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TOWARDS SAFE(R)SPACE

DISABILITY AND EVERYDAY SPACES OF UN/SAFETY AND HOSTILITY IN IRELAND

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CONTENTS

ACKNOWLEDGEMENTS 6

ABOUT THE AUTHORS 6

SUMMARY 7

CHAPTER 1: CONTEXTUALISING THE SAFE(R)SPACE PROJECT 17

1.1 Introduction 17
1.2 SAFE(R)SPACE aims and objectives 18
1.3 Contextualising the SAFE(R)SPACE study 19
1.3.1 Framing disability 19
1.3.2 Why a spatial focus? The significance of space and place 20
1.3.3 Conceptualising hostility, violence, hate and un/safety 22
1.4 Structure of the report 24

CHAPTER 2: METHODOLOGY 25

2.1 Introduction 25
2.2 Phase 1: Scoping the national policy context 25
2.3 Phase 2: Case study fieldwork 26
2.3.1 Engaging people with disabilities 27
2.3.2 Research with local practitioners/policymakers 29
2.4 Analysing the data 29
2.5 Phase 3: Dissemination and networking 29
2.6 Ethical approval and practices 29

CHAPTER 3: DISABILITY, UN/SAFETY & THE IRISH POLICY LANDSCAPE 31

3.1. Introduction 31
3.2 Reviewing the policy and legislative landscape 31
3.2.1 Policy commitments to address violence and abuse against people with disabilities 33
3.2.2 Policy agendas around disability, community living and community safety 34
3.2.3 Disability, planning and the creation of safe, liveable environments 36
3.2.4 Discussion 36
3.3 Understandings and awareness of disability and un/safety: interviews with policymakers and national disability organisations 37
3.3.1 Awareness of, and work around, disability, hostility and community safety 38
3.3.2 Understanding the relationship between disability, hostility and un/safety: people with disabilities & the construction of 'vulnerability' 40
3.3.3 Understanding safety and safe spaces 42
3.4 Conclusion 43

CHAPTER 4: FEELING AND EXPERIENCIING UN/SAFETY AND HOSTILITY 45

4.1 Introduction 45
4.2 Defining and understanding safety 45
4.3 Feeling fear, feeling safety 47
4.3.1 Encountering others 47
4.3.2 Adaptive supports and devices 49
4.3.3 Access to the physical environment and transport 50
4.3.4 Memories and socialisation 52
4.4 Experiences of un/safety and hostility 53
4.5 Conclusions 54

CHAPTER 5: SPATIAL DYNAMICS OF UN/SAFETY AND HOSTILITY 55

5.1 Introduction 55
5.2 Perceptions of safety and area characteristics 55
5.3 Micro-geographies of un/safety and hostility: where are safe and unsafe spaces? 58
5.3.1 Places and spaces that feel unsafe 58
5.3.2 Places that feel safe 60
5.3.3 Home as a safe space? 62

5.4 Engendering safety: people with disabilities' spatial strategies 63
5.4.1 Decisions about where to live 63
5.4.2 Planning and routine....64
5.4.3 Modifying individual behaviours in public space 64
5.4.4 Temporal dimensions 65
5.4.5 Using technologies 65
5.5 Conclusions 66

CHAPTER 6: RESPONDING TO UN/SAFETY AND HOSTILITY 67

6.1 Introduction 67
6.2 Policy and legislative responses....67
6.2.1 Hate crime legislation....69
6.3 Garda responses....71
6.3.1 Challenges in contacting and engaging with the Gardaí....71
6.3.2 Awareness of disability amongst Gardaí /disability training 73
6.3.3 The role of community policing & Garda interactions with disability organisations....74
6.4 The built environment, access and housing 75
6.4.1 Access to the built environment 75
6.4.2 Responses regarding housing 76
6.5 Promoting 'personal 'safety 78
6.6 Conclusion....80

CHAPTER 7: TOWARDS SAFE(R)SPACE: CONCLUSIONS & RECOMMENDATIONS ... 81

7.1 Introduction 81
7.2 Making sense of people with disabilities' geographies of un/safety 81
7.3 What is safe(r)space for people with disabilities? 83
7.4 Responding to un/safety and hostility recommendations 83
7.4.1 Raising awareness of issues of disability and hostility and un/safety 84
7.4.2 Garda responses to people with disabilities 85
7.4.3 Accessibility to the built environment, housing and transport 85
7.4.4 Challenging and changing community attitudes 86

APPENDICES 87

BIBLIOGRAPHY 97

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SUMMARY

INTRODUCING THE SAFE(R)SPACE PROJECT

In recent years, there has been a growing international recognition of the disproportionate experience of hostility, violence and hate crime as it is experienced by people with disabilities. However, we know less about how fear and/or experience of hostility affects how people with disabilities navigate their everyday lives and places in the community, or how they engage in strategies to promote **safety,** and negotiate between feelings of safety and unsafety in different spaces.

This report provides findings from a two year study (2017-2019) funded by the Irish Research Council entitled *Disability and the Creation of Safer Space* (or SAFE(R)SPACE), which explores how fear and/or experience of hostility impact on disabled people's everyday lives and the spaces that they use and move through. It also explores how practitioners working in the area of community safety, planning, and disability services understand and respond to issues of hostility and community safety, and how we might promote safe(r) spaces for people with disabilities.

In exploring people with disabilities' **everyday geographies of un/safety,** the SAFE(R)SPACE study explores how space and place matter in making sense of people with disabilities' perceptions and encounters with hostility and un/safety. It draws from geographical thinking that understands space and place as central in making up our identities, and to the experience of impairment. Relationships between disability, space and un/safety are complex: people with disabilities have often been marginalised from different spaces due to a range of barriers (inaccessible design, or lack of communication supports, for example), or have been told by 'concerned others' that they should not be in certain types of spaces. Places themselves are often constructed to be 'safe' or 'dangerous' in societal discourses, but these perceptions have very real consequences for how, and whether, people use these spaces.

The SAFE(R)SPACE study begins from the premise that inhabiting and accessing space is a right in and of itself: all people with disabilities should have a right to access – and feel safe in – spaces and places in the same ways as everyone else.

SAFE(R)SPACE AIMS AND OBJECTIVES

SAFE(R)SPACE aims to explore how people with disabilities' everyday lives are shaped by the experience and/or fear of violence, hostility and un/safety, and the ways in which this affects both their perceptions and practices of space and space-making. It has four key objectives:

- To explore how people with disabilities understand and experience un/safety in the context of violence and hostility in different types of spaces.
- To explore how national and local socio-political contexts are implicated in disabled people's experiences, and how policymakers and practitioners charged with implementing safe(r) spaces understand disability and its relationship to the fear and experience of violence/hostility.
- To draw on people with disabilities' knowledges to promote policy and practice responses towards experiences of fear and un/safety, and engage key policymakers in the construction of safe(r) space.
- To explore the usefulness of the concept of safe(r) space in order to contribute to understandings about the relationship between disability, space, and violence and hostility.

STUDY METHODOLOGY

The SAFE(R)SPACE research was a qualitative study designed around three phases of activity.

Phase 1 involved reviewing and scoping out the national policy context, through a review of relevant policy documents, legislation, and 20 key actor interviews with national government policymakers and agencies, and national disability organisations.

Phase 2 involved local case study fieldwork in three areas with people with disabilities and practitioners. Areas were chosen to reflect different geographical characteristics, and included one inner city urban area, one rural area, and one town with rural hinterland. 104 participants took part in Phase 2 of the study across the three areas. 54 of these were people with disabilities, and participants had a range of different impairments, including visual, mobility and hearing impairments. We also spoke to people with intellectual disabilities, and members of the Deaf community. The remaining 50 participants worked in the case study areas as members of An Garda Síochána, community practitioners or statutory service providers.

The primary research methods used in Phase 2 of the study were in-depth interviews, focus groups, and also mobile interviews with some of the participants with disabilities. Mobile interviews provided an opportunity to explore 'in situ' feelings of un/safety in specific places and spaces. Participants were also invited to take photographs of their local area in terms of sites, objects or spaces that were significant to them in the context of safety.

Phase 3 sought to bring together policymakers, practitioners and people with disabilities who had participated in Phases 1 and 2 concerned with creating safe(r) space through dissemination and networking events in each of the three case study areas.

KEY FINDINGS

UNDERSTANDING THE NATIONAL POLICY CONTEXT

The issue of safety, fear and hostility experienced by people with disabilities living in the community sits at the intersection of a number of policy arenas, most notably disability, justice, and planning, housing and the environment. Of particular relevance are policy commitments to tackling violence and abuse, and addressing people with disabilities as victims of crime; policy around decongregation and community living for people with disabilities; and policy direction in terms of creating accessible, liveable environments and communities.

On the basis of the review of policy documents and interviews with government policymakers and national disability organisations, a number of points can be made about issues of hostility and un/safety in the context of disability.

There are **disjunctures in the language that is used in relation to tackling hostility and promoting safety amongst people with disabilities**. In some cases, safety appears to be about protecting people with disabilities from risks (in the context of health and safety, for example), or preventing 'abuse' through safeguarding; such approaches often tend to hinge around people with disabilities as 'vulnerable' people or adults. The association of people with disabilities with a 'vulnerable' identity is also something which emerges in relation to how they are referred to in the context of criminal justice systems. On the other hand, there are legislative trends which have the potential to view safety through a more rights-based lens, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), and Assisted Decision-Making (Capacity) Act 2015.

Work around, or awareness of, potential hostility faced by people with disabilities' living in the community – or broader issues of community safety – is relatively limited. There appear to be a number of reasons for this, including:

- There is no adequate language to speak about this, such that safety in the lives of people with disabilities is often referred to in terms of safeguarding or health and safety, rather than a broader sense of 'community safety'; people with disabilities appear relatively absent from discussions of community safety in the context of the Gardaí, for example.

- Some organisations/policymakers do not do not perceive hostility or un/safety to be a significant issue, either because they do not feel hostility is happening in the same way as in other groups/countries, or because they feel that they lack knowledge about it.

- Some disability organisations appear wary about raising issues of unsafety and hostility in the context of the decongregation agenda, insofar as it could provide a potential rationale for concerned others to prevent people with disabilities from moving into the community.

Disability organisations particularly were very aware of **how the construction of people with disabilities as vulnerable contributed to them being seen as more likely to experience hostility,** and in some cases, described the reference in policy discourses to people with disabilities as 'vulnerable adults' as unhelpful for reinforcing paternalistic ideas about disabled people.

Organisations pointed to the need **to re-define understandings of safety in policy** away from ideas of control and protection, towards safety as empowerment for people with disabilities.

MAKING SENSE OF PEOPLE WITH DISABILITIES' GEOGRAPHIES OF UN/SAFETY & HOSTILITY

The study revealed a number of key points about how people with disabilities make sense of safety, and the ways in which it has consequences for their understanding and use of different spaces and places.
The key findings can be summarised as follows:

People with disabilities make sense of safety and unsafety in multiple different ways. The presence or otherwise of people in spaces, distinguishing between threatening and trusted others, physical access and communication issues, and assistive aids and technologies all contribute to feelings of safety or unsafety. These understandings vary between impairment: for example, people with mobility impairments and visual impairments spoke particularly about the physical environment, as well as how supports like white canes or guide dogs could mark them out as different. Different elements interact with one another to contribute to feelings of un/safety: for example, an uncertainty about the physical environment, combined with the absence of people, could make someone feel very unsafe. People with disabilities should therefore not be seen as inherently unsafe; rather safety is relational and dependent on different contexts.

Many people with disabilities in the study, and those that work with disabled people, reported incidents and experiences of hostility. This ranged from more extreme instances of physical assault, to theft of mobile phones, domestic violence, sexual assault, financial abuse, through to what we might term 'micro-aggressions' such as name-calling, teasing on the street, or being inappropriately questioned.

People with disabilities' feelings about safety or unsafety shape their everyday geographies, and have the capacity to significantly curtail their rights to occupy and utilise different spaces. While it was not the case for all people, concerns about being unsafe placed significant restrictions on the places and spaces that people with disabilities used: this included bars and nightclubs, shopping centres, specific streets, parks or public transport hubs.

While the home is a safe space for many people with disabilities, others do not view it as a space of security or refuge: reasons for this include a lack of physical access/adaptation, fear of break ins, particularly if they are living alone, and in the case of domestic violence, the home being a space of violence, danger and threat.

People have highly developed spatial strategies and routines to ensure that they feel safe in occupying, or navigating around, different spaces, including learnt transport routes, only going out at certain times of day, having someone accompany them, or even using specific technologies when out and about. Issues of fear and safety had also shaped decisions about where to live, where this was an option financially.

People with disabilities are constantly aware, particularly in public space, of how they are perceived by others in terms of constructions of their 'vulnerability'. Whether this manifests in paternalistic comments or more outright hostility, many people report operating a vigilance – particularly in public space - in a context where they are continually reminded by others of their 'vulnerability'.

People with disabilities develop safe spaces based on having trusted others around, knowing and having control over their environment, and having a routine. Within public spaces, for example, people with disabilities return to places where they are known – such as shops or restaurants – and where they know they will be welcomed.

Many people with disabilities do not report confidence in communicating with or accessing the Gardaí around issues of safety and unsafety, either in the context of being unsure who to contact, feeling confident that they will be able to communicate with them, or that their concerns will be taken seriously.

WHAT IS SAFE(R)SPACE FOR PEOPLE WITH DISABILITIES?

A key question for the study was seeking to understand what safe(r) space for people with disabilities might look like, or be understood. Drawing on interviews from across the study, safe(r)space was described as:

- Feelings about a place, and **a sense of security.** As one participant said "It's where you feel relaxed, comfortable, you don't feel at risk of something happening to you", or a state of mind: "Safety is a feeling. The person would feel secure in the world they live in. That's safety".

- Having **social networks, trusted people to talk to, knowing who and where to turn** to in cases of un/safety and knowing that concerns will be taken seriously. Participants also raised the importance of a sense of inclusion, of being accepted by others, and being part of a local community.

- The **empowerment of people with disabilities:** that people with disabilities have a say in matters that affect them, are listened to, and have choices around the spaces and places that they use - from their body as a space (bodily autonomy) through to how they live and use different public and domestic spaces. Safety was understood in terms of having control over one's life.

- **Spaces with access to the built environment, appropriate housing,** including choice around housing options, as well as the provision of necessary support services for people with disabilities, where required.

RESPONDING TO HOSTILITY AND UN/SAFETY

Agencies, local organisations and people with disabilities themselves were asked about how issues of hostility and un/safety were being, or could be, addressed. Responses can be categorised into four key categories, although these are not exhaustive. These are (i) policy and legislative responses, including the potential role of hate crime legislation; (ii) approaches and practices of the Gardaí; (iii) issues related to planning, accessibility to the built environment, and housing, and (iv) initiatives concerned with promoting personal safety of people with disabilities within a wider agenda of community inclusion.

POLICY & LEGISLATIVE RESPONSES

People drew attention to a number of pieces of legislation as being significant in terms of issues of un/safety, including the UNCRPD, and the Assisted Decision Making (Capacity) Act 2015, legislation around safeguarding, as well as the Criminal Justice (Victims of Crime) Act 2017. Crucially, it was recognised that it is important that policy and legislation does not just focus on people with disabilities when they become victims of crime or abuse, but rather that it focuses on preventing these instances happening in the first place by promoting their rights and autonomy. Participants did not feel that new policy or legislation was needed to address issues of un/safety or hostility, but rather said that relevant policy was not always being implemented on the ground, or indeed, sometimes even known about by different agencies.

Participants were asked specifically about potential **hate crime legislation.** There were very mixed views expressed by participants (including people with disabilities and practitioners) about what hate crime was and how it should be defined, whether people with disabilities in Ireland were indeed victims of hate crime, or what effect hate crime legislation would have should it be introduced. Concerns expressed around introducing hate crime legislation related to (i) how to define hate crime and distinguish whether crimes perpetrated against people were motivated by hate (as opposed to perpetrators seeing people with disability as an 'easy target'), and (ii) whether hate crime legislation would further stigmatise people with disabilities.

APPROACHES AND PRACTICES OF THE GARDAÍ

Given their role in the arena of community safety, a number of issues were raised in relation to the practices of the Gardaí in responding to people with disabilities' concerns and experiences of un/safety and hostility. These related to:

- **Challenges for people with disabilities in contacting and interacting with the Gardaí: many participants reported difficulties in communicating with the Gardaí,** described feeling that their reports were not taken seriously, and described being reluctant to contact the Gardaí.

