

Intellectual Output 1: Accessibility Profiling Report 2

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1. Overview

This report focuses on the preliminary findings from the first stage of the EU funded project ACT (Accessible Culture and Training) Intellectual Output 1 (IO1): Accessibility Profiling. The overall aim of IO1 was to investigate the provision and reception of accessibility facilities and training within cultural venues across the partner countries. All partners gathered feedback on experiences of arts accessibility from arts venues and from the general public including people with various physical, linguistic, sensory and cognitive abilities. Thus the findings provide insights into various perspectives on arts accessibility, identifying gaps in access provisions and training, as well as good practices. As discussed in this report, these findings inform the subsequent stages of the project including establishing the profile of cultural accessibility manager and developing a training programme for this profession. Furthermore, the links forged during IO1 with various stakeholders including arts venues, access providers, user associations, and users¹ are fundamental to the development of the project as their invaluable input thus far and in subsequent phases is key to its successful implementation. This input for IO1 was gathered through a combination of questionnaires, interviews, and focus groups, as shown in the photos in Figure 1, including communication

¹ The term 'users' is employed to refer to survey participants from the general public including people with varying physical, linguistic, sensory and cognitive abilities, and to make a distinction with other survey participants such as cultural venue representatives.

via e-mail, social media, and in person, collecting both quantitative and qualitative data².



Figure 1: ACT project event in Belfast with opportunities to give feedback

The focus of this report is the data analysis of the following specific questions:

- (1) what type of accessibility training is offered if any? (see section 2)
- (2) to what extent are the various access facilities offered in the different arts venues in each partner country? (see section 3)
- (3) what are audiences' opinions of current access provisions? (see section 4)
- (4) how are access facilities promoted? (see section 5)

The variability between different partner countries is discussed in the relevant sections and finally a summary of findings is presented.

2. Current availability of training in venues

The responses from venues to the question 'what accessibility training is available for the members of staff involved in accessibility provision?' are shown in the graphs in Figure 2. In this set of graphs the titles indicate the data collected by each of the academic partners in their respective countries, for example the label 'Antwerp' refers to data collected in Belgium, 'QUB' refers to Queens University Belfast for data from the UK and Ireland, and the numbers on the vertical axis are percentages. The results suggest that in general there is

² For a detailed discussion of the overall aims and methodology of this initial stage of the ACT project, please see the first report at http://www.actproject.eu/content/6-deliverables/1-io1-accessibility-profiling/act_io1report_sew.pdf

very little training across the partner countries as there are a high percentage of venues with no training at all (from the left-hand column of the graphs). For example, in Belgium and Austria over 50 per cent of venues have no training. This highlights a need for training and justifies the ACT project's development of a training programme that can be used by anyone wishing to learn or enhance skills in accessibility management. Moreover a high proportion of venues expressed a keen interest in further training. This is also the case in the UK and Ireland where, although there is more training undertaken than in other partner countries, there is a clear demand for further training.

