Quest 2017 – Gplus 37
Inclusive Fitness Initiative (IFI) Accreditation
Guidance Notes

Issue 1 – July 2017

This module uses a wide and inclusive definition of 'disability' to include people with a range of impairments, long term physical, sensory, intellectual and mental health conditions. Examples of impairments or conditions included are those that may affect an individual's long term pain, chronic health condition, mobility, dexterity, mental health, vision, breathing, memory, hearing, learning, speech or behaviour. Many of these may be hidden impairments or conditions. For brevity, the terms 'disabled people', 'disabled customers' and 'disability' are used throughout but are intended to cover all individuals within this broad definition.

Outcomes

- To encourage greater physical activity levels amongst disabled people and individuals with health conditions by providing and promoting inclusive opportunities and accessible facilities and services.
- To narrow the participation gap between disabled people and non-disabled people and reduce inactivity rates amongst disabled people and individuals with health conditions.
- To align with and support current government and sector specific objectives in relation to physical and mental wellbeing.
- To provide evidence of positive outputs and outcomes that will lead to long-term impact on the health of disabled people and individuals with health conditions.
- To engage people with a range of impairments, long term physical, sensory, intellectual and mental health conditions, external organisations and stakeholders in the planning and design of effective interventions and activities.
- To promote successful inclusive delivery and leadership good practice for disabled people and individuals with health conditions by sharing evidence-based methods and resources and promoting positive messaging around inclusivity.
- To support sport and leisure providers with guidance and tools to ensure successful inclusive delivery and leadership, to engage disabled people and individuals with health conditions.

Mystery Visit	These requirements will be scored as Yes or No, all requirements must be a Yes to achieve IFI accreditation.
General	• Clear identifiable turnstile, signage and gate • Circulation areas clear • Doors easy to open • Signage to facility areas large and clear • Alternative methods to obtain literature, electronic leaflets, and website • Working lift to all facility areas (if out of order an assessment fail)

Right Directions   Leisure-net Solutions Ltd
quality and safety

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Car Park	• Clearly posted disabled bays • Drop kerbs • Ramps into centre and handrails
Entrance	• Automatic doors or clearly displayed process for entry • If glass doors it is obvious you can tell if door is open or closed, if clear
Reception	• Low level counter • Hearing loop signage • Sufficient lighting
Changing Rooms	• Unisex policy, for carers of opposite sex • Clear of rubbish, not used as storage • Alarm cord in place, not tied • Doors not to heavy • Clothes hook at correct level • Shower adjustable • Grab rails for shower and toilet • Benches in place • Space for wheelchair to turnaround with door open and closed
Toilets	• Unisex policy, for carers of opposite sex • Clear of rubbish, not used as storage • Alarm cord in place, not tied • Grab rails for toilet • Consumables and drier accessible • Clothes hook at correct level • Space for wheelchair to turnaround with door open and closed
Pool	• Hoist, ramp or chairs to the pool • Rails for steps (rather than a ladder)
Café	• Low counter

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Strategy					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Does the organisation have a well-informed business strategy/plan to achieve increased participation in sport and physical activity by disabled people? Does the strategy fully integrate disability equality and give clear direction to workforce, partners and stakeholders?	There is little or no clarity on purpose, vision, values and business objectives and little/no measurement of what is most important to success. Processes are inadequate for the provision of services to disabled people and there is little or no evidence that the organisation is committed to delivering a quality service for disabled people.	There is a business strategy/plan which references disability and inclusion. There is a limited, top down and short term planning process in place which sets out business objectives and some measures of success. Processes are basic and are just about adequate for the provision of services to disabled people. The organisation tends to be responsive to change rather than proactive within the disability market.	There is a well-informed business strategy/plan in place covering disability and inclusion which has a high level of ownership and understanding within the staff team. There is a clear commitment to increasing provision and participation levels amongst disabled people. Success measures and targets are clearly set out. The organisation's operations relate back to the business strategy/plan and are underpinned by the financial management systems, policies and procedures. The organisation demonstrates a balance of being proactive as well as responsive in pursuit of its disability and inclusion objectives.	There is a well-informed business strategy/plan covering disability and inclusion with clear purpose, vision and business objectives, which is owned by trustees and staff and is well communicated to stakeholders and partners. Planning is clearly led by local priorities/needs and has involved and engaged staff and key stakeholders. Measures and targets are in place with a clear focus, supported by robust review processes and improvement planning. The organisation's operations are driven by the business strategy/plan and are underpinned by effective and efficient financial management systems, policies and procedures. There is substantial evidence of improvements to the provision of services for disabled people and increases in participation levels.	There is a well-informed three to five year business strategy/plan in place clearly articulating and evidencing disability and inclusion which has been developed with stakeholders and is well communicated/ understood. Disabled people are fully involved in the development and delivery of the business plan with robust KPI's which reflect local priorities and national outcomes. There is an inclusive culture of high quality provision, continuous improvement and an unrelenting focus on getting more disabled people active. There is good evidence that the business strategy/plan is a live document and is underpinned by excellent financial management

