they might be attending during the course of the survey (up to the 18th of July, 2007). The research co-ordinator met with the managers of all five Community Development Projects and one family resource centre in the area and provided each with 20 survey packs. The managers subsequently allocated a worker to distribute the packs. Care was taken not to overload any worker because this task was outside their job specifications. In total over 352 survey packs were distributed in the CCP catchment area. Of these 252 were sent to people identified by organisations of or for people with disabilities and the remainder of the survey packs (100) were distributed on a speculative basis (i.e., in the hopes of getting people

¹ See Appendix B to this report for a list of these organisations and the numbers of information packs they received to send to members in the CCP area.

with disabilities who were not affiliated to any organisation to take part in the survey).

Responses: From this distribution of survey packs there were responses from 47 people with disabilities in the CCP area. One questionnaire was returned by a couple and their information has been treated as coming from one person (a man). Three respondents from outside the area also completed the questionnaire. Because these respondents must work or conduct some activities in the CCP catchment area, their responses are included in the data. This brings the number of respondents to 50. If all survey packs distributed are considered (352) this gives a response rate of 14 per cent (50/352). If only those study packs sent specifically to people with disabilities by organisations of or for people with disabilities are considered (252) the response rate is 20 per cent (50/252). Whichever way the response rate is calculated, it could be deemed very low and disappointing.

Summary: Every effort was made to get as many people with disabilities to take part in the survey. However, this low response rate confirms Pobal's (2006) assertion that the participation of disabled people in community development projects throughout the country is very low. Additionally, because no 'launch' (media or otherwise) of the endeavour was made and people were being asked to complete the questionnaire 'cold', the response rate could be deemed adequate for the present. When a greater awareness of issues for people with disabilities in the CCP catchment area is presented at a planned conference and a Disability Forum is established, a much higher response rate to any further surveys will be expected.

3. The Results

This section reports on the results of the survey. It contains five sub-sections: the demographic details of the respondents; the difficulties they encounter; their social activities and social life; their quality of life; their knowledge of the location of their Local Employment Services (LES) and FÁS offices, their willingness to be contacted by the CCP in the future and finally serendipitous findings. Numerical tables supporting the information in these sections are contained in Appendix C to this document.

The Respondents

This sub-section gives details of the 50 respondents who completed the questionnaire including their: gender; age; disabilities; and the area in which they live.

Gender: Of the 50 people who responded to the survey and completed the questionnaire, 23 were men², 20 were women and seven respondents declined to answer the question.

Age: Of these 50 respondents, 30 gave their age (19 men and 11 women). The youngest respondent was 29 and the oldest 88 years of age. The average age³ of respondents was 58. Eighteen respondents, ten men and eight women were 64 years of age or younger and 12 respondents, nine men and three women were over retirement age (i.e., 65+). This age categorisation is used in the analysis throughout the document.

Disability: Forty-one respondents identified their type(s) of disability and nine did not. Of these, 25 had one disability (15 men and 10 women), seven had two (3 men and 4 women), two men had three, four had two (two men and two women) and one man had five disabilities. One respondent who had two disabilities did not provide information on their gender. The following are the disabilities reported by respondents:

Mobility difficulty	28
Visual impairment	10
Other disabilities ⁴	10
Hearing difficulties	6
General learning difficulty	6
Mental health difficulties	6
Intellectual disability	5

The most common disability was mobility difficulty (28), followed by visual impairment (10) and other disabilities (10). When examined by age (that is less than 65 and over 66 years of age), 17 respondents under 65 and 12 over 66 reported having one or more disabilities. Fourteen respondents provided

² One questionnaire was completed by a couple. The information from this questionnaire was analysed as if a man had responded.

³ Who gave information on their ages.

⁴ For example: epilepsy, asthma, etc.

extra information about their disability. Six respondents had a range of medical conditions - usually more than one - including asthma, epilepsy, depression, pulmonary hypertension; three had brain injuries, three physical impairments and two sensory impairments.

The respondents were asked if they would like to say anything else about their experiences of disability. Twenty-three respondents filled in this part of the questionnaire. Seven reported multiple disabilities and health problems for example:

Undergone 14 major operations in 18 years - mostly orthopaedic. Brain tumour and abnormal pathway in heart. Presently recovering from cancer. A very traumatic life changing experience but blessed to have adapted and accepted all. Feet, leg and knee all in slow motion.