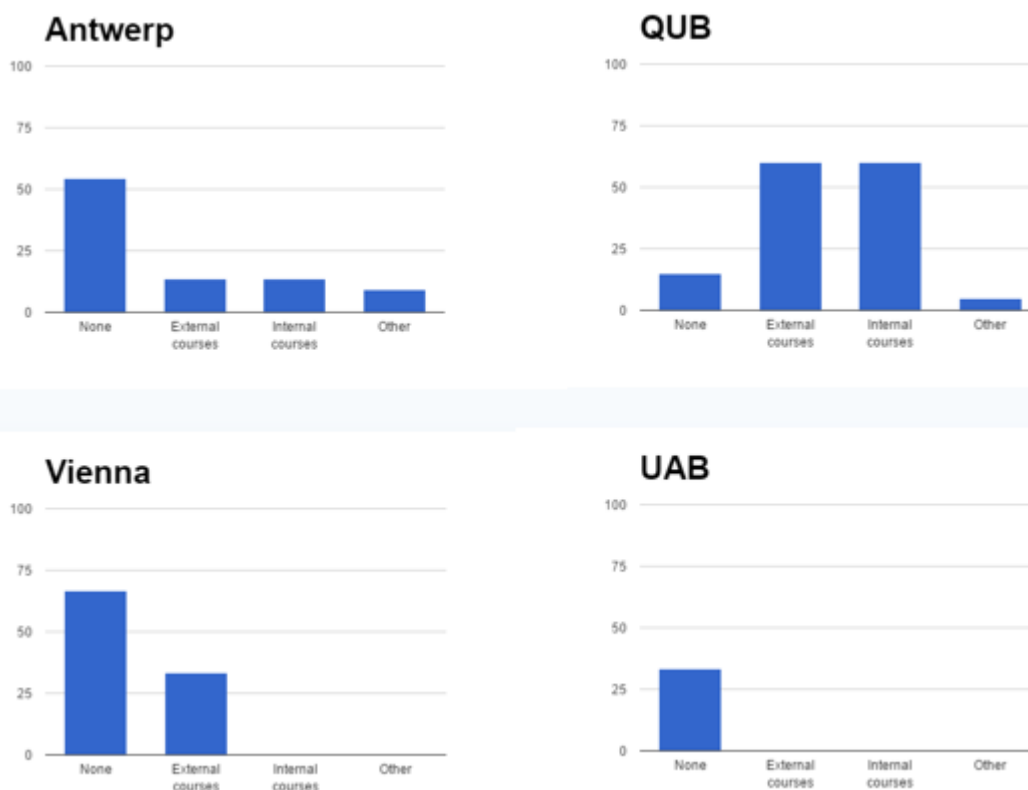


Figure 2: Bar graphs showing percentages of venues with internal, external, other, or no accessibility training

On a related note, in response to the question 'if accessibility training was completed by staff members was any certification received for this?' only 6 out of the 75 venues declared that any certification had been received for their accessibility training. In fact, 5 of these are in the UK and Ireland largely referring to a local accessibility charter which while significant in its own right is purely recognised at local level. Therefore, this result emphasises the need to develop comprehensive, high quality training at European level, building on local initiatives. The necessity to develop accessibility training, maintaining and supporting local schemes is reiterated by the next set of results which show the current availability of various access provisions across the partner countries.

3. Current access provisions in venues

With regard to the current availability of access provisions, the question for the venues was 'do you provide the following facilities at all, some or none of your events?' The questionnaire included a list of access facilities with definitions of those that were considered less well-known or ambiguous due to terminological variances and with the purpose of raising awareness of such facilities³. This list has subsequently informed the teaching topics on the skill card developed as part of IO2. The facilities included in this list read as follows and are indicated in reverse order on the vertical axis of the graph in Figure 3.

- Sign language interpreting
- Audio description
- Touch tour
- Surtitles
- Captioning (for the deaf and the hard-of-hearing)
- Audio subtitling
- Braille
- Activities/workshops/performances for disabled patrons
- Large print materials
- Materials in different languages
- Materials in accessible, easy-to-read language
- Hearing (induction) loop
- Provisions for guide dogs
- Provisions for hearing dogs
- Onsite parking bays for disabled patrons
- Access ramps
- Wheelchairs/mobility scooters
- Other provisions for wheelchair users
- Personal assistance

³ For further details of the venues questionnaire and questions, please see Venues here <http://www.actproject.eu/deliverables/io1-accessibility-profiling>



Figure 3: Graphs showing percentages of venues with access facilities at all, some or no events.

In Figure 3, the red bars indicate the percentage of venues where there are no events with a given access facility, the light green bars indicate the percentage of venues with some performances with a given access facility, and the dark green bars show those with a certain access facility (such as mobility scooters) at every event. In other words, green is positive, red is negative, and as shown in the graphs in Figure 3 there is a large proportion of red across all partner countries and there is still a considerable lack of a large number of different access facilities in a high proportion of venues. Therefore, in a simplistic sense it seems that one of the priorities in the ACT project training programme should be assisting venues in moving from red, having no access at any events, to light green in the first instance and then as a second stage to dark green working towards offering various access facilities at all events.

These results help to identify where there are gaps in accessibility provisions and inform the training materials and methods developed in IO2 with regard to individual access facilities. For instance, there is a substantial amount of red in the graphs in Figure 3 for the access facilities of touch tours (labelled 'TT', third bar from the bottom) and audio subtitling (labelled 'aud sub', sixth bar from the bottom) showing that these are rarely provided by venues. Moreover additional comments provided by survey participants, for example in focus groups, suggested they were generally not well known. Therefore the ACT project training programme will provide information and raise awareness about these and the

various different access provisions. This lack of knowledge of certain facilities links to the need for a general raising of awareness of access amongst the general public and this is an important part of the ACT training programme, as reflected in the IO2 skill cards which include training on promoting methods of accessibility (see <http://www.actproject.eu/deliverables/io2-manager-profile-definition>). This issue of promoting accessibility is discussed further in section 5 in relation to results from the users' survey.