| | | | | There is evidence of an inclusive culture and shared vision.
The organisation is predominantly proactive in pursuit of its disability and inclusion objectives. | systems, policies and procedures.
There is substantial evidence of high participation levels by disabled people and innovation in support of long term sustainable success.
The organisation has a reputation amongst partners and funders for innovation and enterprise and for being 'ahead of the curve' with its disability and inclusion objectives. |

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Leadership					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Does the organisation have strong leadership and governance arrangements capable of delivering its business strategy/plan to achieve increased participation in sport and physical activity by disabled people? Do they show a commitment to delivering high quality services for disabled people and foster an inclusive culture across the organisation?	Trustees, directors and the senior management team are unable to describe the purpose, vision, values and high level business goals surrounding disability and inclusion. The organisation is inward looking and does not seek out or share best practice in the sector. There is little or no evidence of an inclusive culture within the organisation.	There is evidence that trustees, directors and staff understand the organisation's purpose, vision, values and business goals surrounding disability and inclusion. The management team appreciate the importance of the disability market and offer limited resources to pursue work in this area. There is basic evidence of an inclusive culture being fostered within the organisation.	Trustees, directors, senior managers and delivery staff are able to articulate a shared purpose, vision, values and current business goals surrounding disability and inclusion. The importance of the disability market is recognised and prioritised. Resources are made available to seek out good practice and support inclusive and accessible approaches. There is evidence of an inclusive culture with identified improvements in place.	Trustees, directors, senior managers and delivery staff are able to articulate the purpose, vision, values and current business goals surrounding disability and inclusion. The disability market is a key priority audience with appropriate resources allocated. The organisation seeks out best practice both internally and externally in the sector, and good relationships exist with key disability partners at local and national levels. Feedback on performance is regularly sought to improve service provision and processes exist to disseminate and implement best practice. The organisation has a good reputation for being inclusive and accessible and its disability work is making a positive contribution to the organisations success. There are examples of inclusive approaches being proactively and successfully	Trustees, directors, senior managers and delivery staff actively champion the organisation's purpose, vision, values and current business goals surrounding disability and inclusion. The disability market is a significant focus for the organisation's leadership with suitable resources allocated. The organisation has a strong reputation which can be evidenced locally and/or nationally for delivering and disseminating inclusion best practice. Strong, effective and productive partnerships exist with key disability organisations. Feedback is constantly sought to deliver new, innovate delivery models and processes. Coaching and mentoring are used to develop leadership capabilities and there is evidence of succession planning

				embedded into the organisation's culture.	around disability and inclusion. There is evidence that inclusive approaches are fully embedded into the organisation's culture.

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Workforce Development

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
How do you ensure your workforce is equipped to deliver inclusive services to disabled customers? Is workforce diversity and development driven by customer needs and local priorities? Is inclusion and diversity proactively reflected in the recruitment and selection of your workforce across all levels?	Minimal disability training evident and limited information available through staff intranet or staff handbook. Workforce strategy shows little commitment to the inclusion of disabled people and is not based on analysis of user need.	The workforce development and training plan ensures there are sufficient trained and (where appropriate) qualified staff to deliver programmes. Basic or generic training provided to other operational/front of house staff primarily through organisation induction processes. Staff are trained in relevant procedures and policies. Workforce development plan demonstrates a clear commitment to inclusion and ongoing skills development but no evidence of community or user involvement.	All staff receive high quality disability inclusion training regardless of role. Specific and tailored training has been introduced to ensure ongoing staff development for key programme deliverers and operational team leaders. Workforce development plan shows a proactive approach to embedding disability and inclusion across the organisation, based on relevant insight. There is evidence of disability community and user involvement within specific products and programmes for example through volunteer or apprenticeship schemes. The organisation supports specific and inclusive programmes which provide employment opportunities for disabled people within the organisation.	The workforce development plan is regularly updated based on research and insight and demonstrates that the workforce is trained and confident in ensuring a quality service for disabled people. Staff are encouraged to undertake advanced and specialist training based on robust workforce and user needs analysis. Staff are confident in their ability to assess their programmes/facilities for impact on disabled people. Best practice is proactively sought to equip staff throughout the organisation with the skills and confidence to deliver inclusive services, for example leadership, marketing, engagement and health and safety teams. There is strong evidence of community involvement and disabled people supporting a range of disability specific and inclusive programmes throughout, for example employment, volunteering,	The workforce development plan and its implementation has proactive leadership around disability and is strengthened through regular consultation with external stakeholders. The organisation confidently and successfully recruits disabled people into a wide range of roles and actively encourages progression to senior positions. The organisation is acknowledged for innovative approaches to inclusion and is proactively involved in sharing good practice across the sector.