Four reported brain injuries/tumours; three expanded on the nature of a physical disability for example:

Had hemiplegia [sic] when eight months old ... limited use of right hand.

Other disabilities appearing in this section were asthma, epilepsy, heart/blood conditions and visual impairment. Some respondents used the space as an opportunity to make other types of comment, for example:

Wish there were people like you 20 years ago but appreciate the fact that it is happening now.

Area: The following are the CCP Areas in which the respondents live:

Bluebell	9
Inchicore	15
Rialto	7
Kilmainham	5
Islandbridge	0
Other	11
Outside the area ⁵	3

The area with the most respondents was Inchicore (15) followed 'other' (11) and Bluebell (9). The 'other' areas where respondents live are: Drimnagh (2); 'Near the Coombe, not quite Rialto' (1); Ballyfermot (1); Donore Avenue (1);

⁵ These respondents were included in the sample because they were deemed to be involved in the CCP area in some way (see above).

Walkinstown (1); Long Lane, Dublin 8 (1); Greenhills (1); Phoenix Park (1); and two not specified.

The Difficulties Respondents Encounter

This sub-section gives details of the difficulties respondents encounter in the community and their comments about them. The respondents reported the following difficulties which are encountered by people with disabilities in the CCP catchment area.

Moving around community	30
Transport	27
Social activities	20
Accessing employment	10
Accessing training	9
Accessing education	7

Moving around the community is the most common difficulty experienced by respondents (30) followed by transport difficulties (27) and social activities (20). This result is not surprising given that the most common disability is mobility difficulties. Additionally, given the age profile of the respondents it is not surprising that so few of them report having difficulty accessing education, training and employment which is confirmed by the data.

Respondents were also given space to write comments about the abovementioned difficulties. Concerning transport difficulties some comments related to the respondent's own disabilities limiting them accessing transport. For example:

I'm visually impaired seeing numbers on buses and Luas timetable (is difficult).

Arthritic hips, cannot stand if no seat and cannot sit if seat is too low.

Mobility difficulties make it hard to stand on the Luas when disability seating area is not prioritized.

Other respondents identified environmental factors limiting them accessing transport and moving around in their communities.

The Luas is great but areas for disabled people are always full by non-disabled people.

Bus could lower step. Train hard getting on and off.

Some of the traffic lights don't have beepers on them (can't tell when to cross). (A visually impaired respondent).

Another visually impaired respondent commented:

Can't find my way on the Luas. There should be mobility training. If they had staff to assist myself on and off [public] transport it would be a big help.

Twenty-six respondents commented further on issues which stop them moving around in their community. Sixteen of these respondents mentioned the state of footpaths in their area. For example:

Footpaths - every day I can only walk in a certain direction as the footpaths are very bad and uneven where I live. Also the footpaths are very bad for the wheelchair to get around.

Asked to comment further on any difficulties encountered in accessing education, training or employment, nineteen people responded. Eight respondents said their age and/or disability precluded them from these activities, lack of training, career guidance, and accessibility were mentioned by others. The following are some examples of respondents' comments:

Disability prevents me working.

We need gym training for [name] to improve his working, stability and balance but we haven't got help.

There is no career guidance available. If there is I haven't been informed.

One older respondent made this positive comment:

I am retired and keep myself occupied and happy.

The Respondents' Social Activities and Social Life

The following are the responses to what social activities respondents engage in.

'Other' social activities	17
Member of a club	13
Go to the pub	12
Sporting activities	8
No social activities	14

It is noteworthy that fourteen respondents- twenty-eight per cent (14/50) said they did not engage in any social activity. Asked to expand on the 'other' activities they take part in, eighteen people responded. These activities were many and varied including going: walking (4); to the gym; to a centre for visually impaired youth; to bingo; swimming; darts; ballroom dancing; bowling; to a day centre for people with disabilities; and tennis club.