The results relating to current availability of access facilities are also helpful within the context of creating a profile which promotes providing access to a diverse audience including people with varying linguistic, sensory, cognitive and physical abilities. For instance, any given venue might want to consider offering a balanced set of access facilities for blind and partially-sighted patrons, the deaf and the hard-of-hearing, people with cognitive disabilities and so on. At present the results suggest that the facilities relating to physical access towards the top of each graph in Figure 3, such as disabled parking bays, ramps, and mobility scooters, are more developed. This is corroborated by results from users relating to satisfaction of current access facilities discussed in the subsequent section.

4. Users' satisfaction of current access provisions and participants profile

Feedback was gathered across the partner countries from people with various physical, linguistic, sensory and cognitive abilities in order to find out about their experiences and opinions of current access facilities. One of the questions for users was 'in general how satisfied have you been with the access provisions when attending a live event with any of the following facilities?'. Participants were asked to give a score from 1 to 5 where 1 is 'not at all', 2 is 'not very much', 3 is 'so-so', 4 is 'quite a lot', and 5 is 'very much'. The participants were provided with the same list of access facilities enumerated in section 3⁴, denoted in the order they appeared in the questionnaire on the vertical axis of the graph in Figure 4. Similarly to the results shown in Figure 3, as shown in the graph in Figure 4 the facilities relating to physical access, at the bottom of the graph this time, have received more responses, and a larger proportion of satisfied scores of 4 and 5 denoting the responses 'quite a lot' and 'very much' (see the purple and green bars in Figure 4). This graph in Figure 4 shows the amalgamated results of all partner countries with the horizontal axis denoting numbers of people.

⁴ For further details of the users' questionnaire and questions, please see Questionnaires at <http://www.actproject.eu/deliverables/io1-accessibility-profiling>

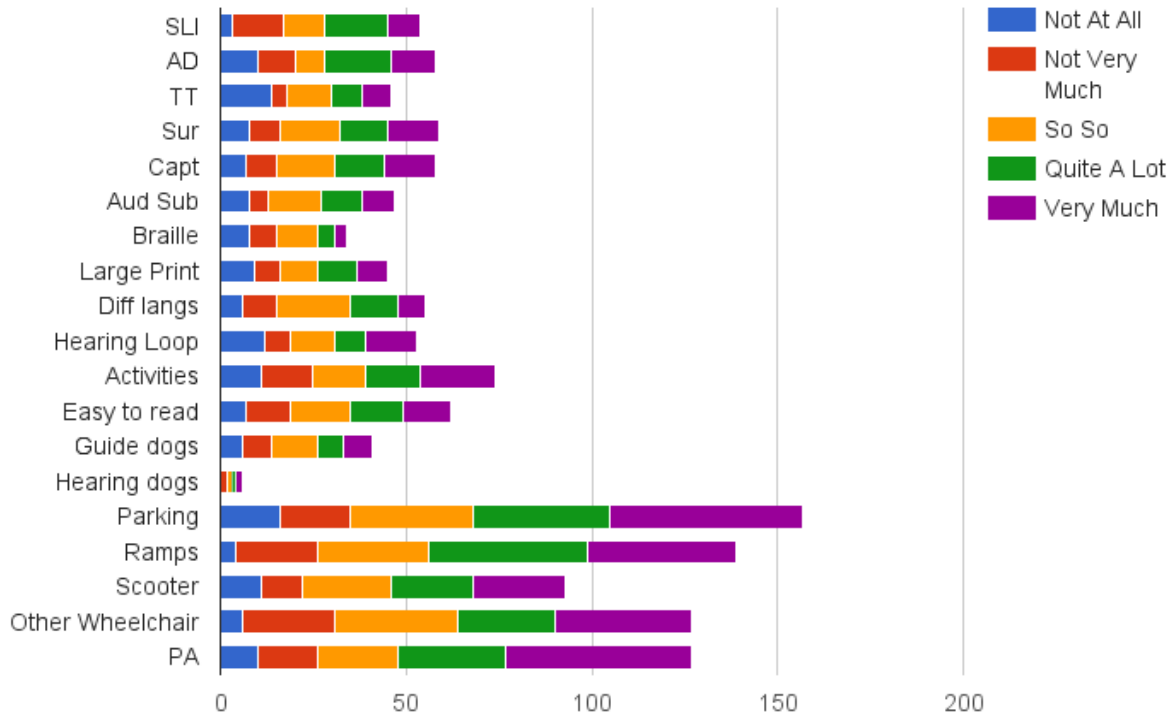


Figure 4: Graph demonstrating users’ satisfaction of access facilities on a scale of 1-5