				peer mentoring and ambassador roles. These schemes are designed to increase capacity/capability as well as provide support to target groups and populations.	

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Accessible Venue					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Does the organisation take a proactive and structured approach to maximising the accessibility of its venues? Is accessibility embedded and well communicated across a range of stakeholders? **(Note: Section also assessed through mystery visit)**	There are a range of physical and organisational barriers that prevent disabled people from accessing facilities and services. There is little or no evidence of venue accessibility being considered within the organisation or improvement plans in place.	Organisation has achieved a basic level of accessibility through the identification and removal of common barriers to access. Changes are generally reactive in nature, but improvement plans exist with some progress towards accessibility targets. Organisation is aware of relevant accessibility expertise, partners and resources to support improvements.	Organisation largely meets national good practice guidelines (for example Sport England's Accessible Sports Facilities Design Guidance Note, or similar home country guidance). Evidence exists of proactive auditing, access enhancements and preventative maintenance. Improvement plans utilise local insight and accessibility is evident within business planning. There is some in-house expertise around accessibility supported by external expertise as required. Basic / generic accessibility information is communicated internally and externally to customers.	Accessibility is embedded across the organisation, including procurement, maintenance, upgrades, refurbishments and new contracts. Local needs and insight are embraced in improvement plans which are regularly reviewed and updated with key disability stakeholders. There is strong knowledge of accessibility within the organisation with customer feedback positive about venue accessibility. Venue-specific accessibility information is available and actively promoted internally and externally to customers.	The organisation is confident about accessibility and there is widespread user consultation and expert input in this area. Co-production with disabled people is utilised wherever possible throughout design and management processes. The organisation actively seeks out best practice and can demonstrate impact and continuous improvement. External audits, assessments and customer feedback are widely encouraged and promoted through a variety of networks.

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Policies and Procedures					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Are organisational policies and procedures up-to-date, well informed and meet the needs of disabled people? Are these inclusive policies (for example pricing, personal assistants, assistance animals, safeguarding, emergency evacuation, crisis management, confidentiality etc) widely communicated, accessible and embedded across the organisation?	Policies and procedures are in place but they do not meet the needs of disabled customers.	Main policies and procedures in place are relevant to disabled people and adequate to the operation of the venue or organisation. Policies exist but are not well communicated or embedded within the organisation.	Policies and procedures in place are inclusive of a range of disabled customers and facilitate usage of the venue. Policies are communicated within the organisation and supported by training for staff. Appropriate policies are clearly communicated externally with customers.	All policies and procedures are well informed and inclusive of a range of disabled customers. Disabled people and disability organisations are consulted over policy content with regular reviews evidenced. Organisation seeks out best practice from the sector. A designated lead officer and action plan are in place. Staff are aware of the organisation's policy and procedures through provision of ongoing training.	There is widespread consultation and expert input on policy content. There is evidence that policies and procedures are fully embedded, regularly monitored and reviewed and an action plan is being implemented on a progressive basis. There is evidence that these policies are accessible, available in all formats and actively promoted.

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Equipment					
Challenge	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Is suitable and sufficient equipment available to meet the needs of disabled people? Does insight and consultation inform equipment procurement? Is equipment well maintained, stored correctly and are staff trained on its use?	Some basic equipment available. Not maintained and no staff training in place.	Adequate equipment available. Is maintained and stored correctly, with some staff trained on its use.	Organisation is aware of the equipment required to deliver programmes and meet disabled customers' needs. Equipment is high quality, well maintained and correctly stored. There is evidence that an adequate number of staff are aware and able to operate relevant equipment.	Equipment selection is well-informed and inclusive of a range of disabled customers. Organisation seeks out insight and best practice from the sector and disabled people and disability organisations are consulted during procurement. Staff training on equipment selection and use is embedded across the organisation with demonstrable impact. Availability of equipment is clearly communicated externally with customers.	There is widespread consultation and expert input on equipment selection and usage for both disability-specific and inclusive products. Innovative programming and equipment selection are attracting new audiences of disabled people and increasing participation within hard to engage groups. Continuous programme of improvement exists for equipment provision.