The issues that hindered respondents taking part in social life were as follows:

Safety and security	18
Fear of crime	16
Lack of money	14
Lack of personal assistance services	14
Access	13
Lack of confidence	9
People's attitudes	8
Lack of transport	8
Other	9

Safety and security is the issue that was most mentioned as hindering respondents taking part in social life, followed by fear of crime, lack of money and lack of personal assistance services. The 'other' issues that hindered respondents taking part in social life were (some of whom mentioned more than one issue): access (3); mobility (5); tiredness/motivation (3); no social activities available in the area (2).

Women respondents were slightly more concerned about safety and security (9) and fearful of crime (9) than were men (6 and 7 respectively)⁶. Slightly more men (7) than women (5) reported lack of personal assistance services hindered them taking part in social life. The age of respondents did not show any marked differences in their replies to this question.

Asked what social activities they would like to have in their area provided the following information:

- Sports/swimming/gym/tennis/dancing/bowling/walking/darts (10) i.e., physical activities;
- A day/drop-in/youth or social centre/ mothers' & toddlers' group/ morning coffee (9) i.e., social activities;

⁶ Some respondents did not provide information on their gender, hence the numbers in brackets do not sum to the same number as in the tabulated information above.

- Historical/bingo (2) i.e. more sedentary activities;
- All social activities (2).

(Several respondents mentioned more than one social activity, 16 mentioned none.) These results demonstrate respondents' clear wishes for the provision of social outlets for people with disabilities in their respective areas.

When asked to name some of the things which hindered their social life, thirteen people responded. Four named lack of energy, lack of motivation or health related issues; three mentioned accessibility issues (buildings, transport and paths); one needed a morning crèche for her children to enable her to get out; another had been burgled while in hospital and therefore did not like leaving the house for any length of time. One safety issue mentioned by a respondent was as follows:

The possibility of bumping into drug users and trouble makers is a potential threat to my safety.

Respondents' Quality of Life

Eighteen respondents reported on things which limited or affected their quality of life, 15 were not limited, 11 said they did not know if their quality of life was limited or not and six did not answer the question. Asked to expand on this question seventeen people responded. Seven people mentioned health / disability / depression as a factor which limited or affected the quality of their lives. Money was a problem for three respondents, two respondents mentioned they were lonely and two mentioned safety / security difficulties in the area in which they lived. As one visually impaired respondent who mentioned several issues commented:

Money (only get the pension). Lack of safe activities to do in the Bluebell area. Always need somebody with sight to go out with and help is not always there.

Loneliness affected another respondent's quality of life:

I have no social outings and therefore no friends. I have been very lonely for the past 20 years.

Location of LES and FÁS Offices

Thirty respondents knew the location of the LES office and 19 of the FÁS office in their area. Younger respondents were slightly more aware of where these offices were (13 and 7 respectively) than those who were over the age of 65 (8 and 5 respectively⁷).

Willingness to be Contacted

Asked if they would like to be contacted to take part in a workshop to discuss the findings of the survey and follow up actions 18 said 'yes', 17 'no', 10 did not know and five did not respond. Respondents were also asked if they would like any of the following contacts:

To know more about the survey	25
To know about the Canal Communities Partnership	21
To be invited to other events	17
Do not contact	8

Half of the respondents would like to know more about the survey. Overall, when the different types of contact respondents said they would agree to were examined together, 33 or 66 per cent (33/50) of the sample would welcome some sort of contact with CCP.

Serendipitous Findings

Lyons, O'Lunaigh, O'Dowd and Gallagher stated that ill health and lack of social support can lead to depression in older people. There were indications in this survey that some respondents (of all ages) were depressed. One respondent expressed depression openly; three mentioned tiredness/lack of energy; three mentioned lack of motivation and two said they had no friends and were lonely. These comments, all of which emerged when respondents were given free rein to express themselves, indicate that there is isolation, loneliness and depression in the lives of some of the respondents.

Summary

⁷ Some respondents did not provide information on their age, hence the numbers in brackets do not sum to the same number as in the first sentence of the paragraph.