This finding might be partially due to the large proportion of people with physical disabilities who participated in the survey as shown by the tables in Figure 5, although the profile of the participants included people with diverse linguistic, sensory, physical and cognitive abilities and disabilities. For instance, there were 111 participants with full vision and 36 visually-impaired including totally blind, partially-sighted, legally blind and additional sight-related conditions.

Braille	20	Totally blind	16
Sign language	16	Partially sighted	16
Guide dog	5	Legally blind	4
Hearing dog	2	Full vision	111
Wheelchair/scooter	69	Other	8

Figure 5: Tables denoting numbers of participants who use Braille, sign language etc. (see left-hand table) and numbers of participants with varying visual abilities (see right-hand table).

The diverse range of hearing abilities across the group of participants in all partner countries is shown in Figure 6 in which the vertical axis denotes numbers of people.

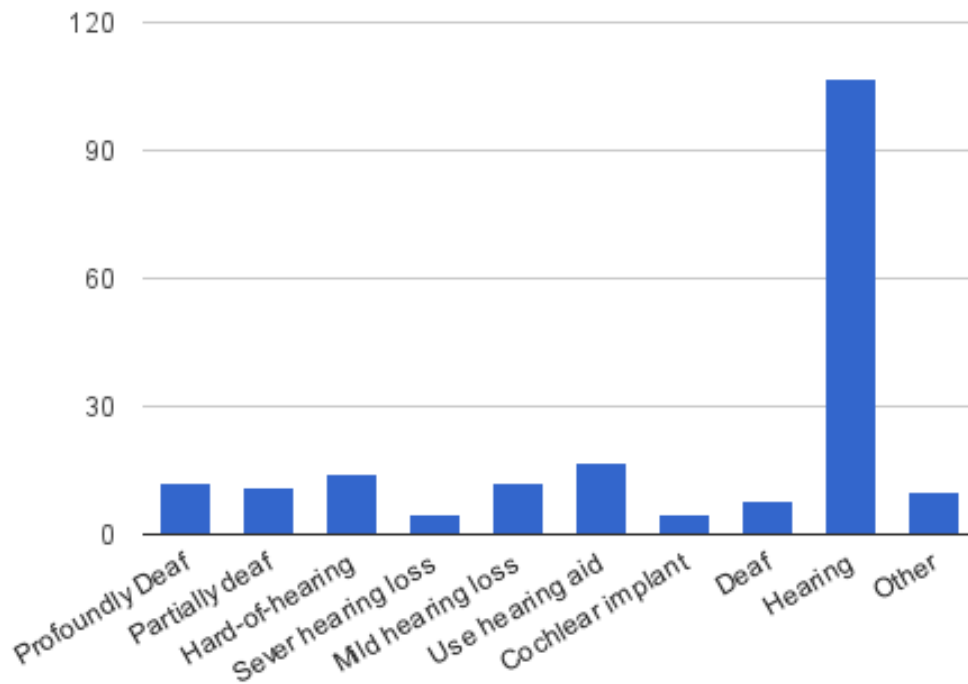


Figure 6: Graph demonstrating the range of hearing abilities across the survey participants

In addition, there were smaller numbers of participants with autism, dyslexia, Asperger's and mental illness. Participants' comments also revealed other factors impacting on access, for example 'can't stand for long', that may not be officially recognised as a disability. Further quantitative and qualitative data analysis is being conducted in relation to the profile of the participants as well as their experiences of access, and details of forthcoming papers with such information will be available on the ACT project website in due course.