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Insight and Marketing					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Does the organisation use effective approaches to generate insight to inform the development of programming and activities for disabled people? Are insight gathering/feedback approaches accessible to disabled people?	There is little or no evidence that consideration of the needs of disabled people has taken place. No consultation with disabled people has occurred. Feedback mechanisms are largely inaccessible to disabled people.	There is evidence that the needs of disabled people have been considered. Some consultation with disabled people and/or disability organisations has taken place. Feedback, satisfaction and insight data gathering methods are largely accessible to disabled customers.	Use of current national and/or local disability insight is evident. Good quality consultation has taken place with disabled people and/or disability organisations which has informed provision and collection of insight.	There is evidence that the organisation understands the disability demographics of the local area and has good knowledge of local disability organisations, needs and priorities. Very good quality consultation has taken place, and specific policies and programmes have been put in place to ensure access to services and information. Data capture and analysis is accessible and well planned. It provides a rationale for interventions, priorities and the setting of short and long term marketing objectives.	Research and insight into the needs and preferences of local disabled people has fully informed the planning process, resulting in programmes that deliver 'what disabled people want', with clear targets and outcomes. Feedback from disabled people is proactively sought for continuous improvement purposes.

Are information and services subsequently reaching the most effective audiences through successful inclusive and accessible communications?	There is no marketing plan or strategy and limited/restricted access to skills and resources to deliver inclusive and accessible marketing communications.	Available market research and customer insight/data/feedback is being used to develop an inclusive marketing strategy or plan. There is some investment in skills and modest implementation of accessible communications.	An inclusive marketing strategy/plan has been developed with the involvement of partners and stakeholders. Investment is apparent in skills to implement a range of inclusive marketing and communication approaches. Accessible marketing materials encourage uptake by disabled users and there are specific processes in place to meet disabled people's needs.	An inclusive marketing strategy/plan is well established and is being embedded within the organisation. It has very clear objectives which can be related to the disability market. Internal and out-sourced marketing teams can demonstrate the ability to deliver accessible communications. The majority of online and offline communications are accessible and follow established good practice guidelines.	Marketing principles focused on behaviour change models are enshrined in the marketing strategy/plan and its delivery, which is fully inclusive and embedded within the organisation. Innovative marketing techniques and tools are being used to reach disabled people and their networks through a range of communications and channels.

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Partnership and Collaboration					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Are partnerships and collaborations created and used efficiently and effectively to address inequalities and reach and engage disabled people?	There is very limited commitment to and practice of effective partnership or collaborative working around disability and inclusion.	Partnerships and collaborations exist with a limited number of identified agencies and community partners around disability and inclusion. Plans are in place to improve and develop partnerships and collaborative working.	Partnerships exist with all agencies identified as important to the organisation, and there is demonstrable evidence of collaborative working around disability and inclusion. Where partnerships and collaborations are in place there is a structured and well thought out approach taken. The approach clearly identifies the outputs and outcomes all agencies want to see achieved through jointly working with the resources/skills that are available. Partnership agreements are in place where needed.	Partnership and collaborative working is well established, driven by use of insight and a key part of local marketing and communication planning designed to deepen reach and widen access. Stakeholder mapping is proactive and well managed. There is a focus on building relationships with organisations that have power/influence, a wider/deeper reach and a commitment to help strategic development around disability and inclusion. Staff work proactively to build collaborations with providers in the key statutory sectors and with voluntary, third sector, community and commercial organisations.	Outcome based planning provides focus and stakeholders and partners are routinely and regularly involved in all planning and review processes around disability and inclusion. There is clear evidence of increased market penetration and impact in identified development areas, particularly around the participation of disabled customers and a resulting increase in physical activity levels.