- **Disability awareness training:** A lack of awareness or variable awareness of disability across the Gardaí was mentioned by a number of people with disabilities and disability organisations, and was an issue raised by members of the Gardaí themselves. While participants reported many individual members of the Gardaí being friendly, approachable, helpful and acting in appropriate ways, it was felt that awareness was variable, with several participants suggesting that further training was required within An Garda Síochána across the force as a whole, and not just in community policing.

- **Role of community policing/liaison with disability organisations:** Disability organisations and the Gardaí themselves spoke about the importance of community guards as often being seen as the first point of contact with people with disabilities in addressing issues of community safety. While the research identified numerous examples of cross-agency working between the Gardaí and disability organisations in the arena of safety, others felt that more could be done.

PLANNING, ACCESSIBILITY AND THE BUILT ENVIRONMENT

People with disabilities spoke about the significance of adaptations to the built environment to improve access, and pointed to the importance of local authorities in this role. Many people with disabilities reported that they did not always feel listened to in terms of access issues, even when consulted about changes to the built environment.

Responses to the issue of **un/safety in the context of housing** was a recurring theme throughout the study. Our research revealed a number of people with disabilities who were living in unsuitable housing which contributed to their senses of un/safety, and people with disabilities who for reasons of limited income, had very little, if no, choice in their housing options.

In relation to housing, participants spoke about the significance of (i) appropriate access to, and location of, housing; (ii) ensuring community supports and considering community safety in sourcing housing in the context of decongregation, and (iii) specific design features of housing for people with disabilities: for example, avoiding external adaptations that might mark a house out as 'different', or avoiding sites where people might congregate.

PROMOTING 'PERSONAL' SAFETY

A number of agencies working with people with disabilities described initiatives around developing 'personal' safety; this was particularly the case in relation to people with intellectual disabilities, and those with autism. This included training around bullying, 'stranger danger' and road safety, as well as self-defence classes, and community mapping to enable people to navigate their local neighbourhood.

RESPONDING TO HOSTILITY AND UN/SAFETY: RECOMMENDATIONS

As an issue related to socio-spatial justice, responses to issues of un/safety need to reflect not just individual behaviours and strategies to 'stay safe', but more importantly, should challenge dominant societal and structural attitudes in which people with disabilities are 'othered' in society, including barriers to the built environment, transport and housing, as well as by agencies and institutions.

The key point here is that responsibility for 'staying safe' should not solely be placed on the shoulders of people with disabilities by modifying their behaviours (for example, by not going out at night, or not using a white cane because they feel like they may be targeted), but requires a community awareness and response, and change in attitudes towards people with disabilities. On this basis, a number of recommendations can be made:

RAISING AWARENESS OF ISSUES OF DISABILITY AND HOSTILITY AND UN/SAFETY

It is apparent that there needs to be more discussion and awareness of issues of hostility and un/safety in the lives of people with disabilities. Specifically:

- At a national level, there is a need for greater awareness and discussion of issues of hostility and un/safety as they are faced by people with disabilities. A number of national disability organisations and policymakers said they lacked knowledge about the issue, and there was a strong discourse around hostility as something that happened to other groups, or in other places.

- There needs to be an exploration of how we speak about safety in the lives of people with disabilities such that it is not associated with vulnerability and control.

- There needs to be an exploration of the possibilities of raising awareness of issues of hostility and un/safety amongst people with disabilities within debates about re-defining 'community safety', as set out in the *Report of the Commission on the Future of Policing* (2018).

- In relation to hate crime legislation specifically, there is a need to raise awareness of, and consult with, people with disabilities, their organisations, and indeed law enforcement agencies. Many people with disabilities, disability organisations, and members of the Gardaí expressed being unsure about how to define hate crime in the context of people with disabilities, and what effect it would have in terms of disabled people's personhood.

- There is a need to recognise specific forms of crime as they impact on people with disabilities. Domestic violence is one example where there has been little focus on how it is experienced by people with disabilities. It is apparent that the experience of impairment can create further difficulties and barriers for people with disabilities who are already living in very traumatic and violent situations.

GARDA RESPONSES TO PEOPLE WITH DISABILITIES

There remains significant work to be done to raise awareness of disability across the Gardaí so that they are better able to respond to the needs of people with disabilities: this was something raised not just by people with disabilities and disability organisations, but by members of the Gardaí themselves. This include

- Greater disability awareness training within the Gardaí.

- Clearer access/reporting procedures that take account of people's diverse modes of communication, including for the d/Deaf community, and people with visual impairments.

- Having a clear point of contact in a community for people with disabilities if they feel unsafe: this is particularly important given that many people reported feeling uncomfortable contacting members of the Gardaí. It is important people know who to contact if they feel unsafe.

- Improving cross-agency working between the Gardaí and other agencies involved in community safety, including local disability organisations.

ACCESSIBILITY TO THE BUILT ENVIRONMENT, HOUSING AND TRANSPORT

Accessibility continues to be a huge part of many disabled people's experiences of un/safety, and while this may appear to be a separate issue to feeling unsafe in the context of being a victim of crime, this research has shown that the two are inherently connected. Key recommendations relating to this include:

- Ensuring improvements to the built environment in terms of access – but also safety – are pursued, as set down in the *National Disability Inclusion Strategy 2017-2021* and relevant legislative frameworks.

- Ensuring people with disabilities have access to safe, secure housing also emerged as a key part of understandings of safety. Where people were housed in unsuitable accommodation, or where they felt isolated, this could lead to senses of unsafety, and a heightened fear about living in the community.

- In relation to the decongregation agenda in particular, there is a need to consider issues of community safety and hostility in planning transitions.

Local authorities, housing providers, and disability service providers, as well as transport providers, all have a role to play here in ensuring people with disabilities are able to access and utilise spaces in the same ways as other citizens.

CHALLENGING AND CHANGING COMMUNITY ATTITUDES

There continues to be a need to challenge attitudes amongst the general public, and in specific localities and community settings, around people with disabilities. The reporting of incidents in the study – for example of 'kids' throwing stones in housing estates, or sexual harassment – speak directly to the ways in which members of the general public understand people with disabilities, and the discriminatory attitudes which exist. An important part of community safety, then, is challenging such attitudes and stereotypes, such that local communities become welcoming places for people with disabilities.

CHAPTER 1: CONTEXTUALISING THE SAFE(R) SPACE PROJECT

1.1 INTRODUCTION

In recent years, there has been a growing international recognition of the disproportionate experience of hostility, violence and hate crime as it is experienced by people with disabilities (Hughes et al., 2012; FRA, 2015). Numerous studies have highlighted institutional abuse as it has been perpetrated against disabled people (Brown et al, 1995; McCarthy and Thompson, 1997; Robinson and Chenoweth, 2011; Sobsey, 1994); more recently, there has been a growing awareness of disability hate crime, which reflects the continuing discrimination and stigmatisation of people with disabilities in society (Quarmby and Scott, 2008; Roulstone et al., 2013; Schweppe et al., 2018; Taylor, 2017). While reports of hate crime may often focus on the most extreme incidents of hostility and aggression, we know less about how fear or experience of hostility in its multiple forms affects how people with disabilities navigate their everyday lives in the community, including how they perceive and use different spaces. In particular, we know little about how, if at all, people with disabilities engage in strategies to promote **safety,** and negotiate between feelings of safety and unsafety in different spaces.

This gap in knowledge is significant for a couple of key reasons: firstly, national and international legislative moves to promote disabled people's rights as autonomous citizens through independent living mean that their everyday lives are increasingly being lived out in a range of different geographical settings (including public spaces and 'the community'), and not just institutionalised settings, where studies of abuse against people with disabilities have often been focused. Secondly, agencies concerned with creating and managing secure spaces often fail to envision disabled people as users of these spaces in the same way as other citizens; indeed, access to space is often perceived to have been addressed through purely technical solutions, such as modifications to the built environment, without considering how violence or fear of violence and hostility may impact on people with disabilities' everyday encounters with space, and therefore circumscribe their access to socio-spatial justice.

This report provides findings from a two year study (2017-2019) funded by the Irish Research Council entitled *Disability and the Creation of Safer Space* (or *SAFE(R)SPACE*), which explores how fear and/or experience of hostility impact on disabled people's everyday lives and the spaces that they use and move through, as well as how practitioners working in the area of community safety, planning, and disability services understand and respond to issues of hostility and community safety. In exploring people with disabilities' **everyday geographies of un/safety,** a key aim of the research was to explore how we might promote safe(r) spaces for people with disabilities living in the community.

The project builds out of work conducted in 2012 for the National Disability Authority which explored people with disabilities as victims of crime in Ireland (Edwards et al., 2012), and is timely in regard to debates about Ireland's political and legislative recognition of the rights of people with disabilities. Ireland ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018, which engenders States Parties to "take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects" (http://www.un.org/ disabilities/default.asp ?id=276). Meanwhile, a raft of national policies and strategies are promoting independent living in the community as a route to autonomy and self-determination, including the *National Housing Strategy for People with a Disability 2011-2016* (Department of the Environment, Community and Local Government, 2011), *Time to Move on from Congregated Settings: a Strategy for Community Inclusion* (Health Service Executive, 2011) and the *National Disability Inclusion Strategy 2017-2021* (Department of Justice and Equality, 2017).

From a justice perspective also, there is a growing national debate about, and awareness of, hate crime (see, for example, Haynes et al., 2017), with the recent *An Garda Síochána Diversity and Integration Strategy 2019-2021* setting out a working definition of hate crime for the first time in the State (An Garda Síochána, 2019a). The recent report from the Commission on the Future of Policing in Ireland is also of relevance here, insofar as it places "a broader concept of community safety" (Commission on the Future of Policing in Ireland, 2018: ix) at the forefront of a vision for policing in the State. These policy and legislative developments all have potential impacts for people with disabilities living in the community, in terms of their encounters with hostility and un/safety.

This chapter provides an overview of the project aims and objectives, and then describes the conceptual starting points for the study. Drawing on key ideas from academic and policy-based literature regarding what we know about disability, hostility and un/safety in particular, we set out how we understand disability in the research, why and how a spatial perspective is significant, and also explore understandings of hostility and un/safety. The final section describes the structure of this report.

1.2 SAFE(R)SPACE AIMS AND OBJECTIVES

SAFE(R)SPACE aims to explore how people with disabilities' everyday lives are shaped by the experience and/or fear of violence, hostility and un/safety, and the ways in which this affects both their perceptions and practices of space and space-making. It asks what we mean by 'safer space', and how in practice, people with disabilities can live safely in the community. Its specific objectives are as follows:

(i) To explore how people with disabilities understand and experience un/safety in the context of violence and hostility in different types of spaces.

(ii) To explore how national and local socio-political contexts are implicated in disabled people's experiences, and how policymakers and practitioners (at both a national and local level) charged with implementing safe(r) spaces understand disability and its relationship to the fear and experience of violence/hostility.

(iii) To draw on people with disabilities' knowledges to promote policy and practice responses towards experiences of fear and un/safety, and engage key policymakers in the construction of safe(r) space.

(iv) To explore the usefulness of the concept of safe(r) space in order to contribute to understandings about the relationship between disability, space, and violence and hostility.

1.3 CONTEXTUALISING THE SAFE(R)SPACE STUDY

This section draws on academic and policy literature to set out some of the key debates and conceptual starting points for the SAFE(R)SPACE study, including how we frame disability, what we understand a spatial perspective to offer, and debates around conceptualising hostility, violence and un/safety. It is important to note that there is no one key body of literature which explores the core focus of the SAFE(R)SPACE project. For example, while there is a literature in public health and disability studies on institutional abuse, and literature on disability hate crime (in sociology, criminology, and disability studies, and to a much lesser extent, geography), there is less literature on the idea of safety (including community safety) and disability (for an exception, see Robinson, 2013), particularly from a spatial perspective. In this section, we therefore seek to pull together ideas from different bodies of literature to contextualise the SAFE(R)SPACE study.

1.3.1 FRAMING DISABILITY

The SAFE(R)SPACE study starts from the premise that we can only understand disability as a relationship between the individual and societal attitudes, practices and environments (Chouinard et al., 2010; Hall and Wilton, 2016). Historically, people with disabilities have been marginalised in Western societies and segregated from multiple areas of social and public life. Despite a burgeoning disability rights agenda, including international protocols such as the UNCRPD, and policy moves to promote people with disabilities living in the community, many people with disabilities continue to face discrimination, stigmatisation and marginalisation on a daily basis (Banks et al., 2018). This can be seen in many areas of life which have a direct impact on issues of safety and security, including a lack of access to suitable housing, lack of access to public transport, a failure to be taken seriously by law enforcement agencies if reporting a crime, and discriminatory attitudes by service providers and members of the public in spaces of everyday life. At its most extreme, it can be witnessed in the violence, hate crime and institutional abuse that people with disabilities have experienced.

For those studying violence and hostility as it is perpetrated against people with disabilities, such acts have to be explained in relation to attitudes which view people with disabilities as vulnerable and dependent, and which contribute to a de-valuing of the disabled body (Edwards and Imrie, 2003; Shakespeare, 1994). It is notable that some of the most high profile hate crime incidents described in the UK, for example, were shocking for the grotesque acts performed on victims' bodies; as Taylor (2017: 216) notes of hate crime data gathered in the UK, a key feature of disability hate crime is "cruelty, humiliation [and] degrading treatment, often related to the nature of the impairment". As Shakespeare and many other disability theorists have highlighted, societal disgust at bodies which are seen as different often lie at the heart of discrimination faced by people with disabilities. In recent years, research has also shown how people with disabilities have often been 'scape-goated' for the problems of society in a time of austerity, by being constructed as a financial drain, as benefit scroungers, or welfare 'cheats' (Burch, 2018; Power and Bartlett, 2018a).

While the SAFE(R)SPACE study does not explore hate crime specifically, these contexts, barriers, and constructions of disability shape the everyday lives of people with disabilities, and have the potential to mediate their use of different spaces and places. Our focus in this study is on seeking to unpick how un/safety is understood by people with disabilities in different spaces, and to explore this as an on-going process. To this end, we draw on ideas about relational understandings of disability to recognise that there is no, one, fixed disabled identity (Hall and Wilton, 2017; Stephens et al., 2014). While the societal attitudes grounded in vulnerability and barriers that exist cannot be ignored, the experience of disability varies from person to person, across a diversity of impairment types (from physical, to sensory impairment, to intellectual disability), and in different spaces. These experiences differ across time and space, and can be affected by both human and non-human factors: as a crude example, the experience of disability – and of feeling included or excluded – can be quite different for someone who uses a wheelchair, depending on whether different places have access supports, such as a ramp or lift, or whether places feel welcoming. This suggests that we have to look at the micro-spaces of disabled people's everyday lives to understand the complex relationships between the individual disabled body, and the wider environment.

1.3.2 WHY A SPATIAL FOCUS? THE SIGNIFICANCE OF SPACE AND PLACE [1]

The SAFE(R)SPACE study seeks to explicitly explore how space and place matter in making sense of people with disabilities' perceptions and encounters with hostility and un/safety. In so doing, we draw from geographical thinking that understands space and place as socially constitutive, and as central in making up our identities. In the context of people with disabilities, we can see how the configuration of particular spaces reflect societal perceptions and attitudes which often seek to marginalise those whose bodies do not fit the able-bodied norm (Kitchin, 1998; Imrie, 1996); a failure to provide ramps, sign language interpreters, or accessible information are just a few examples of this. Spaces and places are also tied up in societal imaginaries about who belongs in particular places, and who is 'out of place' (Kitchin, 1998; Soldatic et al., 2014).

[1] Space is understood as a more abstract concept (for example, public or private space), whereas place refers to more particular (often named) spaces, that people may form connections with or ascribe meanings to.

For example, up until relatively recently, people with disabilities were perceived as being hidden away in semi-private spaces of institutions, rather than as members and active citizens of local communities. **The SAFE(R)SPACE study begins from the premise that inhabiting and accessing space is a right in and of itself: all people with disabilities should have a right to access – and feel safe in – spaces and places in the same ways as everyone else.**

A useful body of literature in relation to SAFE(R)SPACE can be found in work exploring women's geographies of fear of violent crime. Feminist geographers, who have focused on women's experiences of violence and fear of violence in public space, have utilised space as a social category to highlight the complexity of the experience and fear of violence as an interaction between power relations, space and social identities (Koskela, 1997; Pain, 1997, 2000, 2014; Valentine, 1989). This research has been significant in exploring not only how women find themselves excluded or restricted from particular spaces as a consequence of fear (for example, the fear to go out at night time), but how fear itself reflects a set of gendered and other power relations and attitudes about women being seen as 'out of place'; in other words, constructions of women as 'vulnerable ' or 'at risk' in public space at night often means that they may feel fearful about using these spaces, which in turn affects their everyday spatial and material practices. There is a feedback loop here: as women (or other groups) fail to use these spaces, so it changes the nature of these spaces themselves.