5. Promoting accessibility

The issue of raising awareness of accessibility and active marketing of facilities is highlighted in both surveys from venues (as discussed earlier in section 3) and users. For instance, when users were asked 'in general when attending live accessible events to what extent have you encountered the following difficulties?' (as demonstrated by the orange and red portions of the pie on the right-hand side of Figure 7) a significant proportion of users (18% + 15%) declared that lack of marketing and communication about access facilities was a problem for them. The significance of this 33% and the problem with deficient marketing of

accessibility facilities is highlighted by the contrast with the relatively small 14% of users indicating a problem with a lack of assistance in general.

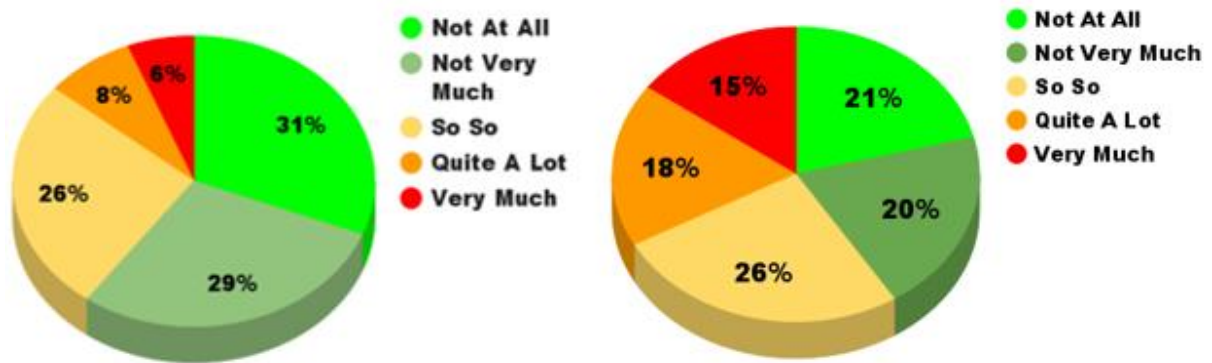


Figure 7: Pie charts showing the percentage of users declaring that they consider lack of assistance in general (left-hand pie) and lack of marketing and communication about access facilities (right-hand pie) problematic.

Further survey results from venues reveal insights into a possible reason for such responses from users expressing concern about the promotion of access facilities. The answers from venues to the question 'how do you publicise/market your accessibility facilities?', displayed in the graphs in Figure 8 suggest that the methods used to publicise accessibility facilities are quite limited across participating venues in the partner countries.