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Programming and Participation					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Is a well-balanced programme offered which meets the needs of disabled people? Do these programmes attract, engage and retain disabled people and increase market penetration?	There is no plan or strategy in place that sets out clear participation aims and objectives for the disability market. There is no evidence of programming that meets disabled people's needs. There is no evidence that programming and participation levels are measured and reviewed or that disabled people are using the services offered.	Some consultation with disability groups and evidence that the needs of disabled customers have been considered within programme planning and strategy. Provision is mainly through disability-specific sessions. Some evidence that programming and participation levels are measured and reviewed but no evidence to show impact. A relatively small but consistent core of disabled customers attending programmes.	Clear strategy in place for programming with good evidence of consultation and use of local intelligence to set clear priorities and objectives. Balanced programme, for example between membership/pay as you play; courses/classes; club hire and directly organised sessions/initiatives available to disabled customers. Effective programming and monitoring in place with good participation and membership levels.	Strategy, programming and participation targets are driven by insight and knowledge and there is very good evidence of regular and positive engagement with disabled people and disability groups. There is a range of disability-specific and inclusive opportunities reflecting the needs of disabled customers and disability groups and support to overcoming any barriers to participation. The programme is designed and developed to cater for all participants with referrals, exit routes and development pathways in place. Effective programming, monitoring and wider marketing initiatives increase the throughput of disabled participants resulting in very good market penetration.	There is excellent evidence of consultation and use of local intelligence to set robust priorities and objectives for strategy, programming and participation levels. Local disability groups and communities are fully involved in shaping programme development and delivery to meet local priorities. The organisation demonstrates innovative programming approaches. Regular reviews strongly evidence the impact of excellent programming and increasing participation numbers.

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Impact and Outcomes					
Challenge:	**Unsatisfactory**	**Satisfactory**	**Good**	**Very Good**	**Excellent**
Does the organisation effectively measure impact and outcomes for disabled people? Are data collection mechanisms accessible and does evidence show the organisation is effective in delivering high quality services to disabled customers?	No mechanisms in place to collect disability data. Existing data collection mechanisms are largely inaccessible to disabled customers. No performance baseline or clear strategy for improvement exists. The organisation is unable to provide evidence of satisfaction levels or the benefits that programmes have on the lives of disabled people.	Data collection mainly consists of quantitative information on number of disabled customers. Some breakdown of usage data and baseline performance measures are in place. Customer satisfaction is measured at programme level through accessible methods for specific disability sport initiatives. There is limited evidence of benefit, primarily via case studies of individuals, or at single initiative level.	Data collection allows clear disaggregation of usage and evidence shows demonstrable growth in activity levels by disabled people against KPIs. Customer satisfaction for disabled people is regularly tested and is seen to be improving. Benchmarking indicates that disability participation rates are reflective of local population data. The organisation has an internal reporting process in place including an impact report but there is limited evidence of the difference it is making or the impact the service is generating with partners, stakeholders, funders or commissioners.	Measurement and target setting is fully embedded with evidence of strong partnerships with disability organisations on programmes, and outputs/outcomes jointly planned and shared. Facility targets and key performance indicators are being achieved with year on year growth in disabled peoples' participation demonstrated. Regular feedback is sought through accessible data collection mechanisms from disability organisations and disabled people, with improvement, innovation and change communicated internally and externally. Evidence indicates that customers/members of the community and partners are advocating the organisation and that services are highly regarded. Programmes and activities are impacting on local well-	Data analysis and feedback is used to develop targeted interventions to attract new disabled users and retain existing customers. The organisation recognises the potential to scale up successful activities and is actively doing so. There is good evidence that the organisation's approach to disability and inclusion has resulted in sustained core funding and/or new work/funding being secured. This organisation has an excellent reputation for the quality, value and impact of its work and is helping to inform and shape local/strategic priorities and assessments of need. There is significant progress against national strategic outcomes that have been agreed with

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				being outcomes and inactivity levels amongst disabled people are falling due to purposeful approaches to marketing, design and delivery.	local partners that is measured in terms of social and economic impact value.

Health & Safety	These requirements will be scored as Yes or No within the Compliance Declaration Module (Operations 4), all requirements must be a Yes to achieve IFI accreditation.
Health and Safety Management System	**EXAMPLES OF BEST PRACTICE** Safety system procedures must cover all key activities for staff, customers and others; including instructions and guidance on the actions required to ensure a safe environment for staff and customers, good practice models include: • HS(G)65 Successful Health & Safety Management • BS OHSAS 18001:2007 Occupational Health and Safety Management Systems Processes in place to regularly review and update the procedures and policy systems, including the health and safety management system.
Health and Safety Policy Statement	**EXAMPLES OF BEST PRACTICE** The health and safety policy statement should be signed by the person within the organisation responsible for health and safety. • The policy statement should set out the responsibilities of the organisation and its employees; containing a commitment to providing a safe and healthy working environment, with both effective systems and procedures that influence the organisation, arrangements, premises and equipment • The statement should be regularly reviewed and must take into account any significant changes in size and or organisational structures
Employers and Public Liability Insurance Certificate	**EXAMPLES OF BEST PRACTICE** The organisation should ensure that current insurance certificates for Employer and Public liability are in place and should be readily accessible to all employees.
Fixed Electrical Installation Inspection Certificate	**EXAMPLES OF BEST PRACTICE** A fixed wiring periodic inspection and test (17th edition) should be carried out in accordance with the 'Electricity at Work Act 1989' and 'Requirements for Electrical Installations (IEE Wiring Regulations (17th Edition) BS 7671)' with records maintained on site: • Annually for swimming pools and fire alarm insulation • Three yearly for other leisure facilities (including dual use facilities), theatres and emergency lighting insulation • Five yearly for the village halls and community centres, residential accommodation, offices and educational establishments (not open to the general public)