Studies such as these also demonstrate how certain places become socially constructed or symbolically represented as 'safe' or 'dangerous' (for example, the perception that rural areas are safer than urban spaces (Panelli et al., 2004), or the way in which crime statistics become used to stigmatise particular areas). These representations have implications for the everyday mobilities and geographies of women and other groups; perceptions can often divide along a public/private space divide, in which for certain groups, public space is seen as unsafe, while private space (the home) is represented as safe. The danger of these perceptions, however, is that they fail to recognise how home spaces can become places of unsafety, as the case of domestic violence clearly demonstrates (Pain, 2014). In the case of people with disabilities, for example, research has shown that the private sphere is not necessarily one of safety or refuge: those close to the disabled person – family members and/or carers – have also been shown to be implicated in hate crime (what Thomas (2011) calls 'mate crime'; see also Taylor, 2017). A spatial focus, then, helps us to see how particular places become constructed as safe or dangerous, but to also ask questions about how these constructions come to be in the first place.

Our spatial focus is also important for allowing us to understand the localised contexts of people with disabilities' everyday lives, which are vital in trying to make sense of un/safety. Writing about disability hate crime, for example, Hall and Bates (2019) note that discussions of incidents of hate crime can often hinge around individualised explanations, describing particular victims or incidents without taking account of the wider context in which they occur. They argue that it is important to understand the situational, place-based dynamics which give rise to such incidents. Understanding how people feel un/safe in an area requires an exploration of their "place-embeddedness" (Power and Bartlett, 2018a: 564): that is, what micro-spaces do

they use (shops, streets, community centres and so on)? What are their social networks, if any, within those places? How do they move around? How do they give meaning to these places? A number of studies undertaken with people with intellectual disabilities in the UK, particularly, have explored just these dynamics of place-making in the context of inclusion and exclusion (McClimens et al., 2014; Power and Bartlett, 2018a, 2018b; Wiesel and Bigby, 2014; Wiesel et al., 2013). A key finding is that despite a policy rhetoric of community inclusion, and some moments of 'welcome', people with intellectual disabilities frequently encounter "wider experiences of exclusion and harassment" in the localities in which they live (Power and Bartlett, 2018a: 562).

How we think about space and place also matters when thinking about how to promote community safety and safe(r) spaces for people with disabilities. There is within criminology, for example, a longstanding history of the idea of 'defensible space' (Newman, 1972), or Crime Prevention Through Environmental Design (see, for example, An Garda Síochána (2009)), which suggests that the physical environment has a role to play in reducing opportunities for crime. Work within spatial planning has also highlighted initiatives to create safer cities particularly from a gender-based perspective. Initiatives such as the UN Women's Safe Cities Global Initiative, and the work of Montreal-based Women in Cities International, a non-profit based network focusing on gender equality in cities, have pioneered tools including women's safety audits in urban spaces; in Ireland, Dublin has signed up to the UN Safe Cities initiative. Commentators have drawn attention to the differences in understandings of gender violence which influence how women's safety in different spaces is governed locally (for example, whether it is understood as a public health issue, an issue for crime prevention, or for planning), and have also explored the role of particular professional groups in creating safe spaces (Sweet and Ortiz Escalante, 2010, 2015; Whitzman, 2011). What this work suggests is that it may not be enough to simply provide a 'technical fix' in the built environment to make spaces safer; rather, we have to think more broadly about what safety means and feels like for people in different spaces.

1.3.3 CONCEPTUALISING HOSTILITY, VIOLENCE, HATE AND UN/SAFETY

There is a wide, and varied vocabulary used to describe experiences of hostility, violence, hate crime, and the flipside of these, safety. Within many of these terms is an idea of a continuum or a grouping of acts from the most extreme to less severe, although no act should be minimised in terms of its impact and/or effect on the victim. For example, hate crime, which is defined in terms of a bias or prejudice-motivated crime, can involve physical assault and murder through to name calling on the street. Acts may or may not be prosecutable as crimes, depending on legal definitions. There is however, a politics to the language used to describe acts, particularly in the context of disability. Roulstone et al, (2011) for example, suggest that criminal justice responses have often failed to understand incidents perpetrated against people with disabilities as hate crimes because of constructions of people with disabilities as a vulnerable group (Taylor, 2017). Similarly, the use of the term 'abuse' has often led to violent acts not being viewed or responded to as crimes. There is thus an issue regarding how certain acts are labelled and understood, for professionals, the criminal justice system, but also by people with disabilities themselves.

There is a substantive literature which documents abuse and neglect, particularly in the context of people with intellectual disabilities (see, for example Brown et al. 1995; McCarthy and Thompson, 1997; Sobsey, 1994) and on disability hate crime (Burch, 2018; Hall and Bates, 2019; Roulstone et al., 2011; Roulstone and Mason-Bish, 2013; Sherry, 2010; Taylor, 2017), but rather less on what safety means to people with disabilities. What research does exist has tended to focus more on people living in institutionalised settings, or on issues of safeguarding (Ottman et al., 2016; Northway et al., 2013). Sally Robinson's (2013) work with people with intellectual disabilities in the Australian context explores what safety at home means to people with intellectual disabilities: issues of physical safety (in the home) and relational safety – the networks and relationships they had with those around them – emerged as the most commonly cited understandings of safety. Other studies, whilst not explicitly referring to 'safety', discuss disabled people's experiences of navigating public spaces, in which issues of anxiety, comfort and un/safety emerge. For example, Hall and Bates' (2019) study in Scotland shows how people with intellectual disabilities' experiences of negotiating the city incorporate feelings of anxiety, as well as belonging. Their study describes the spatial strategies that people with intellectual disabilities develop in terms of inhabiting and moving through the city. These include avoiding certain places at particular times of day, having to plan routines and routes, and to constantly keep moving; however, their work also shows how people seek out places where they feel comfortable – what we might term 'safe havens' (Power and Bartlett, 2018b) – in such spaces.

Our use of the term 'un/safety' in the SAFE(R)SPACE seeks to reflect that safety, or unsafety, are not fixed states. While recognising that the term itself can have problematic connotations (often being associated with 'health and safety' or more paternalistic notions of 'safeguarding'), we suggest it provides an opportunity to explore 'the more positive dimensions' of what safety feels like (Brands and Schwanen, 2014: 68). While not ignoring the importance of and need for quantitative measures of crime, we recognise safety as a subjective experience rather than a 'reality' suggested by crime statistics. As geographer Hille Koskela (1997: 304) notes in the context of women's fear of violent crime, "feelings are not a mathematical function of actual risk but rather highly complex products of each individual's experiences, memories and relations to space". Thus, while objective measures of safety, such as crime rates, may build into feelings and perceptions of un/safety and constructions of particular places as risky, there is no neat correlation between actual incidences of violence and subjective feelings of safety or fearfulness. Koskela (1997: 304) points to the aforementioned "spatial mismatch" which characterises the gendered dynamics of fear of violent crime; that is, that while women express most fearfulness about public space, it is in the private space of the home that most violence takes place (see, for example, Pain, 2014).

The key point in the SAFE(R)SPACE study is that we are interested in safety and hostility as emotional, embodied encounters with place, which reflect our memories and socialisation (how we are taught to behave or respond in order to avoid risk or danger, for example), as well as broader social structures and environments. We also recognise that in the continuum of experience, it is difficult to separate out actual incidences or experiences of hostility and un/safety (some of which may be categorised as crimes), from perceptions, feelings or fears; this is an artificial distinction from the perspective of human experience.

Experiences of hostility may lead us to feel fearful in certain places and situations. Others may not have experienced hostility, but still feel fearful. On the flipside, some people may feel completely at ease in an area, despite dominant representations of it as un/safe or dangerous, or being told by concerned others that where they are living is unsafe. In short, there is no easy categorisation to be made of these perceptions and experiences. Work on safety in cities at night time suggests that it may be helpful to think about safety relationally (Brands and Schwanen, 2014). Feelings of safety can switch in a matter of seconds, depending on the configuration of the environment, who is around, and the time of day. These observations are important, because once again, they allow us to think in more complex ways about where or who is un/safe.

1.4 STRUCTURE OF THE REPORT

The rest of this report is divided into six chapters. Chapter 2 sets out the methodological approach to the study. Chapter 3 explores the national policy context in understanding awareness of issues of disability, hostility and un/safety in the State. Chapter 4, 'Feeling and experiencing un/safety', discusses people with disabilities' understandings and experiences of un/safety across the case study areas. Chapter 5 explores people with disabilities' spatial dynamics of un/safety, that is, how issues of un/safety and hostility affect the everyday spaces and places that they use. Chapter 6 explores responses to issues of un/safety, particularly by practitioners and agencies, and how we might develop safe(r) space. Finally, Chapter 7 concludes the report, and provides some recommendations.

CHAPTER 2: METHODOLOGY

2.1 INTRODUCTION

This chapter sets out the methodological design and approach of the SAFE(R)SPACE study, including the specific methods used. The SAFE(R)SPACE research was a qualitative study designed around three phases of activity between 2017 and 2019. **Phase 1** involved reviewing and scoping out the national policy context, through a review of relevant policy documents, legislation, and key actor interviews. **Phase 2**, and the most substantive phase of the project, involved local case study fieldwork in three areas with people with disabilities and practitioners. In total, 124 participants took part in the project across Phases 1 and 2, either via interviews or focus groups. **Phase 3** sought to bring together policymakers, practitioners and people with disabilities who had participated in Phases 1 and 2 concerned with creating safe(r) space through dissemination and networking events. We discuss each of these phases in more detail.

2.2 PHASE 1: SCOPING THE NATIONAL POLICY CONTEXT

Phase 1 sought to explore how, if at all, issues of hostility and un/safety as they affect people with disabilities living in the community, were visible in Irish policy contexts, and amongst key actors at a national scale, including government policymakers, and national disability organisations. This phase involved a review of national policy documents and legislation which in some part address, or impact upon, the issue of hostility, fear and spatial safety as it is experienced by people with disabilities. As Chapter 3 indicates, the search took us into a wide range of policy areas, from documents around victims of crime and crime prevention, to community safety, housing and planning, as well as specific policy pertaining to people with disabilities. The review of the national policy context was also supplemented by 20 interviews conducted in 2017 with policymakers in government departments, other state bodies (such as the Health Service Executive and An Garda Síochána), and national disability organisations (see Table 2.1). The interviews sought to ascertain how disability has been constructed within policy addressing hostility, victimisation, and community safety, and sought to map out the intersections between different policy arenas in relation to the issue for people with disabilities (see Appendix A for interview topic guide).

Table 2.1: List of key actor interviews for Phase 1

Government departments/state agencies	Community/voluntary organisations
Dept. of Justice and Equality	Inclusion Ireland
Dept. of Health	Rape Crisis Network Ireland
Dept. of Housing, Planning and Local Government	Disability Federation of Ireland
Housing Agency	Irish Deaf Society
Health Service Executive	National Council for the Blind of Ireland
National Disability Authority	Support After Crime
Garda Racial, Intercultural and Diversity Office	DeafHear
Garda Victim Liaison Office	Centre for Independent Living (CIL)
National Advocacy Service for People with Disabilities	KARE
Garda Access Officer	
Garda Training College, Templemore	

2.3 PHASE 2: CASE STUDY FIELDWORK

The main body of the project focused around research in three local case study locations. In total, 104 participants took part in this phase of the study across the three areas: 54 of these were people with disabilities, whilst 50 worked in the case study areas as members of An Garda Síochána, community practitioners or statutory service providers.

The choice of the case study locations was made through desk-based research, advice gleaned through the Advisory Group, and the interviews in Phase 1. Given the study's focus on the 'difference that space makes', our decisions about selecting areas were based on the need to capture diversity between the areas in terms of a number of criteria, including type of geographical area (rural, urban, small town), rates of crime, and socio-economic profile. To that end, the areas selected were as follows:

- Area A is a large, predominantly rural and coastal area, which has a number of small rural towns, but where much of the population live in isolated rural communities. According to crime statistics, this area has one of the lower rates of crime in the country.

- Area B is a busy inner city and city centre area of a large urban conurbation. It includes many neighbourhoods which are considered to have high rates of deprivation and social housing, and a relatively high crime rate compared to other parts of the country.

- Area C is a large town with a rural hinterland. While there are pockets of deprivation, it is an area of relative affluence with the town having a significant tourist industry. It has below average crime rates compared to the rest of the country.

In each of the areas, the research sought to capture the experiences and perceptions of both people with disabilities and practitioners working in the area. It is important to note that in terms of recruiting participants in these areas, however, our boundaries were not always fixed or impervious. For example, people with disabilities who lived in Area C could either be living in a very rural setting, in the centre of the town, or in a suburban housing estate; participants also moved in and out of rural-urban-suburban spaces in the course of their daily lives, and we seek to make these everyday spaces and contexts clear in our recounting of participants' narratives.

2.3.1 ENGAGING PEOPLE WITH DISABILITIES

Recognising the sensory and embodied diversity that makes up the experience of disability and our interactions with different places, the research sought to capture the experiences of people with a range of different impairments, including those with physical/mobility impairments, visual and hearing impairments, those with intellectual disabilities, and members of the d/Deaf community. At the outset of the study, our aim was to conduct 10 interviews with people with disabilities in each case study area; however, these numbers ended up being larger (see Table 2.2 below). The larger numbers in Area B reflect the fact that a number of people participated via focus groups. In terms of gender, a larger proportion of women than men took part in the study (57% and 43% respectively), whilst participants reflected a slightly older age profile (81% of study participants were aged 40 or above) (see Table 2.3). All participants were living in community settings, either alone or with family members, including parents or partners, or as part of a small group home.

Table 2.2: Breakdown of participants with disabilities by impairment

	Participant profiles by Impairment					**Total**
	Visual	Hearing	Mobility	ID	Other	
Area A	5	0	5	2	1	**13**
Area B	4	16	2	8	0	**30**
Area C	0	0	0	11	0	**11**
Total	**9**	**16**	**7**	**21**	**1**	**54**

Table 2.3: Age profile of participants

	Age				Total
	18-24	25-39	40-60	60 +	
Area A	2	2	6	3	**13**
Area B	1	2	9	18	**30**
Area C	3	0	8	0	**11**
Total	**7**	**4**	**23**	**21**	**54**

Participants were largely recruited through local disability organisations and other networks, which often organise along impairment-specific lines. In accessing participants through this route, it has to be acknowledged that those people with disabilities who are most isolated, and not engaged in such organisations, may have been excluded from the research (although snowball sampling proved effective in some instances). However, the benefit of recruiting through organisations was that they were embedded in local networks, could act as a support for participants given some of the potential sensitivities of the research (discussing experiences of hostility), and could act as local dissemination networks for research findings.

Whilst seeking to capture a range of experiences based on people's diverse impairments, a flexible approach was required to recruitment, based on access to participants, and the willingness of different organisations to take part. This also applied to the specific methods used. Many participants with disabilities (30) across the three study areas engaged in an individual semi-structured interview, which was undertaken at a venue of their choice; the interview sought to explore how safety and hostility are understood in the context of different spaces (domestic and public spaces), and how issues of un/safety shape their everyday lives (see Appendix B for topic guide). In order to elucidate on and explore 'in situ' experiences of un/safety, 8 of these participants also took part in a second 'mobile' interview, in which a member of the research team accompanied the individual around their locality. Some participants also took photos of their localities and homes as a way of exploring meanings of unsafety, whilst in other cases, a member of the research team took photographs when accompanying the individual on the 'walkabout'. Such methods are recognised as providing valuable insights into participants' everyday practices and experiences that are often difficult to articulate in a 'static' interview setting (Carpiano, 2009).

The remaining 24 participants engaged in the research through focus groups. We actively sought to undertake focus groups in cases where such an approach was more suitable, and in which participants expressed feeling more comfortable. For example, in terms of accessing people with intellectual disabilities, participants who were approached felt more comfortable participating in the research via such a group. Similarly, in accessing participants participants with hearing impairments, a focus group proved a more accessible route to gauge opinions and perceptions.

2.3.2 RESEARCH WITH LOCAL PRACTITIONERS/POLICYMAKERS

Within each case study, interviews were also conducted with those charged with managing and creating safe(r) space, in order to understand how disability and issues of spatial safety were understood in the context of violence and hostility. These included Gardaí (particularly those working in community policing), members of local authority departments, disability service agencies, the health service, and other community organisations.