Fifty people with a diverse number and type of disabilities, especially mobility difficulties, who are either of working or retirement age and live or have some contact with the CCP catchment area took part in the survey. They identified difficulties moving around the community because of the state of the footpaths and problems with the accessibility of public transport as the two main areas which need to be addressed. Over two-thirds of respondents (36/50) engaged in some sort of social activity, however this leaves almost one-third (14/50) who do not have any social outlets. Reasons given for the non-engagement in social activities were safety and security issues and fear of crime. Health, disability and depression are factors which impact negatively on respondents' quality of life as do lack of money all of which can lead to loneliness and isolation. In fact, the indicators of depression in this study are supported by findings from other research.

Two-thirds of respondents (30/50) knew the location of their local LES office and slightly over one-third (19/50) knew the location of their local F&S office. Over one-third (18/50) of respondents would like to take part in a workshop to discuss the findings of the survey. When respondents were asked if they would like to be contacted by the CCP produced reasonably positive response culminating in over half of the sample being willing in one way or another to engage with CCP.

3. Conclusions and Recommendations

This section draws conclusions from the findings of the study; these in turn lead to the formulation of recommendations for the advancement of identifying and engaging with people in the CCP catchment area which are excluded or limited in their social / employment opportunities because of having an impairment.

Conclusions

It is clear from these results that people with disabilities who responded to this questionnaire were experiencing barriers created by the society in which they live that block their full and equal participation in that society.

Much can be done and done quickly to redress some of the barriers to full participation, for example:

- Approaching Dublin City Council about the state of the footpaths and other access issues which emerged from this study.
- Approaching the Dublin Transport Initiative to address issues relating to transport and access.

Other issues may take longer to resolve, for example:

- Respondents' fear of crime and safety and security issues.

Although Pobal espouses the social model of disability and recommends its underpinning community development principles of inclusion, change and empowerment, it was evident from some of the responses (who seemed to reflect the medical model of disability) that the social model of disability is not explicit in the world view of all the respondents. This model therefore needs further explanation and exposure so that people with disabilities understand its implications for them and for society as a whole.

Overall 33 respondents said they would like further contact with CCP (to take part in a workshop to discuss the findings of the survey; to know more about the survey; to know more about CCP; or to be invited to other events). This is a positive outcome and could lead to the establishment of a vibrant and committed Disability Forum in the CCP area which can empower people with disabilities to address many of the issues and problems that emerged from this study.

Additionally, it should be noted that there are approximately 200 people with disabilities living in the CCP catchment area identified by organisations of or for people with disabilities who did not respond when contacted to take part in this study. We do not know why this is so except to repeat Pobal's (2006) statement which was cited at the beginning of this report:

The visibility and the rate of participation of disabled people in community development activities throughout the country is very low (p. 4).

Recommendations

The following recommendations emerge directly from the views of the respondents in this report:

- The CCP should work with State organisations (e.g., Dublin City Council, Dublin Transport Initiative, An Garda Síochána, etc.) to inform them of the results of the survey and encourage them to take action on the issues which were of concern to the respondents.
- That the group of respondents who said they would welcome some sort of contact with CCP should be encouraged to form the nucleus of a Disability Forum for the area which can engage in dialogue with State agencies and other people with disabilities in the area.

Recommendations which could be said to be implied from the findings of this research include:

- Reach out with a more person-centred approach to the individuals who, for whatever reason, did not respond to the survey.
- Because the orchestration of the above initiatives will require time and effort, there should be a member of CCP with dedicated hours to engage in these activities.

Pobal (2006) also made recommendations for including people with disabilities in the life of their community. The first step according to this organisation is “Capacity Building”⁸ which they claim is:

... an essential first stage in any social and economic development strategy at local level that aims to benefit and enable the participation of disabled people” (p. 19).

- It is therefore essential that part of the mandate of the abovementioned member of staff would include Capacity Building

There are many other Pobal recommendations for accessing and including people with disabilities in any community development project and they in turn recommend accessing using the NDA booklet *Ask Me - Guidelines for Effective Consultation with People with Disabilities* to assist in planning and doing any consultation process.

Finally: With these recommendations to assist them and already having taken the first step in the consultation process, CCP are on its way to starting meaningful and ongoing dialogue to include people with disabilities in the life of their communities.

⁸ By targeting key individuals and forming groups.