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	The certificate will describe if the test is satisfactory or unsatisfactory. An 'Unsatisfactory' certificate will list the actions to be addressed. All Code 1 and Code 2 actions should be addressed or a plan should be in place to address these actions within a reasonable timespan, with evidence of completion held with the original report. **Note: Following the first inspection of a brand new building the examiner could reduce the period of inspection or extend the period of inspection to a maximum of 5 years, any extension and the reason why should be recorded on the inspection certificate and a risk assessment completed (as per table 3.2 Note 8 Guidance Note 3: Inspections & Testing IET)** **** Operators should liaise with their insurance company and local licensing authority in relation to licence premises to ensure their timescales are met**
Risk Assessments	**EXAMPLES OF BEST PRACTICE** Risk assessments should be carried out and recorded in accordance with 'Management of Health & Safety at Work Regulations 1999' and available to all staff. They should be: • Current • Suitable and sufficient • With all significant hazards recorded • Effective control measures in place relevant to the facility • Formally reviewed on a planned regular basis, as per 'INDG163' or after an accident, incident, near miss or the purchase of new equipment • Completed for premises, tasks, activities and people
Fire Risk Assessment (Site-Specific)	**EXAMPLES OF BEST PRACTICE** A fire risk assessment should be carried out by a competent person and recorded in accordance with 'Regulatory Reform (Fire Safety) Order 2005' and available to all staff. It should consider the following elements: • Current • Suitable and sufficient • Sources of Ignition • Sources of combustion • Sources of oxygen • Fire detection • Escape routes and evacuation • Firefighting equipment • Supporting building plans • Formally reviewed on a planned regular basis, as per 'INDG163', after changes within the building, incidents, the purchase of new equipment or as per the recommendation within the fire risk assessment The fire risk assessment will provide recommendations for regular inspection, these inspections should be carried out, recorded and records

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	maintained on site.
Emergency Action Plan/Procedures	**EXAMPLES OF BEST PRACTICE** Facility based emergency procedures (Emergency Action Plan) should be developed for all potential emergency situations with documented defined action to be delivered where applicable. Key areas to consider should include: • Evacuation for fire, bomb and chemical spillage • Structural damage • Electricity failure • Gas or chemical leak • Lost persons • Lack of clarity in pool • First aid The procedure should be planned, implemented, reviewed and available to staff with a training process in place.
Emergency Lighting Test Certificate and Service Records	**EXAMPLES OF BEST PRACTICE** Emergency lighting should be tested for function in accordance with 'Regulatory Reform (Fire Safety) Order 2005' with records maintained on site: • Monthly statutory checks • A test of the battery backups (discharge test) completed • Annual maintenance and service of equipment undertaken by a trained competent person • As recommended by the fire risk assessment
Fire Alarm Test Certificate and Service Records	**EXAMPLES OF BEST PRACTICE** The fire alarm should be tested regularly for function in accordance with 'Regulatory Reform (Fire Safety) Order 2005' with records maintained on site: • Weekly statutory checks – demonstrating a planned approach to checking all call points on a rotational basis • Six monthly maintenance and service of equipment undertaken by a trained competent person • As recommended by the fire risk assessment
Fire Extinguishers Inspection Records	**EXAMPLES OF BEST PRACTICE** Firefighting equipment including extinguishers, blankets and hoses should be tested regularly for function in accordance with 'Regulatory Reform (Fire Safety) Order 2005' with records maintained on site: • Monthly statutory checks • Annual maintenance and service of equipment undertaken by a trained competent person as recommended by the fire risk assessment • As recommended by the fire risk assessment
Asbestos Survey/Register	**EXAMPLES OF BEST PRACTICE** An asbestos survey should be carried out for all buildings built before 2000 in accordance with 'Control of Asbestos Regulations 2012'. If asbestos is