2.4 ANALYSING THE DATA

All interviews and focus groups were recorded using a digital recording device where permission was given by participants to do so. Recordings were then transcribed verbatim. Field notes were also written up from the mobile interviews or 'walkabouts', where we were unable to record conversations. Photographs taken by participants and the researchers when out and about with participants were also collated. All data from the project (interview transcripts, fieldnotes and photographs) were inputted into the qualitative data analysis software package, NVivo, which was used to organise and code the data, based around a thematic analytical approach.

2.5 PHASE 3: DISSEMINATION AND NETWORKING

Phase 3 aimed to disseminate initial findings of the first two phases of the research to participants and a wider audience of practitioners and policymakers. It involved the hosting of three local participative network events in January 2019, which took place in each of the case study areas. The events brought together disabled people, disability organisations and local police, planners and those involved in crime prevention to reflect on some of the initial findings of the project, and build networks locally. Observations and points of discussions from these events have been incorporated into the conclusions and recommendations of this report. The act of dissemination remains an on-going part of the project.

2.6 ETHICAL APPROVAL AND PRACTICES

The project received ethical approval from University College Cork's Social Research Ethics Committee (SREC), and a Research Advisory Group was established to provide methodological guidance and ethical oversight of the research. In the case of recruitment of participants, all participants were invited to 'opt-in' to the research; that is, there was absolutely no obligation to take part, including in cases where an organisation might have advertised our study through its networks. In all cases where participants took part in an interview or focus

group, they were provided with an information sheet about the project which was explained to them, and asked to provide informed consent, either through signing an informed consent form or providing verbal consent, which was recorded. In seeking to make the recruitment process accessible, these documents were provided in accessible formats, including EasyRead. Appendix C provides examples of recruitment documentation. Where interviews were recorded and transcribed, transcripts were sent back to interviewees for checking. In reporting the findings, all participants, and the case study areas, have been anonymised.

CHAPTER 3: DISABILITY, UN/SAFETY & THE IRISH POLICY LANDSCAPE

3.1. INTRODUCTION

In this chapter, we aim to place the SAFE(R)SPACE study in the context of current policy and legislative developments in Ireland. In so doing, we recognise that issues of safety and unsafety have to be understood in relation to a range of factors and hence policy arenas; while legislation and policies which address people who are victims of crime, for example, may be seen as one end of the spectrum, at the other end are policies which seek to create safer and more liveable environments, or experiences of safety that may be seen as preventative. After exploring how far current policy contexts recognise issues of disability, un/safety and hostility – and discussing the relevance of specific pieces of policy/legislation to the aims of the SAFE(R)SPACE study - we go on to document the views and perceptions of policymakers in different government departments, and of those working in national disability organisations, to provide an awareness and understanding of the issue at a national scale.

3.2 REVIEWING THE POLICY AND LEGISLATIVE LANDSCAPE

In reviewing current policy and legislation, it is apparent that there is no one clear language or vocabulary to describe issues of safety as they relate to people with disabilities living in the community. For example, while the Gardaí and others may refer to 'community safety', this term is not often utilised in the context of disability policy. The issue of safety, fear and hostility experienced by people with disabilities living in the community – and the SAFE(R)SPACE project – sits at the intersection of a number of policy arenas, most notably disability policy, justice, and planning, housing and the environment (Figure 3.1).

Figure 3.1: Overlapping policy arenas in terms of the SAFE(R) SPACE project

As Figure 3.1 suggests, there are overlaps between these policy areas. For example, the *National Disability Inclusion Strategy 2017-2021* which is described as a 'whole of government approach' (Department of Justice and Equality, 2017: 1) to disability refers to the need to enhance protections for people with disabilities as potential victims of hate crime, and in so doing intersects justice and disability policy agendas. It also contains multiple other objectives – around promoting accessible environments, transport and information, for example – which may also impact people's senses of safety. Meanwhile, strategies such as the *National Housing Strategy for People with a Disability 2011-2016*, which has been extended to 2020 (Department of Environment, Community and Local Government, 2011), again cuts across the domain of disability policy, housing and the environment. Figure 3.2 sets out some of the key policy and legislative developments in each of these arenas. In the next section, we review some of the key policy/legislative objectives as they impact on disabled people's perceptions and experiences of safety and hostility.

Figure 3.2: Summary of key policies/legislation that impact on people with disabilities & un/safety and hostility

3.2.1 POLICY COMMITMENTS TO ADDRESS VIOLENCE AND ABUSE AGAINST PEOPLE WITH DISABILITIES

As an overarching international human rights framework, the UNCRPD (2006), which Ireland finally ratified in 2018, has been a significant driver for national policy and legislative change in the State. Of significance for the SAFE(R)SPACE study, the UNCRPD provides some of the clearest statements about promoting safety in the lives of people with disabilities. Article 16 addresses freedom from exploitation, abuse and violence in legal and administrative measures and places obligations on State Parties "to adopt law and policy measures aimed at protecting the safety of persons with disabilities" (Clifford, 2011:17). Article 16 (a) specifically requires that "States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects" (UNCRPD, 2006). Article 16 (d) requires that "States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted" (UNCRPD, 2006).

Commitments to promote safety and tackle hostility faced by people with disabilities are also evident in national policy strategies and pieces of legislation, but it is notable that these have different origins and use language in different ways – for example, referring to 'abuse' rather than violence, hostility, or crime. *The National Disability Inclusion Strategy 2017-2021* (Department of Justice and Equality, 2017: 13) cites as one of its objectives that "People with disabilities are treated with dignity and respect and are free from all forms of abuse". Under this objective are a number of specific measures, including a commitment to "implement and monitor the Health Service Executive's Safeguarding Vulnerable Adults policy" (p.13). The safeguarding agenda is a growing one in Ireland which has originated in the context of abuses within service settings, and is arguably one more strongly rooted in ideas of protection.

On the other hand, and also under its commitment to addressing abuse, the *National Disability Inclusion Strategy 2017-2021* makes reference to implications for people with disabilities of developments in the crime and justice policy arena. There have been significant developments in recent years regarding the rights of all victims of crime – most notably as a consequence of the EU Victim's Directive - and particularly for those defined by the criminal justice system as 'vulnerable', who may require specific supports. Transposing the Victim's Directive into Irish law, the Criminal Justice (Victims of Crime) Act 2017 for example seeks to establish minimum standards for the rights of and supports for victims of crime, including the right to comprehensive and clear information from agencies of the criminal justice system. There have also been developments in legislation to ensure protections around specific offences (for example, sexual offences against 'protected persons', as set out in the Criminal Law (Sexual Offences) Act 2017, and legislation addressing domestic violence). In the context of hate crime, there has been a growing awareness of the limitations of, and need to review, the Prohibition of Incitement to Hatred Act 1989. While the Act makes

it an offence to incite hatred against a group of persons in the State or elsewhere on account of their race, colour, nationality, religion, ethnic or national origins, membership of the travelling community or sexual orientation, it makes no mention of disability, and has been widely criticised for rarely being enforced.

Within the context of these legislative changes, the *National Disability Inclusion Strategy 2017-2021* makes reference to the need to "implement the EU Victims of Crime Directive. The transposing Bill will take account of the specific needs of vulnerable witnesses, and provide a framework for targeted actions to be developed (e.g. statutory guidance for assessment of vulnerable witnesses.)" (Department of Justice and Equality 2017: 14), and also to "ensure enhanced protection for people with disabilities against hate crime in our review of the Prohibition of Incitement to Hatred Act 1989, including support for reporting incidents" (p.14), to include guidance for the Gardaí. In the context of addressing hate crime specifically, it is notable that the recent *Garda Diversity and Integration Strategy 2019-2021* for the first time sets out a definition of hate crime which makes mention of disability, defining it as: "Any criminal offence which is perceived by the victim or any other person to, in whole or in part, be motivated by hostility or prejudice, based on actual or perceived age, disability, race, colour, nationality, ethnicity, religion, sexual orientation or gender" (An Garda Síochána, 2019a: 6). Within this document, the Gardaí also commits under its Code of Ethics to "oppose and challenge any behaviour or language that demonstrates discrimination or disrespect, in particular with regard to vulnerable individuals or minority groups" and "be sensitive to the vulnerabilities of individuals, for example because of their age or a disability" (p.4).

3.2.2 POLICY AGENDAS AROUND DISABILITY, COMMUNITY LIVING AND COMMUNITY SAFETY

While policy agendas around tackling violence and abuse are one arena that frames this study, another area of significance relates to disabled people's lives in the community. Article 19 of the UNCRPD refers to the right of people with disabilities to live independently in the community, and has three key elements: that persons with disabilities have the right to choose with whom and where to live; to receive supports to ensure inclusion and participation and prevent segregation and isolation, and to public services that are accessible and inclusive (UNCRPD, 2006). The past ten years in Ireland have witnessed the emergence of a plethora of policy documents aimed at addressing these issues by reforming the configuration of disability services, and addressing the need for people with disabilities to lead independent, self-determined lives in the community, particularly in a context of deinstitutionalisation: these include *Time to Move on from Congregated Settings: A Strategy for Community Inclusion* (Health Service Executive, 2011), *New Directions: Report of the National Working Group for the Review of HSE Funded Adult Day Services* (Health Service Executive, 2012), *Towards Personalised Budgets for People with a Disability in Ireland* (Department of Health, 2018) and the aforementioned *National Housing Strategy for People with a Disability 2011-2016* (Department of Environment, Community and Local Government, 2011), which is also a crucial part of creating independent lives for people with disabilities.

What is notable in exploring these documents is that issues of what might be referred to as 'community safety' appear relatively absent. *The National Housing Strategy* makes the point, in the context of mental health, that "People with a mental health disability can be particularly vulnerable to anti-social behaviour and this should be taken into account when allocating housing" (Department of Environment, Community and Local Government, 2011: 115), and describes avoiding locating people in housing units where there may be an increased risk of anti-social behaviour, including "Estates with significant anti-social behaviour", "Estates with a large young population", "Corner sites" or "Sites deep in an estate, necessitating passage through it" (p. 116). In the main, though, safety is referred to in the context of health and safety, such as risks of fire in the home. As part of its vision that all people with disabilities should live in a home of their choosing in the community, the *Time to Move On* report also refers to the need for people to "Be treated with respect and dignity" and "Be assured of their health and safety" (Health Service Executive, 2011: 26). While references are made to the home as a safe space, there is rather less discussion of what community safety might mean.

In terms of safety in spaces of the community, this is an arena that has traditionally been understood in the context of the role of the Gardaí; it has also often been raised as a concern in the regeneration or management of specific geographical areas (see, for example, Power and Barnes, 2011). The Garda National Model of Community Policing (2009) aims to realise "a safe and secure community" based on its partnership with statutory agencies and communities (https://www.garda.ie/en/Crime-Prevention/Community-engagement/ Community-Policing.html). The most recent *Garda Mission and Strategy 2019-21* statement (An Garda Síochána, 2019b) states that its main priority is 'Keeping People Safe', again with community policing accorded a central role. At the current time, there is significant debate about how community safety should be understood, with the recent report from the Commission on the Future of Policing in Ireland stressing the need for a new model of community policing and definition of community safety, which recognises that "policing is not the responsibility of the police alone" (Commission on the Future of Policing in Ireland, 2018: ix). As the report states:

> "While crime is a top priority for police, in practice the majority of police time, in Ireland and elsewhere, is spent on **harm prevention– providing service to people with mental health and addiction conditions, homeless people, children, elderly and others at risk. This broader concept of community safety needs to be embedded in legislation in a new Policing and Community Safety Act [emphasis in original]. The Act should cover not only the police, but also the other agencies of government responsible for people at risk – including local authorities, health, child and other social services – who should be required by law to work with the police to protect people from harm" (p.ix).**

This new understanding of community safety has the potential to recognise people with disabilities as part of the community and community safety agendas – albeit one in which disabled people are understood as 'at risk' - in a context where these issues have been relatively absent in documents which seek to promote disabled people's community living.

3.2.3 DISABILITY, PLANNING AND THE CREATION OF SAFE, LIVEABLE ENVIRONMENTS

Another policy arena which has relevance for understanding and responding to hostility and safety relates to the arena of planning and creating liveable environments. At an international level, initiatives such as the United Nations Women's Global Flagship Programme *Safe Cities and Safe Public Spaces* seek to promote planning and community initiatives to create safer city spaces, particularly in the context of sexual violence and harassment against women (UN Women, 2017); within Ireland, Dublin joined the Safe Cities Programme in 2013 (see for example, Bourke et al., 2015). More generally, national, regional and local spatial planning documents seek to promote secure places and environments. Ireland's key national planning document, for example, *Ireland 2040 - Our Plan: National Planning Framework* (Government of Ireland, 2017) describes one of its visions as, "The highest possible quality of life for our people and communities, underpinned by high quality, well managed built and natural environments". In relation to urban development, it similarly refers to "the liveability of urban places – how people experience living in cities, towns and villages. This includes the quality of the built environment, including the public realm, traffic and parking issues, access to amenities and public transport and a sense of personal safety and well-being" (p.38).

For people with disabilities, issues relating to access to the built environment, accessible housing, and transport remain paramount in experiences of socio-spatial inclusion and exclusion. The *National Disability Inclusion Strategy 2017-2021*, for example, refers to the need to continue to create environments which promote access to a wide range of places and also forms of transport for people with disabilities, which is a key theme of the strategy. Key objectives under this theme are that "Persons with disabilities can get to and from their chosen destination independently (without driving a car) in transport that is accessible to them", and that "Persons with disabilities are able to access buildings and their facilities on the same basis as everyone else" (Department of Justice and Equality, 2017: 46). These actions, alongside others designed to promote Universal Design, and accessible forms of information, also have a significant role to play in understanding people with disabilities' senses of security in different places.

3.2.4 DISCUSSION

What is clear from the above discussion is that multiple policy arenas can impinge on the issue of disability, and safety and hostility in place. As a holistic policy approach to disability, the *National Disability Inclusion Strategy 2017-2021* in particular connects many of these different policy arenas together. However, a number of observations can be made on the basis of the discussion above:

- While there is a growing awareness of and policy/legislative commitment to tackling abuse and violence against people with disabilities, this appears somewhat abstract and 'placeless' in the context of thinking about the more grounded context of community living and the localities where people with disabilities live their lives.

- People with disabilities have, up until recently, been relatively marginal in discussions of community safety as a concept, whilst disability policy arenas concerned with decongregation have relatively little to say about safety – or potential fear or experience of hostility - beyond a health and safety frame.

- There appear to be some disjunctures regarding the language that is used in relation to tackling hostility and promoting safety amongst people with disabilities. For example, in some cases safety appears to be about protecting people with disabilities from risks (in the context of health and safety, for example), or preventing 'abuse' through safeguarding; such approaches often tend to hinge around people with disabilities as 'vulnerable' people or adults. The association of people with disabilities with a 'vulnerable' identity is also something which emerges in relation to how they are referred to in the context of criminal justice systems. On the other hand, there are legislative trends which have the potential to view safety through a more rights-based lens. One very significant piece of legislation which seeks to promote disabled people's capacity to make informed decisions and exercise autonomy is the Assisted Decision-Making (Capacity) Act 2015, for example. The Act arguably has relevance across a range of policy areas and, in supporting people's decision-making capacity, potentially has implications for disabled people's senses of safety and security in a number of contexts.

3.3 UNDERSTANDINGS AND AWARENESS OF DISABILITY AND UN/SAFETY: INTERVIEWS WITH POLICYMAKERS AND NATIONAL DISABILITY ORGANISATIONS

In this section, we complement our analysis of the policy context by drawing on interviews with government policymakers and national disability organisations to explore their understanding of issues of hostility and un/safety in the lives of people with disabilities. In doing so, we divide the discussion into three sections. Firstly, we ask to what extent they were aware of, or addressing, issues of disability, un/safety and hostility in their own work. Secondly, we ask how they understood the relationship between disability, hostility and un/safety, in the context of their perceptions of whether they understood people with disabilities as more likely to experience hostility than other groups. Finally, we ask how they understand safety, and what community safety, or a safe environment, might look like.

