Chapter 3

Encouraging Inclusive Design Through Standardisation

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3.1 Fit for Inclusion?

The positive benefits of physical activity in health and disease prevention are longstanding and well documented (DoH, 1995). The World Health Organisation (WHO, 2003) identifies lack of physical activity as a major underlying cause of death, disease and disability and as such encourages governments to provide access to play and sporting facilities to improve health. The UK Government’s latest strategy (DCMS, 2002) promotes physical activity as a way to gain significant health benefits while concurrently reducing the growing healthcare costs of an increasingly sedentary and ageing population. The circa £3billion UK health and fitness industry (Key Note Ltd., 2002) has directly benefited from these health promotion drives with the implementation of GP referral schemes and initiatives to combat obesity and other health conditions. To cover the diversity of the UK population there is evidently a real need to ensure that physical activity is accessible to all.

3.1.1 The Inclusive Fitness Initiative – Actively Promoting Inclusion

Since its launch in 2001 the Inclusive Fitness Initiative (IFI), delivered under the auspices of the English Federation of Disability Sport, has received £6million of Sport England Lottery funding directed towards removing barriers to participation in fitness faced by disabled people. The IFI works throughout England, in partnership with local authorities and not-for-profit organisations, in the key areas of training, marketing, sports development and equipment provision. Notably the IFI grant aids equipment purchases for existing gym refits and new build sites. By the end of 2005 the IFI will support 180 public sites and also be piloting several private sector sites.


3.1.2 Membership of an Exclusive Fitness Club?

Early work (GJSF, 1999) by the IFI explored attitudes and approaches to disability apparent in the UK fitness industry. The IFI concluded that disabled people were severely under-represented within the industry’s estimated 5.8million public and private health and fitness club members (The Leisure Database Company, 2003). Focusing specifically on equipment provision the IFI uncovered a lack of availability, awareness and investment in accessible equipment. Fitness provision for disabled people was largely based on physiotherapy or specialist rehabilitation equipment which rarely featured in mainstream gyms. Other researchers similarly reported that 96% of private facility managers responding to their study stated they did not have equipment suitable for use by disabled users (Access4fitness, 2001). This overwhelming lack of equipment was regarded as a barrier to both existing and new participation in fitness.

3.1.3 Tackling the Issue – IFI Research and Research and Development Associates

Approaches by the IFI to the fitness industry confirmed that fitness equipment had previously received little attention from the inclusive design community. Appropriate resources on inclusive design were scant and dispersed across numerous disciplines and sources. The proactive response to this situation was the formation of a collaborative research development (R&D) project funded by 13 fitness equipment manufacturers, the IFI, Montgomery Leisure Services, Sport England and Sheffield Hallam University. The suppliers group represents a large percentage of the UK market, including many major multinational players along with small and medium sized organisations.

Figure 3.1. Fitness industry transition towards accessible mainstream equipment