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	located a register should be completed and control measures implemented including: • A process is established for addressing the management of asbestos, including defining the duty holder • A regime of regular inspection • Information for contractors and/or visitors • Guidance on what to do if asbestos is disturbed • A plan of the location of asbestos in the building is understood by staff
Legionella Risk Assessment	**EXAMPLES OF BEST PRACTICE** A Legionella risk assessment should be carried out by a competent person and recorded in accordance with 'Legionella L8' and available to all staff. It should contain responsibilities (duty holders) and recommendations to reduce the risk of an outbreak which may include: • Flushes of underused outlets • Water temperature checks (less than 20º centigrade for cold, more than 50º for hot) • Calorifier temperature checks • Microbiological water tests • Shower heads descaling • Chlorination regime • Tank inspections • Detailed/accurate schematic drawings of all hot and cold domestic water services The above inspections/ tests should be carried out, recorded and records maintained on site. The risk assessment must be formally reviewed regularly and specifically whenever there is reason to suspect it is no longer valid. An indication of when to review the assessment and what to consider should be recorded in the current risk assessment. This may result from and include: • Changes to the water system or its use • Changes to the use of the building in which the water system is installed • The availability of new information about risks or control measures • The results of checks indicating that control measures are no longer effective • Changes to key personnel • A case of Legionnaires' disease/legionellosis associated with the system
Gas Boiler Service Records	**EXAMPLES OF BEST PRACTICE** Gas boilers should be serviced in line with legislation and manufacturer's instructions, with records maintained on site: • Annual maintenance and service of equipment undertaken by a trained competent person

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Passenger Lifts and Hoist Examination and Inspection	**EXAMPLES OF BEST PRACTICE** Passenger lifts and hoists should be serviced in accordance with 'Lifting Operations and Lifting Equipment Regulations (LOLER) 1998' and the Health and Safety at Work etc. Act 1974 and manufacturer's instructions, with records maintained on site: • Passenger lifts, six monthly thorough examination, maintenance and service undertaken by a trained competent person • Hoists (including pool and disabled) six monthly, thorough examination, maintenance and service undertaken by a trained competent person
Non Passenger Lifts, Hoists and Work Platforms Examination and Inspection	**EXAMPLES OF BEST PRACTICE** Non passenger lifts and hoists should be serviced in accordance with 'Lifting Operations and Lifting Equipment Regulations (LOLER) 1998' and manufacturer's instructions, with records maintained on site: • An annual thorough examination, maintenance undertaken by a trained competent person Mechanical hoists should be serviced in accordance with 'Lifting Operations and Lifting Equipment Regulations (LOLER) 1998' and manufacturer's instructions, with records maintained on site: • An annual (unless the equipment is used to lift people, this would be every six months) thorough examination, maintenance and service of equipment undertaken by a trained competent person Mobile elevated work platform should be serviced in accordance with 'Lifting Operations and Lifting Equipment Regulations (LOLER) 1998' and manufacturer's instructions, with records maintained on site: • A six monthly thorough examination, maintenance undertaken by a trained competent person

Safeguarding	**EXAMPLES OF BEST PRACTICE**
	Safeguarding policies, procedures and training are in place to ensure a safe environment for children, young people and vulnerable adults, with evidence available on site:
	• Safeguarding Policy
	    o Up to date and reviewed that includes localised reporting processes for incidents and potential concerns
	    o Evidence that relevant staff have been trained on the policy
	• Designated Safeguarding Lead
	    o Designated safeguarding lead(s) appointed and are known to staff
	    o Designated safeguarding lead(s) contactable whenever the centre is open
	    o Designated safeguarding lead(s) aware of their responsibilities
	• Safe Recruitment Practice
	    o Risk assessment(s) in place for safeguarding children and vulnerable adults, which is used to determine the centre's/ organisations eligibility policy, including Disclosure and Barring Scheme (DBS) policy
	    o New applicants are DBS checked if eligible and all available information is risk assessed to judge the suitability of applicants
	• Clubs and External Organisations

Gplus 37 – Engaging with Disabled People and People with Long Term Health Conditions (including IFI Accreditation)

Guidance Notes

	o There is a process in place to ensure clubs have safeguarding practices including a safeguarding policy, current insurance, appropriate coaching qualifications and personnel DBS checked if eligible **Note: Centres/ organisations cannot hold copies of DBS disclosures for external clubs and other hirers, this is only permitted for those employing or deploying staff (paid or volunteers) and not someone simply providing a venue for activities. However, it is reasonable for the venue to require confirmation from the club/ hirers have a safe recruitment practice (amongst other arrangements) in place and that all eligible coaches etc. have been subject to a DBS check and assessment through the club/ organisation/ NGB. Management might check this compliance in a variety of forms including signed agreements, signed terms and conditions, spot checks or audits. Management should be aware of all the bookings that involve children, young people and vulnerable adults.**