3.3.1 AWARENESS OF, AND WORK AROUND, DISABILITY, HOSTILITY AND COMMUNITY SAFETY

When policymakers and disability organisations were asked about how, if at all, issues of disability, hostility and safety informed their work, many organisations did not recognise this as one of their priorities. There was uncertainty around the idea of 'community safety', while some connected safety to specific domains of work. For example, those working within the health arena suggested that it was through their work around safeguarding that they addressed the issue of safety, as one policy official noted: "In terms of safeguarding, of course – which is a big thing. But in terms of community safety I'm not quite sure what the definition of that would be. In terms of safety and safeguarding in the broader sense, absolutely" (Policymaker, Health). Others spoke about work they had done in the justice arena in terms of provisions for victims of crime, and to increase awareness of disability within the Gardaí and Courts Service. Overall, though, it was often seen as something which was ill-defined, or not something addressed in a formal way. A policymaker in the housing arena for example stated of safety in relation to the *National Housing Strategy for People with Disabilities:*

> "No, nothing formal. Like we have a housing and disability steering group set up now in every Local Authority area and the idea of them…groups are that they deliver we'll say the strategy at a local level... You know, most of the work that we have been doing is about accessibility as in the accessibility to housing, the accessibility to information, stuff like that. But there's been nothing formal. Actually even in the strategy there's nothing documented that has that even as one of its… you know, even under all the various aims…It doesn't really go into, well, then how do people feel after they get into the house and that kind of stuff" (Policymaker, Housing).

In terms of disability organisations, some referred to dimensions of community safety as part of their work. For example, one advocacy organisation spoke about the significance of safeguarding procedures in addressing potential cases of abuse they were working with, while another referred to their involvement on the National Safeguarding Committee. Others spoke about informal work they had conducted in this area as an issue raised by their members: this included arranging a meeting for a group with the Gardaí and providing training on financial abuse and money management. In the main, however, there appeared to be ambivalence or uncertainty about the issue, with most stating that they had not addressed safety or fear and experience of hostility as a priority in their work. Some participants connected this to a potential lack of knowledge, as one organisation stated:

> "You know, my kind of impression is that it's an underexplored area, you know. And it's only an impression, but I think there could be hidden abuse, hidden violence. You know, we all can think of the situation of somebody in a public space, a park or something being attacked because of the way they look or because of the way they talk. You know, you can think of those examples, you know, which would fall into… Does that fall into hate crime?" (Policy officer, national disability organisation).

Others explained the absence of work in this area on the basis of un/safety not having been brought to their attention, which led them to question whether it was indeed an issue. For example, in relation to people with disabilities being victims of crime, one organisation stated:

> "Again, I mean, specifically in relation to crime I can't say that we're getting people saying that oh, I'm afraid to go out because I might be a victim of crime. Now, whether it's people are reluctant to say that or whether if they've had bad experiences they're not as prepared to share them with us. But they're far more likely to say that I'm afraid I won't get my bus or I'm afraid I won't have access to a particular service" (Director, national disability organisation).

Speaking specifically about the existence of hate crime, another disability organisation stated: "I think when you look at sort of classic hate crime about people's sexual orientation I don't think it's [disability hate crime] in that league" (Director, National disability organisation). Such understandings – about the relativity of hostility to other groups and also other countries - was a common discourse amongst participants: returning to the policymaker interviews, for example, one participant said "I don't have a sense that, you know, there's a particularly hostile environment for people with disability vis-à-vis any other country and it's not something that we pick up on in the work that we do, but that's not to say of course that it's not out there" (Policymaker, Health).

Yet while some organisations questioned how far fear and experience of un/safety and hostility were indeed issues for people with disabilities, others had a clear view about it:

> "I suppose what we would definitely have seen is people do have a lot of fear. Like there is no doubt about that. There definitely is. People can feel very insecure in public spaces or very fearful of different figures, you know, or figureheads. That absolutely exists. It's quite tangible depending on, you know, what group you're dealing with if you like" (Director, disability advocacy organisation).

At the same time, whilst acknowledging people's fears, there was a strong awareness of the need not to feed into perceptions of people with disabilities as vulnerable, at risk, or unable to make their own decisions. Indeed, a couple of organisations described the difficulties of discussing issues of safety and hostility in the community – and the very sensitive balance between protecting against risk versus promoting autonomy - in the context of the decongregation agenda. Noting how fear of hostility might be used as a reason for families and 'concerned others' not to support people with disabilities moving into the community, one individual said:

> "There's lots of examples of this across the world where staff will go to families and one of the arguments they'll make is 'your child's safe here; at you least you know inside of these gates he's safe'. Now, that's questionable in my view. And if they move out into that big, bad world they're going to be at risk and they're going to be targeted and they're going to be… So that's playing on people's fears. So yeah, it's one I think we just have to be careful about" (Director, disability organisation).

In this case, the participant, whilst accepting that violence and abuse had indeed been a feature of institutional settings, questioned whether this was something that happened in the community, and raised the danger of discourses that suggested the community could be a risky or unsafe place.

3.3.2 UNDERSTANDING THE RELATIONSHIP BETWEEN DISABILITY, HOSTILITY AND UN/SAFETY: PEOPLE WITH DISABILITIES & THE CONSTRUCTION OF 'VULNERABILITY'

As the section above shows, participants were very aware of the complexities of understanding the relationship between disability and hostility, and un/safety. In the context of discussions about whether people with disabilities were more likely to experience hostility and un/safety, many participants – both policymakers and disability organisations - said they felt people with disabilities were more likely to be at risk of issues of unsafety and hostility. A smaller number said they did not think they were at heightened risk, while a couple said they were *less likely* to experience harassment than other groups. It is apparent that these views hinged around how participants understood disability and the identities ascribed to people with disabilities, particularly in the context of **vulnerability.** Some people described people with disabilities as vulnerable to hostility, due to being seen as an easy target and how they could be taken advantage of:

> "Potentially they're at more risk, because if you are the kind of person who is going to target somebody in the community, i.e. I don't want to kind of use some stereotype. But let's say I need money for whatever purpose I need money for and I decide I'm going to mug somebody in the street. I could see that if I saw somebody with Down syndrome walking the street I might think, well, he or she will be easier to mug than you or me. So I can see that that's a possibility absolutely" (Director, disability organisation).

For many, these ideas about vulnerability emerged from society's understanding of people with disabilities as 'other' or abnormal, as one director of an advocacy organisation said:

> "Well, I know other research has shown that people with disabilities are more likely to be victims of crime and all of those things, you know. I mean, for me it's part of a broader piece as to how people with disabilities are perceived generally in society. Like that's what we would see, you know, that people are seen as the other…They're not treated as an equal human being with likes and dislikes and wills and preferences…So they're diminished in some way…Yeah. So I think if you homogenise people out like that it almost naturally follows that people will be more prone to become, you know, the victim of crime or the victim of bullying or whatever it is, you know" (Director, disability advocacy organisation).

Another director of an organisation that worked with victims of crime also related hostility to perceptions of vulnerability and paternalistic understandings of disability:

> "So my perception of how people… the hostility that they're greeted with. I think the first thing that they're greeted with is infantilisation. I think that's hostile…utterly infantilising at every turn and, you know, that bit of strangers feeling entitled to utterly infantilise, then people don't feel that they're capable of doing it" (Director, crime victims' organisation).

The same participant suggested that paternalistic attitudes also meant that certain topics or types of hostility – such as sexual offences in the case of people with intellectual disabilities – could become taboo: "There is this block where we don't quite… we can't quite concede… Because we're so busy infantilising and caring for people with disability we can't conceive of them certainly as a victim of sexual violence" (Director, crime victims' organisation). Interestingly, one of the participants who suggested that people with disabilities were less likely to experience hostility, and a member of the Gardaí, did so on the basis that members of the public had "empathy" with people with disabilities. As they said: "the public would be horrified by crimes against the defenceless… And I think there are people who commit crimes who would not target people with disabilities".

For some participants, the construction of people with disabilities as vulnerable was highly problematic and required challenging. One official in the justice arena stressed the need to recognise that as victims of crime, people with disabilities were just like other people, that is, some people could feel more unsafe than others, or may be more or less likely to experience crime: "Stereotyping, yeah, people with disabilities to say that they're automatically vulnerable in crime situations. They're not. It depends on the person. Some are very resilient, some are not, and it's just like everybody" (Policymaker, Justice). Others took a more active stance in challenging policy discourses and approaches around 'vulnerable adults', as they stated:

> "Yeah, and we've deliberately stayed away from it because any one of us can be vulnerable in any situation. So it's very much more about situational vulnerability. So in our own policy, for example, we don't use the term 'vulnerable adults' in policy at all. We've stayed away from that completely and we've kept the focus very much on the individual's autonomy and kept it a kind of strengths-based approach, but recognising that there may be times where the person has been the victim of some abuse or other" (Director, disability advocacy organisation).

3.3.3 UNDERSTANDING SAFETY AND SAFE SPACES

Linked to discussions about disability and vulnerability, we were also concerned to explore how policymakers and disability organisations understood 'safety' in the context of people's lives and current policy contexts, as well as what they understood by safer space or a safe environment. Participants noted the limited nature of definitions and conceptualisations of safety circulating in policy contexts, both in terms of a narrowness of issues deemed to constitute safety, but also a context in which safety was defined by others as opposed to self-determined by people with disabilities. One participant, for example, stated of policy contexts, "Yeah, I think you would very much find it around the safety in the kind of HIQA meaning sense of it if you like, you know, in terms of the physical environment – you know, can you lock the house up at night? It wouldn't necessarily mean in a subjective sense does that person feel safe" (Director, disability advocacy organisation).

Others raised concerns about safety being used as a reason to restrict people. Linking safety to vulnerability and protection, a person with a disability who worked for a disability advocacy organisation stated:

> "… That's maybe one of the reasons people are more exposed to risk: they go out and then things happen to them and then, you know, we have this culture of being told "no, you can't go out, you shouldn't go or…". You know, even Safeguarding, as a term and as a practice, how that's impacted on people as well, it's very negative, you know, safety plans in place "don't go out on your own".

Similarly, another participant who worked with a disability organisation stated:

> "See, my worry always when we talk about safe means no control of your own life. We'll make you safe by keeping you nicely tucked away from everyone and, sure, nobody will harm you and you'll be safe. But that's not safe, that's a prison. So safe for me is being able to keep yourself safe, being able to understand what risk is, being able to know who to turn to when you are in a risky situation" (Director, national disability organisation).

Many participants suggested a need to think more broadly about what safety was, or could be, particularly in the context of creating safer spaces. For example, one policymaker working in the arena of housing and the built environment stated that it should be more than about access: "Again I think as well we have to look at disability differently in that, you know, there is a general thing of looking at disability and, you know, you say 'access' to people, oh, that's ramps and it's this. And it's not just about that" (Policymaker, Housing). Participants recognised that safety could be as much about a subjective feeling, as about health and safety in the procedures of organisations or technical fixes to the built environment. Talking about what safer space might mean for people with disabilities, participants also connected notions of safety to self-empowerment and being able to exercise choice: "The ultimate being safe is having control and having a say and ownership of what's going on for you" (Manager, disability organisation). Challenging ideas of vulnerability, another

participant said of people with disabilities, "I think it means they can reach their life's potential, that they can live their life to the full, that they're not defined by their special needs or disability" (Senior Garda). Others related safety to ideas of belonging in the community:

> "Again I would go back to this: that in fact I can exercise choice, I could do ordinary things in ordinary places. I can go about engaged in daily activities and I can be part of my local community and I can be an active citizen without being terrified out of my wits that around every corner or every shadow that falls across a road lurks something that is really going to be a frightening experience for me" (Senior policymaker, national disability organisation).

In thinking about safer space, another participant referred to the need for people with disabilities to have autonomy at different spatial scales:

> "Well, I mean, I do think you start with bodily autonomy. You know, in terms of the space you occupy really the first space you occupy is the body you occupy…But it's every aspect of life from the body you occupy right through to the public spaces and, you know, whether it's going to the art gallery or turning up 9 to 5 to a job and going to the pub on Friday night or whatever it is, you know – all those spaces. And I guess…when people stop walking down a street, a particular street, when people, you know, it's not safe or when you stop walking down it, the less people walking down that street makes it less safe. You know, so it's a self-fulfilling prophecy.
>
> So there's something about the more we get people out and into the public space and make that space for them and not put them into it but invite them in because it's accessible, then the more accessible that… You know, that tipping point, you know, when that space has an organic adaption" (Director, crime victims' organisation).

Participants then were aware of the limits of ideas of safety as they were expressed in current policy contexts, and identified definitions related to the empowerment of people with disabilities based around people with disabilities having control over their own lives.

3.4 CONCLUSION

The idea of safety – and unsafety – in the context of fear and experience of hostility is a nebulous one, and not easy to pin down in any one specific policy; rather, it has implications across a range of policy arenas. This includes, in the justice arena, policies about keeping people and communities safe, through to addressing people as victims of crime, and in the housing and planning arena, promoting accessible environments.

What emerges from both policy documents and interviews with policymakers and disability organisations is that work around, or awareness of, people with disabilities living safely in the community in relation to fear and/or experience of hostility is relatively limited. There appear to be a number of reasons for this. Firstly, there is no adequate language to speak about this, such that safety in the lives of people with disabilities is often referred to in terms of safeguarding or health and safety, rather than a broader sense of 'community safety'. Secondly, for some organisations, it is not perceived as a significant issue for people with disabilities, either because they do not feel hostility is happening in the same way as in other groups/countries, or because they feel that they lack knowledge about it. For example, while participants recognised institutional abuse, they seemed less willing to recognise hostility as something happening in the community; this was also the same in the context of hate crime. Finally, some organisations were wary about raising issues of unsafety and hostility in the context of the decongregation agenda, insofar as it could provide a potential rationale for concerned others to prevent people with disabilities from moving into the community.

Disability organisations particularly were very aware of how the construction of people with disabilities as vulnerable contributed to them being seen as more likely to experience hostility, and in some cases, described the reference in policy discourses to people with disabilities as 'vulnerable adults' as unhelpful for reinforcing paternalistic ideas about disabled people. This indeed is a dominant trope, including in the Gardaí's referencing of people with disabilities in recent documents, and the safeguarding agenda. As participants noted, there is a need to challenge notions of safety that hinge around protecting vulnerable people, or that are about constraint or restriction. As one participant articulated: "Safety is all about being empowered" (Director, crime victims' organisation).

CHAPTER 4: FEELING AND EXPERIENCING UN/SAFETY AND HOSTILITY

4.1 INTRODUCTION

This chapter addresses how safety and unsafety was understood, felt, and experienced by people with disabilities in the study. The material in this chapter comes predominantly from the interviews, focus groups and 'walkabouts'[2] with people with disabilities across the three local case study areas, supplemented by some interviews with local practitioners. The chapter is divided into three key sections. Firstly, we explore how people with disabilities define and understand what safety means to them. Secondly, we explore feelings of safety and unsafety, and the factors that contribute to people's feelings of being safe or unsafe. Finally, we discuss specific experiences of unsafety and hostility as they were reported to us by a number of people with disabilities. It is important in doing so to note that in selecting participants, we did not explicitly seek to speak to people who had been victims of crime, or who had had experienced incidents of hostility. Rather, we were interested in speaking to people more generally about their understandings and perceptions of safety. However, what became apparent was the pervasiveness of low level micro-aggressions, which for some people with disabilities, appeared to be an accepted part of their everyday lives.

4.2 DEFINING AND UNDERSTANDING SAFETY

People with disabilities articulated different understandings of safety, and used a number of metaphors to explain what it meant to them. Many related it to specific factors that contributed to their senses of feeling safe or unsafe, such as the presence or otherwise of people, and physical environments. People described safety in terms of feelings of trust, being relaxed, or an absence of anxiety, whilst feeling unsafe was associated with uncertainty, "a kind of heightened alertness" (Male, visual impairment, Area B), and also a concern about who or how to make contact in a case of an emergency; the latter point was raised in the context of how Deaf people might contact emergency services, for example. Using the metaphor of clothing, one participant with a mobility impairment stated of safety:

> "How would I describe what I would—oh God. It's like having a warm blanket round you. It's like knowing, okay, this is going to be fine, like. It's about knowing what's going to happen, anticipating the potential pitfalls, and having a Plan B. It's always important to plan when you're in a situation where you have mobility impairment, because like you need a Plan A and a Plan B and a Plan C and sometimes a Plan D" (Male, mobility impairment, Area A).

[2] The photographs in this chapter and chapter 5 were taken by members of the research team whilst walking with people with disabilities in the case study areas. They represent sites, objects or spaces which had meaning for them in terms of feeling safe or unsafe.