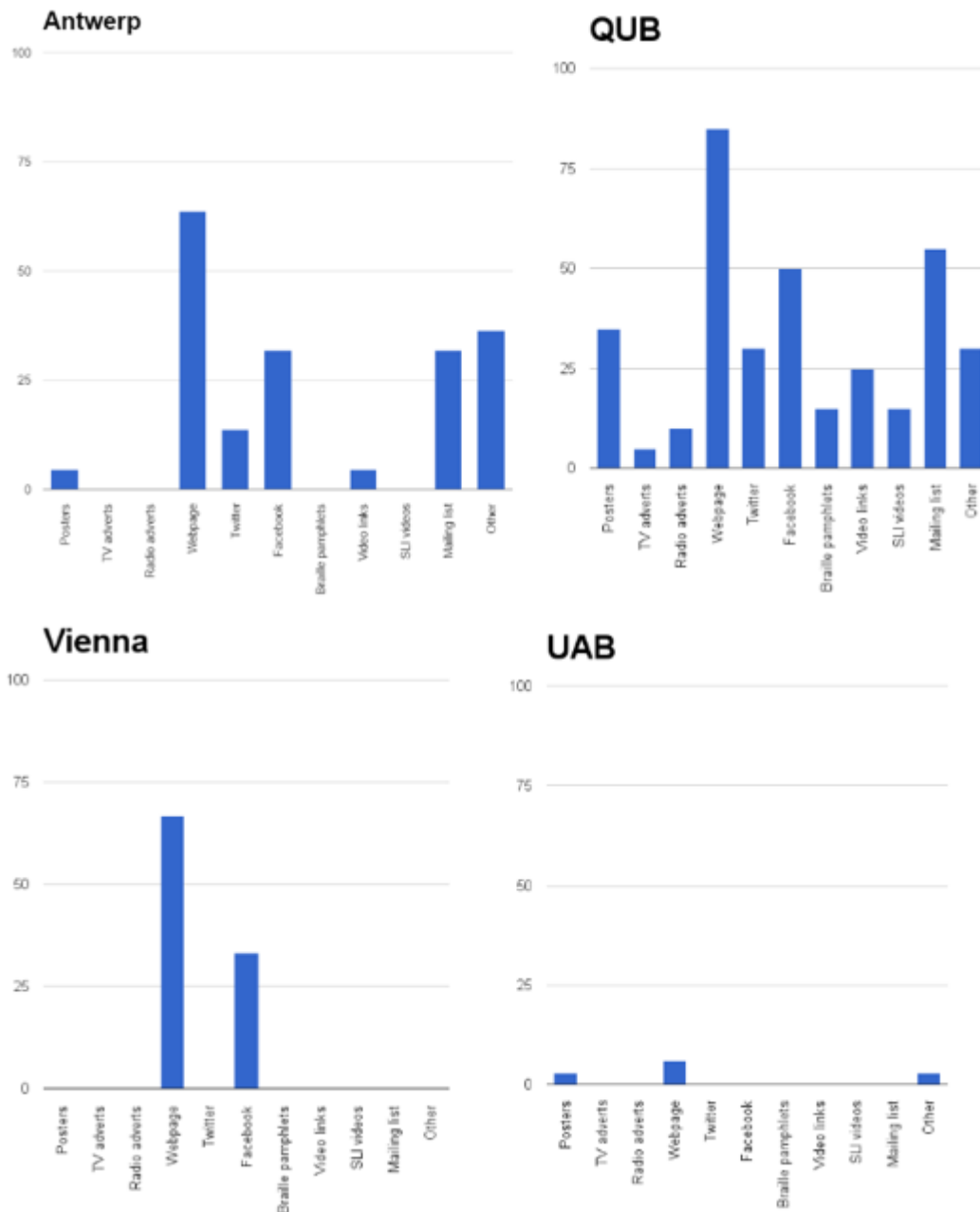


Figure 8: Graphs showing the percentage of venues using certain methods for publicising/marketing access facilities

For instance, at present the most common method for promoting access is via webpages (shown in the fourth column from the left in each graph), and yet not all participating venues use their webpages for this purpose. Furthermore, the accessibility of the webpages requires further scrutiny because, for example, in most partner countries the results suggest that no sign language interpreting videos are used in promoting access (with the exception of UK and Ireland where less than 20% of venues declared this method of communication).

Surprisingly, the use of social media, such as Facebook and Twitter, for purposes of marketing access facilities is also limited. The importance of making improvements in this regard is reiterated by comments made in focus groups, for example highlighting that social media is a popular platform for certain groups such as some deaf and hard-of-hearing people due to the ease of uploading and accessing sign language interpreting videos. The results also suggest that other relatively easily implemented methods for promoting access such as mailing lists are currently not used to full advantage. Therefore, in order to address these issues, the training programme currently under development as part of the next stages of the ACT project (see IO2, IO3, IO4 and IO5) will contain information on promoting methods of accessibility, as well as details about specific media. For instance, web accessibility will constitute a unit in the curriculum design for IO2 including information on features of an accessible website, the requirements of users with varying linguistic, sensory, physical and cognitive abilities to access the web, and web accessibility strategies.

6. Summary of findings

The findings discussed in this report contribute to the ACT project's global objective of establishing the professional profile and training for an accessibility coordinator of the scenic arts. This is achieved by providing an overview of the current context of cultural accessibility from the perspectives of venues and users across the partner countries, identifying gaps and good practices. As discussed, these findings feed directly into the subsequent stages of the project including the defining of skills required of an accessibility coordinator and the topics to prioritise in the training programme. For instance, the results reiterate the problem of promoting accessibility and raising awareness about certain access facilities amongst venues and the general public in order to achieve quality and equality of cultural access for all. The findings suggest that at present facilities relating to physical disability tend to be more prevalent and developed. In fact, they highlight the call for more comprehensive access facilities in general within the wider socio-cultural context of improving accessibility to the arts for people with varying physical, linguistic, sensory and cognitive abilities, working towards both recognising diversity and including all. Furthermore, the results confirm the need and clear demand for further accessibility training as they suggest that such training is limited across the partner countries. In short, there is a market for the training being developed as part of subsequent stages of the ACT project, and a desire to achieve ongoing improvements and expansion so that through high quality training wider audiences can enjoy an inclusive experience of the arts.



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