Key Links - Disability Specific

- EFDS: overview http://www.efds.co.uk/ - key message to readers: be informed; be inclusive; be active.
- EFDS: Charter for change http://www.efds.co.uk/charter

    EFDS is calling upon those involved in providing opportunities to commit their support to the Charter which outlines three asks:

    - Everyone involved in providing sport or physical activity will support disabled people to participate.
    - Disabled people will have the same opportunity as non-disabled people to be active throughout their lives.
    - All communications about sport and physical activity will promote positive public attitudes towards disabled people's participation.

- EFDS 'Talk to Me' principles http://www.efds.co.uk/resources/research/3904_talk_to_me_principles_in_action

    EFDS produced the Talk to Me report in October 2015. The report outlines ten principles which support's providers to deliver more appealing activities for disabled people. A support document has been produced to highlight how these principles have been applied in sport and physical activity.

    Step one: Drive awareness
    Principle one: Use the channels I already trust
    Principle two: Stay local to me
    Step two: Engage the audience
    Principle three: Don't lead with my impairment or health condition
    Principle four: Talk to as many of my values as possible
    Principle five: Continue to fulfil my values in new ways
    Step three: Offer support and reassurance
    Principle six: Reassure me I'm going to fit in
    Principle seven: Make me feel I can do it
    Principle eight: Make it easy for me to tell you my needs
    Principle nine: Ensure my first experience is good
    Principle ten: Encourage me via existing advocates

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- EFDS: research and insight http://www.efds.co.uk/resources/research
- EFDS: access for all -inclusive communities guide http://www.efds.co.uk/resources/case_studies/2697_access_for_all_efds_inclusive_communications_guide
- Inclusive training: http://www.efds.co.uk/resources/sainsbury_s_active_kids_for_all Sainsbury's Active Kids for All series
- Inclusive Fitness http://www.efds.co.uk/inclusive_fitness - IF Gyms; IF Mark; training and events
- Inclusive clubs http://www.inclusion-club-hub.co.uk/ toolkit created by the EFDS to help clubs to include more disabled people in their activities
- Equality in Sport: disability strand of the website of the five UK Sports Council http://equalityinsport.org/equality-strands/disability/
- EFDS "LEAD" Self-Assessment tool http://www.efds.co.uk/resources
- EFDS Inclusive HUB – tool to ensure clubs are inclusive Club http://www.inclusion-club-hub.co.uk/

Key Links – Generic and Related Areas
- Age UK
  - Health and fitness section: http://www.ageuk.org.uk/health-wellbeing/ - information on age-related health conditions, advice on staying fit and healthy
  - Keeping fit: http://www.ageuk.org.uk/health-wellbeing/keeping-fit/ - getting moving; fitter feet; walking tips; falls prevention; easy exercise
  - Health and wellbeing projects: http://www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/ - Inspire and include; Fit for the Future; Cascade Volunteering Training; Fit as a Fiddle (although ended resources are still available); Get Going Together; Dementia Friendly Programme; Health and Wellbeing Resources.
- BHFNC: Older People overview: http://www.bhfactive.org.uk/older-adults/index.html - training (e.g. Functional Fitness MOT); events; resources; projects
- DCMS Sporting Futures Strategy: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf
- Equality Act 2010: government guidance https://www.gov.uk/guidance/equality-act-2010-guidance
- Equality for Sport web site: http://equalityinsport.org/ website of the five UK Sports Councils, providing a wide range of equality-related material to assist all sporting organisations become more equitable and to provide a service to all sectors of the population.
- Equality Standard for Sport: http://equalityinsport.org/equality-standard-for-sport/
- PHE: https://www.gov.uk/government/organisations/public-health-england - contacts regional and local centres; national strategy
- Sport England: Strategy Towards an Active Nation https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf
- Sports Coach UK: list of workshops covering equity and disability for young people and adults http://www.sportscoachuk.org/workshops/workshop-search
- Vulnerable adults: EFDS policy guidance: http://www.efds.co.uk/assets/0000/3509/Child_and_Vulnerable_Adult_Protection_Policy_for_web_with_statement.pdf; Presentation highlighting the difference between safeguarding children and vulnerable adults guidance: https://www.sportscoachuk.org/sites/default/files/Differences-in-Safeguarding-Children-and-Vulnerable-Adults.pdf (Anne Craft Trust and the Sports Coach UK)