In this case, safety was related to being able to plan, anticipate all eventualities and have a routine, a point echoed by other participants: "To keep ourselves safe I think you have to plan where you're going" (Female, Deaf participant, Area B); and "For me I suppose it's about having a routine. You know, I suppose going areas that I feel safe…" (Male, visual impairment, Area A). Another participant, who has a visual impairment, also spoke about safety in terms of the metaphor of clothing, stating "Okay, so safety it's secure. It's like clothing, if I can use that word. You're protected" (Male, visual impairment, Area B). For him however, clothing was articulated as protective in a literal sense to prevent him from getting injured in the built environment; lack of access and danger in terms of getting injured from street furniture was paramount in terms of his understanding of safety. Other people with visual impairments also drew attention to how the physical environment could make them feel unsafe, and the difficulties of navigating places you did not know: "Navigation is the big one. Navigation is related to safety too, you don't know where you are, you don't feel safe. That's why I've never gone abroad" (Male, visual impairment, Area B).

Others articulated safety in relation to having a space that they could call their own where they could feel safe, with one participant stating:

> "So I think safety it's a very sort of relaxing feeling. You have no qualms...And you don't have apprehension for any foreboding that you might have. You know, you're in your own territory. You're in your own space—which actually is one that I didn't write down, but there's times when I do think you do need your own space" (Male, mobility impairment, Area A).

Another participant with a chronic illness who had experienced domestic violence also stated "I suppose being able to sleep at night. As regards where I'm living not to feel under any kind of threat" (Female, chronic illness/mobility impairment, Area A).

Issues of trust in relation to others was another key theme in people's definitions of safety. One participant with an intellectual disability described safety as related to: "Where your friends are, people that you know or someone that you know" (Female, intellectual disability (ID), Area C). Presence of trusted others was articulated by many other people, with one participant stating "Safety is being able to trust people. It's surrounding yourself with people you can trust" (Female, chronic illness/mobility impairment, Area A). Being alone was more often perceived as being related to feelings of unsafety.

Finally, others related feeling safe to feelings of confidence and autonomy. One participant with an intellectual disability stated "Feeling safe means, like that, you know, thinking you can do it, like; you're able to do it" (Female, ID, Area C). Another participant said "I think because I'm confident I'm kind of always safe" (Male, visual impairment, Area A). Others related it directly to being independent, and having autonomy:

> "I can access the street from my house on my own in my own weird independent way, right. I would feel unsafe in both of these places if I wasn't able to do that because then I would be dependent on somebody else to give me a sense of security and safety because I wouldn't be able to do it on my own" (Female, mobility impairment, Area A).

In this context, safety was related to senses of empowerment, autonomy and control over one's life. Having one's own space, people who could be trusted, and safe, accessible, physical environments were also intimately bound up with people's understandings of safety and unsafety.

4.3 FEELING FEAR, FEELING SAFETY

In this section, we explore in more detail how people with disabilities make sense of feelings of fear and safety. It is important to point out that few participants described themselves as always fearful or always safe; rather these were feelings that came and went depending on a constellation of particular factors, that, as the next chapter will show, came together in specific spaces and places. We discuss feelings of fear and safety as they emerged in relation to four main categories: interactions and encounters with others; adaptive supports and devices in the context of disability; physical environment; and memories, habits and socialisation.

4.3.1 ENCOUNTERING OTHERS

People's perceived relationships, encounters and interactions with others – whether trusted or otherwise – were central to many people's understandings of fear and safety. As outlined above, many people with disabilities described safety as having people around that they trusted. On the other hand, being alone, or sometimes encountering unknown people in public spaces could be a source of fear and uncertainty. Speaking about the need to be around people, for example, one participant who lived alone stated of public spaces, "From my point of view, there has to be people around. There has to be activity" (Female, visual impairment, Area A). Another participant also spoke about feeling anxious in deserted places when walking into town: "I remember walking up on my own before and, I don't know, I just get a bit nervous of going up and down from there even if it's in the day, because there's very few people around. But there's a lot of cars going by. But I'm always a bit nervous thinking, you know, who could come along, you know" (Female, ID, Area C). Similarly, a woman who had a hearing impairment said:

> "At times I had to walk somewhere I can get very tensed up because I'm always afraid because I can't hear. So I wouldn't hear somebody behind me if they were going to attack me, like that. And I've kind of always had that kind of fear in the night time, that not being able to hear if somebody's suddenly coming at you and that you don't get—you've no warning at all coming, you know" (Female, hearing impairment, Area B).

While many people preferred to be in busy places where there were people around because it made them feel safer and meant that there were more people to ask if they needed assistance, this was also accompanied by a vigilance in being aware of who might be a potential threat, and who could be trusted. It is significant that a number of the people we spoke to, across different impairment groups, often did not go anywhere unless accompanied by someone, whether that was a friend, family member or personal assistant.

Multiple participants spoke about their experience of encounters and fear around being approached by people who may be looking for money from them, who might be trying to sell them drugs, or people who appeared to be drunk. Describing one incident, for example, a woman with a visual impairment explained:

> "I did come home one evening…and there were these footsteps behind me. So I carried on and I was getting nearer home and I kind of thought I don't know who this is but I don't want them to know where I live. So I walked down to the other end of the set of flats—you can get in from two sides. The footsteps came behind me. So I crossed back over the road, went back up—anyway, eventually he caught up with me and—'Have you got any tablets you can sell me?" (Female, visual impairment, Area B).

Another man with an ID who travelled into an inner city urban area, stated of people hanging around: "Because I do be afraid sometimes of these people attacking you sometimes…you don't know what they're going to be up to if you see them hanging around here drinking and…then taking drugs" (Male, ID, Area B).

While many people spoke about these encounters in terms of public spaces, others also raised issues about strangers coming to their home. For example, one Deaf participant spoke about issues with builders and tradespeople: "Trust is an issue. So they know we're Deaf. Say builders know we're Deaf, they know where we live, and maybe they could break in that night while we're sleeping because, you know, they know we're Deaf" (Deaf woman, Area B). Another woman with an ID spoke about distinguishing between trusted and unknown others: "I only say hello to people that I know. I don't talk to strangers or nothing. And if we're walking down the street and the binman might say hello, I don't know the binman. I know the postman because he arrives into my house for bills" (Female, ID, Area A).

People's interactions with unknown others could range from helpful, to hostile to inappropriate, to paternalistic. One young woman who used a wheelchair, for example, noted how much of what she experienced from people when out and about was paternalism. Describing herself as an independent person who enjoyed going out and socialising, she noted the constant paternalistic remarks from others – 'aren't you great to be out' and 'you've a cross to bear' - when she was out and about. Whilst she described laughing off such comments which she said did not make her feel fearful or threatened, she referred to contexts in which encounters could become more threatening. She described for example how men in a nightclub "come up to you and go 'You're gorgeous. Can you have sex?' Like literally come out with stuff like that. Or people come up and try and kiss you and you're like 'get away from me, like!'" (Female, mobility impairment, Area A).

What is clear throughout these narratives is that people had an awareness of how they might be perceived by others, particularly in the context of public space. This was particularly so for people who had an identifiable impairment by nature of, for example, using a wheelchair or a white cane. However, others also spoke about interactions with strangers, and in some cases, having to explain to people they did not know about their disability, which could make them feel uneasy. For example, one woman we spoke to with a

hearing impairment said: "But what I find really a pain in the you-know-what is having to saying to everyone I'm deaf. I hate it. You know, if I have cancer I don't have to tell you all my business, but I have to tell, you know, even, say, a taxi driver. It's the first thing I have to say everywhere I go" (Female, hearing impairment, Area B).

While encounters with strangers could be a source of anxiety or contribute to feelings of unsafety, safety was associated with having trusted others around, such as friends, neighbours and family members, including when they were in public space: this was particularly mentioned by people with intellectual disabilities. Others mentioned the significance of social networks to feelings of security and well-being, with one woman stating "I'm a very people-oriented person. I'd have a lot of visitors" (Female, visual impairment, Area A). Another woman who lived alone stated of her neighbours:

> "I've got to know a few of the neighbours very well in the…residents and I know like the time with the snow they came in and out to me three, four times a day… And this is about, you know, living with the community. I get the best out of them. Then from the church—… I have two lovely ladies coming for 15 years. They come from the church an hour every Thursday and they are just marvellous. People are protecting me here and I feel that very strongly. I can call on them…It's about knowing people. On this road the same people are here thirty years ago. A lot of single women"
> (Female, mobility impairment, Area A).

4.3.2 ADAPTIVE SUPPORTS AND DEVICES

Another issue raised by people with disabilities, particularly those who used adaptive supports and technologies such as wheelchairs, white canes or guide dogs, was the way in which they understood these supports or adaptations in relation to safety or unsafety. Primarily, people discussed these supports insofar as they felt it made them more visible in public spaces, and potentially more likely to be targeted. As one women with a mobility impairment who used a wheelchair stated:

> "Well, if you're in a wheelchair, I mean it's just I suppose self-reliance and self-preservation, because naturally – well, most people with a disability do things differently and maybe at a slower pace than anyone else. So you're not going to be able to run ten times to a mile when somebody comes up, you know" (Female, mobility impairment, Area A).

Issues around assistive devices emerged particularly in the context of people with visual impairments. Some people with visual impairments described how they were reluctant to use a white cane in certain settings, with one man stating: "I don't use it (white cane) in (local town). I just don't feel comfortable. But I have no other choice when I get to the city because I'm on my own and I suppose it makes people aware of my situation" (Male, visual impairment, Area A). Explaining such feelings, another participant stated:

> "first of all, the white stick has a – it does have a stigma attached to it. You do associate a white stick with a blind person. And perhaps, you know, somebody with a white stick or a long cane that is walking along, you know, you're moving the cane from side to side because that's the technique you use, that is, I'm very much feeling my way in front of me. So you're sort of saying all the time you're walking 'I'm blind" (Female, visual impairment, Area B).

In terms of feeling safe, some participants with visual impairments contrasted use of the white cane with using a guide dog, which they described in very different terms:

> "It's a feedback loop thing, because you have to be a bit more positive to work a dog, because if you're unsure of yourself, you're not going to work a dog properly at all. But the other thing about it is once you've got a dog you've got much more reason to feel safe and happy and confident, and it also means people come and talk to you all the time" (Male, visual impairment, Area A).

For another participant, while her guide dog was not necessarily a conduit for encounter or socialisation, it could make her feel safer, as she said "It makes a difference what speed you're travelling. You can travel faster and if you were in trouble you could get away quicker". Describing how she might react if she sensed fear in a particular situation, or if someone was around, she said 'But if I think somebody's around me…I might talk to the dog and said 'No, dog, you need to be careful now and make room for others', you know. You kind of get crafty" (Female, visual impairment Area A).

4.3.3 ACCESS TO THE PHYSICAL ENVIRONMENT AND TRANSPORT

Many people raised issues with the physical environment in relation to feelings of fear and safety. While access can be seen as a perhaps more pragmatic or technical issue, it had very real consequences for how safe or otherwise people felt, particularly in public spaces, and could lead to heightened feelings of anxiety or uncertainty. Issues that people referred to, and which they showed us on 'walkabouts', related to poor conditions of pavements, obstacles on pavements (including parked cars, bollards and street furniture), road works, poor street lighting, road crossings that were difficult to navigate or audible signals not working. These issues were raised by all participants, but particularly people with visual impairments. One participant on our walkabout referred to difficulties with audible signals at traffic lights being broken, or the volume not set high enough (see Figure 4.1).

Figure 4.1: A broken traffic signal at a crossing

Another participant explained his anxiety around road crossings:

> "It's making sure all the audible signals work to let me know when it's safe to cross. Like there's a lot around the city that don't work, so before I get there I'm like God, I hope there's someone around that I can ask to cross because it makes me feel really nervous" (Male, visual impairment, Area A).

Other participants referred to poorly designed crossings, or places where it was difficult to know how to cross (Figure 4.2), with others talking about challenges negotiating parked cars and street furniture:

> "So on a day like, you know, maybe a year and-a-half ago walking down the streets in X I wouldn't feel safe walking home at 7 at night. Not from a being attacked perspective, it's from a stuff blocking the footpath perspective. So I wouldn't feel safe coming home at 7 because chances are I'll hit my knee off four cars blocking the drive, have to trail around other cars – which is very – and could get clipped by a bicycle" (Male, visual impairment, Area B).

Figure 4.2: Road crossings as unsafe spaces

People who were d/ Deaf or hard of hearing also referred to being in street spaces where they could be taken by surprises by cyclists or cars, as they could not heat them coming, while two participants who used wheelchairs spoke about having to go on the road, as they could not get on to pavements. People with visual impairments also referred in more general terms to how certain features of the physical environment could make them disorientated.
For example, one participant said:
"I steer clear of plazas because to me they are just massive areas with no sense of knowing where I am" (Female, visual impairment, Area B). Another participant referred to feeling unsafe in wide open spaces (see Figure 4.3), and also lines of trees. As she said. "I'm just saying, in terms of say segregating one area from another, I'd prefer if it was a solid wall than a big noisy load of trees. That just freaks me out. And I think too, it's important to know that blind people do not cope in the wind…Yeah, they actually get lost" (Female, visual impairment, Area A).

Feelings of unsafety were also articulated in relation to lack of access to transport systems. Participants spoke about the challenges of using public transport, including trains and buses, and taxis. Journeys required careful planning, and feelings of anxiety could emerge around buses not turning up on time, or could relate to concerns about about being stranded. Lack of audible announcements of trains were also referred to, whilst others spoke about the lack of transport late at night. While many people referred to the prohibitive costs of taxis, others spoke about the lack of availability of wheelchair accessible taxis after midnight, meaning they could not stay out late. One participant, for example said "It's ridiculous. It's impossible to get a taxi home from a place after 12 o'clock. It's like, you're in wheelchairs, you should be in bed" (Female, mobility impairment, Area A). She also described the inaccessibility of local buses which meant she had to rely on her parents or taxis to travel around.

Figure 4.3: Feelings of insecurity navigating open spaces

4.3.4 MEMORIES AND SOCIALISATION

Another theme that emerged in discussions about feelings of safety and unsafety related to how people had been socialised to respond to, and 'manage' issues of safety and unsafety. As work in the area of geographies of women's fear of violent crime has shown, for example, women are often socialised to believe that they should not be out in certain spaces at particular times. For people with intellectual disabilities in particular, some referred to having been taught not to talk to strangers, or as another participant put it when out and about, "I'm minding my own business" (Male, ID, Area C). Issues of socialisation and expectations around disability often emerged from concerned others, including professionals. One participant who had experienced an assault in a public space for example recounted how the guards had told him "'You shouldn't be out by yourselves' – that's what I was told…especially after dark, you should not be out of yourself" (Male, visual impairment, Area B). In this way, feelings of safety could be bound up in others' understandings of the perceived vulnerability of people with disabilities. Discussing this in the context of people with intellectual disabilities, a disability advocacy organisation stated of this socialising dynamic:

> "But it's certainly something that's internalised by a lot of people. So people will say things like, well, I'm afraid to use the ATM. But you don't know where that fear's come from. It hasn't come from a bad experience. It's come from, you know, maybe decades of being told you should be afraid of this".

Memories of past events also had implications for how safe or otherwise people felt, particularly as we will see in the next chapter, in relation to specific places. For example, after having experienced anti-social behaviour where teenagers put objects on the steps to his house, one person with a visual impairment spoke about how he had changed his behaviour to constantly check and re-check steps in other environments. In other cases, memories about events – including for example, an attempted break in at home – could leave people feeling unsafe in that particular space.

4.4 EXPERIENCES OF UNSAFETY AND HOSTILITY

Many participants in the study stated that they had never experienced any specific incidents of actual hostility, or indeed had not any need to encounter the guards. Similarly, there was no neat correlation between having experienced some form of hostility and fear in different spaces. However, others did talk to us about specific incidents, some of which had been reported to Gardaí, while others had not. Practitioners in the case study areas and Gardaí also spoke about their awareness of hostility. While some of these incidents that people with disabilities spoke to us about involved physical assault, domestic violence and theft – particularly of, for example, mobile phones in public spaces – others involved what might be called threatening behaviour and verbal abuse. One man with a visual impairment described issues he had had in a housing estate in a different place to where he lived currently where he had experienced anti-social behaviour from teenagers. As he described it:

> "I had a few issues with antisocial behaviour. That's been pretty bad…I would have had people put their hands in my door, take out my cane, break it and throw it back in again...I've had pipes broken at the side of the house…Breaking canes is kind of past the point of no return. That's personal" (Male, visual impairment, Area B).

