

# **Wirral Older People's Parliament**

**10-12 Bentinck Street**

**Birkenhead**

**CH41 4DY**



## **1. Introduction**

The purpose of this focus group was to give people with disabilities, living in Wirral the opportunity to give their views on the Liverpool City Region Spatial Development Strategy Consultation. 6 participants with a range of disabilities took part in the consultation in January 2021. Due to lockdown conditions the focus group took place virtually using the Zoom platform. The group forms part of the second stage of local engagement on the Spatial Development Strategy (SDS). The aim of this stage of the consultation is to ensure the SDS continues to be shaped positively and meaningfully by the people of the Liverpool City Region. Participants were recruited through local disability networks. The focus group concentrated on three key areas of the consultation:

Health and Wellbeing.

Climate Change and Environment.

Place Making and Communities.

The facilitator followed the question areas outlined in the online consultation

## **2. Group Characteristics**

### **Age**

53

64

50

48

81

79

## **Disability**

Physical Disability x5

Visual Impairment x1

## **Gender**

Male 3

Female 3

## **Postcode**

**CH43**

**CH41**

**CH64**

**CH45**

- Access to sports and leisure facilities
- Design of town centres and/or public spaces
- Active travel and public transport
- Quality of housing and design standards

## **Health and Well-being**

**The issue of access to leisure centres for disabled people was raised.**

Swimming pool access in particular. The majority of physical disabilities benefit from time in a warm pool. The water temperature is an issue for people with muscle issues, warm water is needed and WBC don't seem to be able to accommodate this. The disgusting state of all of swimming pool changing rooms, dirty and broken facilities. Having to travel and pay to go to Chester to access this. this is exercising safely; the warmth of the water is crucial, and hydrotherapy is important to well being and health. Most disabled people have walk in showers and are unable to relax in a warm bath at home. An opportunity has arisen with the regeneration of Birkenhead town centre to provide these facilities, the consequences of having this facility can mean less treatment, painkillers, more independence.

Private facilities are available, but no list is linked to this and is determined by financial ability to pay for this. These could be used by the general public under some sort of scheme. In addition, service providers must realise that the council or NHS are not always expected to provide things and making other option accessible is important.

Also the passport to leisure scheme being removed has led to people on lower incomes not accessing the pools.

Privately booked slots need to be made available to anyone disabled, either physically or mentally.

The Equality Act 2010 was discussed at length and attendees felt that needs are not being met for disabled people and the act was not being adhered to. Also addressing the consequences of previous decisions is in the act.

The use of solar panels on facilities was cited as a way to reduce running costs of heating pools etc. There is also a ruling that things like solar panels should be included in buildings and renovations and needs to be adhered to.

Participants felt that all decision panels and steering group must have mandatory disabled members to reduce these issues.

Accessibility to all exercise facilities is dependent on understanding of disability issues. Also personal experience increases or decreases attendance and word of mouth.

One solution to this was given as a sort of trip advisor on accessibility to facilities, this would certainly address the cleaning issues and broken facilities. Good feedback may be helpful with this.

Public health was given as the way to improve and communicate and promote health and well being in communities. More direct engagement with the public would be welcomed. Also, people of working age need services that are adaptable, working from home and interventions that were more appropriate and timely to increase the ability to work and increase income and less dependence on benefits.

Participants felt that working age disabled people are often overlooked when services are being planned.

Also costs and cost cutting are the driver for services not the well being of residents.

A disabled champion scheme for all employers would be a good option, disability confident does not seem fit for purpose.

### **Quality of housing and design standards**

Participants felt that housing is a major barrier to all disabled people in some way whether it be accessibility or employment difficulty.

## **Active travel and public transport**

Transport difficulties, drivers not waiting for people to sit down or get up quickly. Leading to people not using public transport to access health facilities, or outside spaces.

## **Place making and communities.**

### **Quality of housing and design standards**

Participants concerned about ghettos being created with buildings for disabled people. Why are they expected to live separately? This is not conducive to integration and reducing isolation.

**“previous policy was experimenting with inclusive housing; we seem to have lost that now”.**

**“Actual specifications need to be law for housebuilding not guidelines, other countries have implemented this successfully “**

## **Climate Change**

### **Active travel**

Gates to parks/bridleways being locked so wheelchairs can't access it, this prevents use and exercise.

Hardstanding paths being included on walkways so that walking frames and walking sticks can be used.

Participants also concerned about cycle routes blocking lowered curbs and speeding cyclists along the promenades.

Disabled awareness training across all sectors necessary, led by disabled people.

## **Summary**

Access to health facilities was high on the priorities for this group. Health inequalities and the understanding of councils on how to best serve people with disabilities to improve their own health was discussed at length. Attendees felt that disabled representation at strategic and policy level is vital for effectively meeting the needs of disabled residents in the city

region. Using the Equality Act 2010 as a baseline and ensuring each committee, facility, board or policy group has a disabled stakeholder came out as the most effective method for changing disabled peoples' experiences.