References

Lyons, D., O'Lunaigh, C. O'Dowd, & Gallagher, J. (2007). *Depression in Later Life*. Dublin: Aware. Retrieved 25 September 2007 from www.aware.ie/literatureItem.php?id=41

National Disability Authority (2002). *Ask Me - Guidelines for Effective Consultation with People with Disabilities*. Dublin: Author.

Pobal (2006). *Enabling Participation: Using Community Approaches to Advance the Inclusion of Disabled People in Local Development Activities*. Dublin: Author.



APPENDIX A
CCP Survey Information Booklet
and
Survey Questionnaire

APPENDIX B

List of Organisations which received Survey Information Packs

APPENDIX C

Tables relating to the statistics contained in the report

**The Needs of People with Disabilities
In the Canal Communities Partnership Area**

Gender⁹		
	N	%
Men	23	46
Women	20	40
Missing	7	14
Total	50	100

Age Ranges by Gender							
	20-29	30-39	40-49	50-59	60-69	70-79	80+
Men		4		4	4	6	3
Women	2	2	2	2	2	1	2
Gender not provided			1				
Total	2	6	3	6	6	7	5
Age not provided	2 Men; 7 Women						
Age and gender not provided	6 Respondents						

Age Bands by Gender				
	Less than 65		More than 65	
	N	%	N	%
Men	10	53	8	73
Women	9	47	3	27
Total	19	100	11	100
Missing	20		40	

Type of Disability		
	N	%
Mobility difficulty	28	56
Hard of hearing or deaf	6	12
Vision impaired	10	20
General learning difficulty	6	12
Intellectual disability	5	10
Mental health difficulty	6	12
Other	10	20

⁹ One respondent answered as a couple. The data were re-classified as being the responses of a man.

**The Needs of People with Disabilities
In the Canal Communities Partnership Area**

Respondents' Number of Disabilities		
	N	%
One	25	50
Two	9	18
Three	2	4
Four	4	8
Five	1	2
No disability disclosed	9	18
Total	50	100

CCP Area in which Respondents Live		
	N	%
Bluebell	9	18
Inchicore	15	30
Rialto	7	14
Kilmainham	5	10
Islandbridge	0	0
Other	11	22
Outside Area	3	6
	50	100

Difficulties								
	Yes		No		Missing		Total	
	N	%	N	%	N	%	N	%
With transport	27	54	23	46	-	-	50	100
Moving around community	30	60	30	40	-	-	50	100
Accessing education	7	14	37	74	6	12	50	100
Accessing training	9	18	32	64	9	18	50	100
Accessing employment	10	20	31	62	9	18	50	100
With social activities	20	24	25	50	5	10	50	100

Activities						
	Yes		Not Answered		Total	
	N	%	N	%	N	%
Sports	8	16	42	84	50	100
Going to the pub	12	24	38	76	50	100
Member of a club	13	26	37	74	50	100
Other	17	34	33	66	50	100
None	14	28	36	72	50	100

**The Needs of People with Disabilities
In the Canal Communities Partnership Area**

Issues Which Affect Quality of Life						
	Yes		Not Answered		Total	
	N	%	N	%	N	%
Lack of confidence	9	18	41	82	50	100
People's attitudes	8	16	42	84	50	100
Accessibility	13	26	37	74	50	100
Fear of crime	16	32	34	68	50	100
Safety and security	18	36	32	64	50	100
Lack of money	14	28	36	72	50	100
Lack of transport	8	16	42	84	50	100
Lack of PA services	14	28	36	72	50	100
Other	9	18	41	82	50	100

Would like contact to:						
	Yes		Not Answered		Total	
	N	%	N	%	N	%
Discuss survey findings ¹⁰	18	36	5	10	-	-
Know more about survey	25	50	25	50	50	100
Know more about CCP	22	44	28	56	50	100
Be invited to other events	17	32	33	66	50	100
Not to be contacted	8	16	42	84	50	100

Location of Local LES and FAS Offices								
	Yes		No		Missing		Total	
	N	%	N	%	N	%	N	%
Employment Office	30	60	16	32	4	8	50	100
FAS Office	19	38	27	54	4	8	50	100

¹⁰ Respondents could also answer 'no' (17/50) and 'don't know' (10/50).