Others also reported issues with 'kids' throwing stones at their houses, for example. Theft, and particularly having mobile phones stolen was also a recurring issue, particularly for people with visual impairments, whilst a woman with a visual impairment also told us about a workman stealing tools from her garage. In a couple of cases, people had been physically assaulted in a public space; another participant had experienced domestic violence, an area around which there is still very little awareness in the context of disability. The participant in this case noted how her ex-partner would use the equipment associated with her disability and chronic health condition against her - for example, by tipping the contents of a dehumidifier over her head.

More common however as the sections above allude to were encounters that might best be described as micro-aggressions. People with visual impairments spoke about incidents where people would approach them unannounced or follow them intentionally, something they described as 'ghosting':

> "Sometimes when you're out – it doesn't happen too often – but you know you're being followed, and that's kind of creepy. And sometimes curious people will just stand in front of you, to see, you know, are you blind…and that can be a bit daunting…or if someone decides to talk to you all the way around your walk and they're not going away and you're coming near your home and you're saying oh my God, will I go to my house or somebody else's you know? And people standing in front of me and just kind of poking at you and running away" (Female, visual impairment, Area A).

Others noted how they had been shouted at, verbally abused, laughed at, or inappropriately questioned. For example, one participant who had to use her wheelchair on the road because she could not get on to the pavement said:

> "Like when I'm on the road, yeah, I'd get beeps, beeps, beeps—'You f***ing—' you know what I mean? – 'You dope'—if I can't get up on the paths. There's a lot of places where I can't get up on paths. Like even when I do go to Aldi, if you're going in it's a big huge, very high—you know what I mean?—thing, and that's electric and I hope it doesn't fall. I do have to be out on the edge, you know, for my weight, in case I fall back" (Female, mobility impairment, Area B).

While these experiences were recounted to us by people with disabilities themselves, organisations that were working with disabled people in the case study areas also told us about other forms of hostility that they had encountered in their work. This included sexual assault, particularly in the context of people with intellectual disabilities, financial abuse, which included family members and carers withholding or taking money from individuals, and antisocial behaviour in housing estates.

4.5 CONCLUSIONS

People with disabilities have multiple understandings of safety, which are underpinned by an assemblage of different elements, including their relationships with others (those known to them, but also 'unknown others'), physical safety in terms of access to the built environment, as well as memories of previous events and patterns of socialisation in thinking about safety and unsafety. These factors do no operate in isolation, but rather together to create moments of safety and unsafety in specific times and places. To that end, few people describe always feeling 'safe' or 'unsafe'; rather, it is a feeling that is context-specific. What is apparent in people's accounts is the way in which they are conscious, notably in public space, of how others perceive them: this particularly emerged in discussions regarding the assistive supports and devices that can mark people out as different. Experiences of hostility therefore have to be understood within the context of these dynamics, and a pervasive societal discourse that sees people with disabilities as less than human or 'other'.

CHAPTER 5: SPATIAL DYNAMICS OF UN/SAFETY AND HOSTILITY

5.1 INTRODUCTION

This chapter connects people with disabilities' understandings of safety and unsafety to the spatial dynamics of their lives by exploring how fear or experience of hostility and unsafety, are bound up with their use of different spaces. We can understand the spatial dynamics of un/safety and hostility in different ways. At one level, we can explore how areas differ in terms of perceptions of safety, including across rural, urban and/or suburban environments; indeed, one of the aims of selecting the three case study areas was to explore whether there might be differences between them in terms of people with disabilities' and practitioners' understandings, perceptions and experiences of safety. People have often been shown to have strongly held perceptions about rural areas being safer than urban areas, for example (Panelli et al., 2004). Therefore, we wanted to explore how far these ideas might feed into the constructions of different areas as safe or unsafe for people with disabilities. At a micro-scale, we can explore how safety connects with people with disabilities' space-making practices and how they use what we might call 'micro-spaces' in their everyday lives (streets, shops, bus stations and so on). We therefore explore how issues of safety and fear shape the places and spaces that they go to, or avoid. As we will show, many people with disabilities have an acute spatial sensitivity in terms of knowing and sensing their environment, and have developed significant spatial strategies in terms of navigating un/safety in their everyday lives.

5.2 PERCEPTIONS OF SAFETY AND AREA CHARACTERISTICS

Given dominant perceptions which often exist about certain types or categories of places as safe or unsafe, we were interested in exploring how people with disabilities and practitioners across the three case study areas associated different area characteristics with understandings of safety. It has been shown, for example, that rural areas are often perceived as safer than urban ones, whilst areas of social deprivation are also frequently perceived as less safe, and as places where people may be more at risk of crime (Pain, 2000).

In the context of disability, many local practitioners suggested that urban areas could be seen as more unsafe; this they partly related to the nature and density of housing, but also a sense of isolation that could come from living in places where people did not know one another. Describing an inner and central city area in Area B, for example, one practitioner said: "But I think there's also a challenge in this area that we've a lot of people living in apartments here now. The place is full of these apartments and they're not integrated at all into the community" (Local community organisation, Area B). Others drew a distinction between types of areas in terms of central city and suburban areas: "Whereas I think suburban, you know, if you want to go out

to your garden, the neighbours being able to pop in. You know, I think sometimes in the city centre people can kind of get lost behind their door and not be seen again, you know. Whereas I think the ideal is that suburban idea allows for better relations with your community, I suppose your neighbours and that kind of thing, I guess" (Community guard, Area B).

Crucially, others spoke about perceptions of safety in relation to areas of deprivation, with one participant noting, "People with disabilities are often prone to poverty and are concentrated in areas where there are others living in poverty and that creates a vicious circle of dependency and isolation that can be quite challenging" (Local councillor, Area B).

Another organisation working in an inner city area associated with deprivation noted the challenges for people with disabilities living in the locality:

> "I mean, those who are living in the area who may have disabilities they're quite well aware of their surroundings. They're quite well aware of what's going on. So yes, they would be limited to access to streets or ways to get to certain places because they'd know that on that street corner or this place there's going to be gangs and they're regularly there. So to avoid that kind of interaction or any kind of contact whatsoever you'd prefer to go the longer way around, and the longer way around might be the worse way to go because of the footpaths or whatever the infrastructure that's there, but nonetheless they would rather go that way than go through these particular groups of people" (Community organisation, Area B).

A couple of practitioners working with people with disabilities noted how they had encountered incidents of hostility and harassment in or near social housing estates. For example, one practitioner said "We've had a client in the past who was severely bullied, you could say, within his neighbourhood, you know, and a lot of it was to do with his obsessions, you know, as part of his autism…So, you know, he got a nickname as a result of that within the neighbourhood and like there would have been a socially or an economically deprived estate quite near where he lived" (Disability organisation, Area C). Similarly, another organisation spoke about a person with a visual impairment "being kind of taunted or bullied or harassed in their areas, and I have to say generally they've been in social housing that hasn't been located in what I would say is a safe area anyway. So, yeah, we've had a few incidences of people really being treated very badly and to a point where we've had to try and get their housing location moved" (Disability organisation, Area A).

In contrast, many people perceived and described rural areas to be safer. This mainly resulted from the idea of there still being a sense of community, and of people knowing one another, which for one participant meant "There's a bit more accountability I think, you know" (Community organisation, Area A); or in the words of a participant with a visual impairment, "Well, they wouldn't go for you down the country, they wouldn't get away with it. They'd know someone who knows you and you've more chance of recognizing people and generally they wouldn't do it. They've more respect. There's a little bit more "oh, he's your man's brother, oh sure we know about him"' (Male, visual impairment, Area B).

However, others pointed to difficulties that existed in rural areas for people with disabilities in terms of isolation from services and transport, as well as sometimes, the more challenging sides of living within a small community. In the context of domestic violence, or particularly sensitive incidents, some organisations noted the difficulty of reporting a crime in a small community setting: "And then also as well someone accessing the Gardaí or whatever they're friends and they know people and he's on the GAA pitch, she's on this and that and the other. So you have all that. Huge difficulties". As another disability service provider working with people with intellectual disabilities stated: "I think, yeah, in a small community definitely people feel much safer. Now, that again can be manipulated, right. Because you feel so safe you can take somebody off. I also think that in terms of abuse a lot of that is with people they know and trust. So, you know, being in a small community doesn't necessarily protect you" (Disability service provider, Area A).

While these understandings of the urban and rural, or distinctions between areas based on socio-economic characteristics, appeared pervasive, people with disabilities' own accounts did not necessarily correlate with these understandings. One man with a visual impairment who had experienced a number of incidents of hostility, including physical assault, and who lived in an inner city area, did indeed relate his experience to living in an area of deprivation, and noted how he had been advised by the Gardaí to move out of the area. However, others' accounts contested ideas of the urban as unsafe. Another man with a visual impairment who lived in a suburban area for example, spoke about how he spent most of his time in the city centre as he found people friendlier compared to the suburban locality of his home. Moreover, in having moved through areas he described as 'dodgy', he said "You know, I've been through some pretty dodgy areas... I've found these in areas the people actually—the so-called guys that sound a bit dodgy are actually really helpful, which would surprise you" (Male, visual impairment, Area B). Another participant noted that "Oh, I would feel far safer, far safer in a built-up area. I would, yeah", whilst another woman who lived in the city said:

> "And I love living in town. I love the fact that I can go shopping very easily, I can go to the theatre, I can go to the cinema. All of those things are around me. For all the times I say I don't go out I do go out and we have a good social life, you know, which I wouldn't have if I was living out in the suburbs" (Female, mobility impairment, Area B).

Just as there were some people living in cities who said they would never live in a rural area because they would feel too vulnerable and isolated, others described feeling much safer living in a rural area, as one participant said: "I mean, personally speaking I feel—and that's probably why I live there—I feel much safer in rural areas, from pretty well anything you want to name" (Male, visual impairment, Area A). The point to be made here it seems is that people's understandings of safety have to be understood in terms of a number of different elements, and in context of the micro-geographies of their everyday lives, from the specific spaces they use, through to their social networks and connections in the locality and beyond. These are dynamics which we explore in the next section.

5.3 MICRO-GEOGRAPHIES OF UN/SAFETY AND HOSTILITY: WHERE ARE SAFE AND UNSAFE SPACES?

In this section, we explore how people understood different spaces as safe or unsafe, and how this impacted on the spaces and places they used in their everyday lives. In so doing, we do not seek to suggest that there is a fixity to understandings of places as safe or unsafe; one person's safe space could be a source of anxiety for another person. The factors that contribute to these understandings again are complex, and as we will show, relate back to the different elements discussed in Chapter 4.

5.3.1 PLACES AND SPACES THAT FEEL UNSAFE

Participants referred to many places that they avoided in their localities because they felt they would be unsafe. In the main, these spaces were in the public sphere. They ranged from parks, to alleyways and 'laneways' (see Figure 5.1), to transport hubs (in particular, bus stations), to more abstract spaces – such as 'wide open spaces' - which they perceived as holding some kind of threat.

The reasons for the avoidance of these places was largely to do with potential fear of threat or intimidation from others, or the presence of strangers, although in one case it concerned threat from someone who was known: in the case of domestic violence, for example, a participant spoke about having to avoid spaces, such as the local supermarket, where she knew she might encounter her ex-partner. People with visual impairments in particular mentioned avoiding places because of the design of environment: for example, one man felt the suburban locality in which he lived was unsafe because of street furniture (see Figure 5.2) or parked cars.

Figure 5.1: Laneways as unsafe spaces

Figure 5.2: Street furniture creating inaccessible navigation

Another person with a visual impairment noted how they actively avoided large shopping centres because they made them feel disorientated. As he said, "Generally speaking you're tied to, the visually impaired are tied to the local corner shop. So to buy clothes, the shopping centres are completely out of bounds. I cannot go into a shopping centre, no way I can" (Male, visual impairment, Area B). In another example, one individual spoke about how, when they first moved out of an institutionalised setting into an apartment, they had been too fearful to go outside their home into public space at all:

> "So when I first moved in I wouldn't leave the house for six or eight weeks. Yeah, because I wasn't safe in it and then I didn't know the area. And then I was used to people around me a lot in these services and people are doing things for you when you're wanting them done...Yeah, so it was a big change, yeah. And then my support person starts after about six or eight weeks, you know, start getting me out of the house, like going to bingo, going to the pub here for Irish music…" (Male, ID, Area B).

As his narrative illustrates, lack of knowledge about an area, or fear of the unknown, is a key factor contributing to perceptions of unsafety, which in turn affect people's actual place-making practices.

A common theme across participants in all case study areas was the avoidance of night time venues, such as bars and nightclubs. Reasons for avoidance included the potential threat of people who might be drunk, or aggressive behaviour. As one participant said "Well, I wouldn't go to the rough places. Some of the pubs would be very rowdy and I just keep away from them" (Male, ID, Area C). Another said: "Because we used to go to the nightclubs at one time and we stopped it because there were just too many people outside hanging around and then going in. And then you could be beaten up" (Male, ID, Area B). Finally, another participant who uses a wheelchair, and who had experienced harassment in bars, also spoke about avoiding bars and nightclubs, particularly if she was by herself: "People become very inebriated and they start asking inappropriate questions or advancing inappropriately and like I'm not in a position where I can push them away, like. So I would never go into a nightclub on my own or a pub on my own"
(Female, mobility impairment, Area A).

Participants were very aware of issues of safety in relation to different times of day, and how the characteristics of places could change based on specific time-place contexts. One participant said "No, you wouldn't go to the parks at night, not now. Maybe a few years ago you could go, but not now. After dark you couldn't go" (Male, ID, Area B). One man with a visual impairment spoke about his concerns around his local bus station late at night. As he described it:

> "Yeah, it's dodgy, yeah. Like that I have to do it, but I try—like I might get the 10 o'clock bus home, so I try not to get there maybe till ten-to ten. I don't like hanging around there too long really…you've homeless people and it just makes me feel—I suppose I'm a target really, you know, when they see the cane. It just makes me feel really on edge and nervous" (Male, visual impairment, Area A).

As we go on to show in section 5.4 avoiding places in the evening was a common strategy used by many people with disabilities in terms of making them feel safer. In other cases, people avoided places at times of day because they felt spaces would be deserted: this was not always at night, but also early in the morning when there might be few people around.

While participants named specific spaces and places in their localities, others spoke about experiences of unsafety during processes of navigation, for example, moving along the street. Some d/Deaf participants, for example, spoke about the fear of people coming up behind them unannounced. In other cases, instances of unsafety could happen as a result of an intersection of different factors at particular spaces that presented challenges for individuals. For example, one man with a visual impairment described being teased by a group of what he described as young people whilst trying to concentrate on crossing the road:

> "Yeah, I was just about to cross the road walking east…crossing [name] Street and it was something straight forward, it works as a shared space and the traffic generally slows down. I carefully negotiated it, this is something that happens all too frequently, before coming up to the crossing, I hear these voices behind me shouting "watch out, watch out, watch out, don't cross, watch out" so I hesitated, and then I hear them laughing and then I go to do it again and then I hear laughing and then I heard these girls across the road laughing" (Male, visual impairment, Area B).

We can see very clearly in this case how the need to concentrate while navigating the built environment, combined with the presence of threatening or hostile others, created a very real incidence of unsafety and threat.

5.3.2 PLACES THAT FEEL SAFE

People also spoke to us about places that felt safe. For many people, the home space was a key space of safety, where they felt comfortable and secure. In some cases, this was related to the presence of family, or having neighbours who they knew, whilst for some the physical layout of the home was a place they could navigate with ease, as one participant stated: "Well, obviously the safest place on the whole is my own home, because I was going to say it's all—you know, everything is where I know it is" (Male, visual impairment, Area A). Other sites mentioned in the public sphere were shopping centres, cinemas, churches, and specific cafes and restaurants. Safe spaces in this context were strongly related to knowledge that there were people there who knew them, or who would be helpful and welcoming. For example, one woman spoke about building connections with staff in shops in her locality, such that they knew her when she returned:

> "People are actually used to me now. And that's very important we're integrated into the community. And I make a point of asking people their names on the tills and telling them who I am…I tend to use the same places all the time because of that" (Female, visual impairment, Area A).

Other participants also spoke about using particular bars, cafes and restaurants because they were welcoming, and were known to the staff:

> "Like, you know, the café I go to they know me in there. So any time I walk in there and it's busy they'd like bring me to a sit or, you know—…There's a bar we go to there and they know a few of us in there. So they say, 'Oh, your particular spot is not free. Look, give us a round and we'll bring you down to the end of the bar where there's a seat'" (Male, visual impairment, Area A).

> "Physical accommodating and being welcoming. Like, for instance, it's the small things that help. Like they put straws in my drinks without me having to ask, or cut up my food, or, you know—I would have a lot of friends in similar boats, so they do their best to accommodate us spatially. I've quite a few—I've two friends with visual impairments and quite a few friends who are wheelchair users" (Female, mobility impairment, Area A).

A number of other participants in different case study areas also spoke about shopping centres being safe spaces (see Figure 5.3), including those with intellectual disabilities and those with mobility impairments. As one woman stated:

"Probably shopping centres would be a place where I would feel particularly safe because it's all contained. Like there's only a certain amount of space—like there's only—you can only get so lost in a shopping centre. And for people with mobility issues and visual impairment and all the rest of it they can be very safe because you can kind of find your way around relatively easily" (Female, mobility impairment, Area A).

Figure 5.3: Shopping centres as a safespace

Other participants spoke more generally about feeling safe in their locality because people on the street were willing to help them out, or knew them: this included people who were living in urban, suburban and indeed, rural locations:

> "Yeah, I kind of feel a bit vulnerable alright, but people look out for me. You know, as I say, it's a nice neighbourhood and the nearest bar to me here, if it's quiet, they'll walk across the road or one or two might just come halfway down with me, you know". (Male, visual impairment, Area A).

> "Somebody shouting across the street that knows you it's kind of good, you know. There's a sense of belonging in the neighbourhood, a sense of participation, you know. Yeah, that makes me feel safer, yeah" (Male, mobility impairment, Area A).

In one case, a man with a visual impairment who lived in a rural locality also stated "the bus drivers all know me" (Male, visual impairment, Area A). In short, it was clear that safe spaces were connected with a sense of knowing people and being known in the neighbourhood, or being welcomed in particular spaces because of the attitudes of staff, an accessible physical environment, or a willingness to make adaptations.

5.3.3 HOME AS A SAFE SPACE?

Figure 5.4: Feelings of unsafety in spaces of the home

While many participants spoke about the home as a safe space, and despite the assumption that the private sphere of the home is a site of refuge and security, a number of participants said they did not feel particularly safe in their home. This issue was raised more by people who were living alone, although not necessarily in isolated settings. Concerns related to a range of issues, including a fear of break-ins, a lack of accessibility within the house, but also the home as a site of domestic violence. One woman with a visual impairment for example, stated "I really think my home is less safe than being out in the main street, you know? Now, it mightn't be, but that's my perception". She described fearing the emptiness of her suburban housing estate during the day time, and the challenge for her in identifying who might come to her door now she lived alone with her guide dog (Figure 5.4). She related this fear in part to getting older, but also a previous incident in which she had experienced a theft. Describing the seeming irrationality of her fear, she spoke about the micro-spaces of her home:

> "Like this is crazy, but I have a dog run out the back for the dog to relieve himself. Sometimes at night I'm saying, 'Now what's to stop anybody coming in my back door while I'm going to the dog-run and back?' I mean I know it's foolish but that's the way I feel, you know?" (Female, visual impairment, Area A).

For others, the lack of accessibility within their home made it feel like an unsafe place. One participant who used a wheelchair and was living in social housing in a flat complex, described having a lack of a shower room. As she said:

> "It's very, very narrow into the toilet. You can't put a shower in. Still they put a wet room, a wet thing in it. I just don't understand them…That's like the past five year... So my human right is gone. I should be able to be able to shower myself a day, not [public health nurse] saying to me, 'Ah, you can go over there, to the day centre over there, do you know what I mean, and you can give yourself a shower.' I should have my own shower. Do you know what I mean?" (Female, mobility impairment, Area B).

For others, the space of the home as a site of domestic violence made it an unsafe place. As one participant stated of the home space: "It is, it's quite toxic really, I think. You know, even looking at those chairs over there. I was thinking, well, I was sitting in one of those when he broke—he actually broke a brush over my back from behind. So the sliding door and—yeah, there are lots of brutal memories really" (Female, mobility impairment, Area A).

These narratives illustrate that we cannot presume that the home is a safe space for people with disabilities, but rather can also be a site of anxiety and discomfort for a number of reasons.

5.4 ENGENDERING SAFETY: PEOPLE WITH DISABILITIES' SPATIAL STRATEGIES

As the previous section suggests, people had multiple strategies to enable them to use and navigate different spaces safely. This included having a routine and plan when out and about, being selective at the times they travelled or even using specific technologies to make them feel safer in different spaces.

5.4.1 DECISIONS ABOUT WHERE TO LIVE

Where people described having an option about where to live, it is apparent that some participants had made decisions based around where they felt they would be safe. For example, one woman spoke about how she and her husband chose a housing estate on the outskirts of a small town because it was near to amenities and felt safe: "We would have bought this house with a particular view in mind, because it was a cul-de-sac, because we felt it was safe, because it was near shops, near the church, near the school. And I didn't want to be in a rural area and I didn't want not to be in a housing estate. I would have felt too vulnerable. So that's why we picked this house" (Female, visual impairment, Area A).

5.4.2 PLANNING AND ROUTINE

Participants stressed the significance of planning and routine in navigating and using different spaces; this was a key strategy in negotiating potential feelings of safety in space. As one person said of routine "Oh, I use the same places. It's routine, yeah. Like if I had to meet you in here now today I wouldn't have a clue where to meet you in here" (Male, visual impairment, Area A). People with disabilities, and particularly people with intellectual disabilities, recounted specific routes they would use to travel around their localities, including public transport routes. What was evident here was the idea of mobility with a purpose, as one participant said: "Unless I was going from A to B and you knew exactly where I was going, I just wouldn't go" (Female, mobility impairment, Area A).

5.4.3 MODIFYING INDIVIDUAL BEHAVIOURS IN PUBLIC SPACE

Many people spoke about the strategies they used in terms of modifying their behaviour in public spaces. Sometimes, this was described as making yourself less visible: for example, after having had a mobile phone stolen from him in a city centre, one man with a visual impairment stated that if he needed to use his phone, he felt he needed to go 'off grid': "Be out of sight, out of mind. Don't use iPhones on the street to ring people. You know, go into a coffee shop, pay two quid for a coffee, you know, or just sit down for a few minutes" (Male, visual impairment, Area B).

Others spoke about the need to be streetwise and 'keep your head down':

> "You have to be kind of a bit streetwise around here, because I find when you come up this little lane there was a lot of lads were on—there was a fella used to be on a bike and he used to say to me, 'Do you want a few tablets?' And I used to just say, 'No, you're grand, you're grand.' Just keep walking, you know. But you can't really flash too much money around here because it'd be a bit dodgy" (Male, ID, Area B).

A couple of people also spoke about strategies they used on public transport and buses in particular: "You're better off sitting at the front beside the driver. I always feel that. Yeah, at the front in case something happens, like, you know. Because they can see what's happening on the little camera there and they can see it in the big mirror and they see what's going on" (Female, ID, Area B).

5.4.4 TEMPORAL DIMENSIONS

As mentioned above, a key part of people's safety strategies related to how they used and navigated spaces at different times of day. Many participants across all impairment groups and case study areas reported that they would not go out after dark, and recognised that certain areas could be more unsafe at night. It should be noted that participants had different conceptions of staying out late. A number of people with intellectual disabilities we spoke to said they would be home before five o'clock; whereas a few of the male participants said they always aimed to be home before pub closing times. In short, while these temporal strategies differed, there was a sense that people with disabilities would not be out late in the evening.

5.4.5 USING TECHNOLOGIES

Participants also spoke about the use of various technologies in navigating different spaces. Mobile phones were a key one here, although people noted caution in using phones in public spaces. Some people also used various security measures in the space of their own home. For example, one woman had installed a camera so that she could see her front door on her television screen (see Figure 5.5); she also wore an alarm on her arm.

Figure 5.5: Technology and security in the home

Figure 5.6: Wearing a GoPro camera as a strategy of safety

Finally, another use of technology was the wearing of Go Pro cameras by a couple of participants with visual impairments who had been harassed in public spaces (see Figure 5.6). They described this as a pre-emptive strategy to change the way strangers might respond to them, as one of them stated: "'It's not actually on, it's a deterrent more than anything" (Male, visual impairment, Area B).

5.5 CONCLUSIONS

Constructions of places and spaces have a significant role to play in understandings of safety. As research on women's geographies of fear of violent crime has shown, for example, there are strong perceptions about certain spaces being 'risky' or 'out of bounds' for women, which can often directly impact on women's behaviours and use of different spaces (Valentine, 1989).

Discussions with practitioners and people with disabilities revealed that there is often a sense of difference between rural and urban areas in terms of safety, with urban areas being seen as less safe, while others pointed to the challenges people with disabilities can face living in areas of socio-economic disadvantage. However, people with disabilities' narratives about their everyday uses of space do not always reflect these spatial assumptions. Rather, in the micro-spaces of their everyday lives, safety in place is connected to specific factors: being known, or encountering strangers, feeling welcomed in accessible spaces, or being excluded due to physical and attitudinal barriers, or having the capacity (including the financial capacity) to make decisions about where to live. In certain cases, we can see how people with disabilities' experiences and perceptions contest constructions of particular spaces as safe. For example, while the home is often tied to ideas of security and refuge, and indeed was a safe space for many people with disabilities, others do not view it as a space of security: reasons for this include a lack of physical access/adaptation, fear of break ins, particularly if they are living alone, and in the case of domestic violence, the home being a space of violence, danger and threat.

It is clear from participants' narratives that people with disabilities' feelings about safety or unsafety significantly shape their everyday geographies. It is important to state that many people with disabilities did report feeling safe, and feelings of fearfulness did not stop people using specific spaces and places. In other cases, however, these feelings and experiences had the capacity to significantly curtail people with disabilities' rights to occupy and utilise different spaces. Concerns about unsafety and fear of hostility placed significant restrictions on the places and spaces that people with disabilities used: this included bars and nightclubs, shopping centres, specific streets, parks or public transport hubs. Issues of un/safety and hostility therefore have significant implications for disabled people's rights to access and use spaces in the same ways as other citizens.

People with disabilities are constantly aware, particularly in public space, of how they are perceived by others in terms of constructions of their 'vulnerability'. Whether this manifests in paternalistic comments or more outright hostility, many people report operating a vigilance – particularly in public space - where they are continually reminded by others of their 'vulnerability'. In this context, it is evident that people have highly developed spatial strategies and routines to ensure that they feel safe in occupying, or navigating around, different spaces, including learnt transport routes, only going out at certain times of day, having someone accompany them, or even using specific technologies when out and about. People with disabilities develop safe spaces based on having trusted others around, knowing and having control over their environment, and having a routine.

CHAPTER 6: RESPONDING TO UN/SAFETY AND HOSTILITY

6.1 INTRODUCTION

In this chapter, we explore how, if at all, different organisations and agencies are responding to issues of un/safety and hostility in the lives of people with disabilities, ranging from policy and legislation at the national level, through to practices in different local case study contexts. In setting out these responses, we draw on our interviews with practitioners and people with disabilities in the case study areas, as well as with national level organisations. Participants were asked in the interviews about the ways in which issues of safety might be addressed, about current policies and practices, and about what more might be done to promote safer spaces for people with disabilities. Our analysis suggests responses can be categorised into four major themes. The first of these relates to participants' discussions of the role of **policy and legislation**, and in particular, attitudes and understandings of the potential role of hate crime legislation. The second core theme addresses **the approaches and practices of the Gardaí.** Thirdly, participants raised issues related to **planning, accessibility to the built environment, and housing.** Fourthly, some participants – particularly those working in disability organisations at a local level – spoke about work they did with people with disabilities to promote **personal safety** in a wider agenda of community inclusion.

It is important to note that these four areas are not exhaustive, and are situated within a broader question about how participants in the study – including practitioners and agencies working around issues of citizen safety and participation – understand what a safe environment is or should be for people with disabilities. For example, some people raised the issue of needing to change societal attitudes, recognising that responses to un/safety and hostility are not just about working with individuals with disabilities to 'keep themselves safe' (i.e. personal safety measures), but about changing the wider structures and attitudes of society. This is something we address in more detail in Chapter 7.

6.2 POLICY AND LEGISLATIVE RESPONSES

As previous chapters have highlighted, participants acknowledged that addressing issues of safety and hostility was not something that could be easily pinned down in a single policy or piece of legislation, but rather that it needed to be thought about across a range of policy arenas and agencies, as the CEO of one national disability organisation stated: "people with disabilities should be factored into absolutely everything in public policy". People drew attention to a number of pieces of legislation as being significant in terms of issues of un/safety, including the UNCRPD, and the Assisted Decision Making (Capacity) Act 2015 legislation around safeguarding, as well as the Criminal Justice (Victims of Crime) Act 2017.

Crucially, it was recognised that it is important that legislation does not just focus on people with disabilities when they become victims of crime or abuse, but rather that it focuses on preventing these instances happening in the first place by promoting their rights and autonomy. Speaking in relation to the importance of capacity legislation to enhance people's decision-making, for example, and highlighting tensions between approaches which seek to promote autonomy versus those which seek to protect, a national disability organisation representing people with intellectual disabilities said:

> "There's not much point putting in safeguarding legislation or criminal laws, because it's only dealing with the aftermath in lots of ways. We're not equipping people to make good decisions – and I use that term lightly – or loosely, I should say – to make, you know, decisions that would protect themselves in the first place, you know".

Participants struggled to identify gaps in legislation or policy at the national level, or suggest new legislation that was needed (this included hate crime legislation). Rather, they suggested that while there was a lot of legislation and policy that could have implications for, or be used to address, issues of hostility and community safety, the key issue was that it was not always being implemented on the ground, or indeed, sometimes even known about by different agencies. Discussing the *National Housing Strategy for People with Disabilities*, for example, one disability organisation (Area B) stated:

> "We'd say that all of the policy work is now done. Like all the policy is there. There's lot of guidance documents have been established as part of the strategy. The local councils have all come on board with their housing and disability steering groups. They've all written their strategies. They have the housing needs assessment. They will give the numbers of people. And local authorities are being asked to break down the number of people with disabilities who require housing, you know, what they require, who are they, where do they require housing. So all of that sort of groundwork is all now done but there's still no supply".

Others drew attention to a lack of cross-sectoral awareness of different pieces of policy/legislation. One participant from a national disability organisation who had been invited to speak at an event organised by the Gardaí noted that senior members of the Gardaí were unaware of the Assisted Decision Making (Capacity) Act 2015. Meanwhile, legislation in the criminal justice arena for example was not always widely known about or referenced by those in the disability sector. Such observations suggest a need for greater cross-sector awareness in terms of legislation and policy agendas. However, they also point to a need to explore how legislation and policies are being enacted 'on the ground'.

6.2.1 HATE CRIME LEGISLATION

One area of legislation that we specifically wanted to address in the study given current public debates was the area of hate crime. Few disability organisations, people with disabilities, or indeed practitioners mentioned hate crime legislation when asked about potential legislative gaps; rather, it is something we asked participants about specifically. It is important to note in this context that interviews were undertaken predominantly in 2018, prior to the publication of *An Garda Síochána's Diversity and Integration Strategy 2019-2021* which sets out for the first time a definition of hate crime in the State, and arguably also a growing public consciousness around hate-based incidents (not necessarily related to disability) since 2018.

There were very mixed views expressed by participants about what hate crime was and how it should be defined, whether people with disabilities in Ireland were indeed victims of hate crime, or what effect hate crime legislation would have should it be introduced. Some participants, including policymakers, national disability organisations and people with disabilities, did not perceive hate crime to be an 'Irish problem', rather seeing it as something that happened to other groups (particularly the LGBT community, for example), or elsewhere. Perhaps unsurprisingly then, there was considerable ambivalence around the need for hate crime legislation. Some policymakers claimed they were unaware of whether it was needed, some felt that existing laws were already adequate, whilst others said we had to take account of the Irish legal and policy context rather than always looking to other countries such as the UK for legal direction:

> "I'll hold my hand up and say openly that I don't have any idea about the need for legislation, because it's not something that features on our radar so much. Or if it does, we look at it through a safeguarding and abuse filter rather than any of those crimes being hate crimes" (Government policymaker, Health).

> "There's big administration and there's small administration. And we look to the UK all the time and they have all this guidance on hate crime…So you have all these specialisms. And you can afford to have these specialisms in a big country and have detailed guidance…So there's a tradition of writing guidance. Small country – we don't do guidance to the same extent" (Government policymaker, Justice).

Concerns expressed around introducing hate crime legislation related to (i) how to define hate crime and distinguish whether crimes perpetrated against people were motivated by hate (as opposed to perpetrators seeing people with disability as an 'easy target'), and (ii) whether hate crime legislation would further stigmatise people with disabilities. In the case of the former, ambivalence about how to define a hate crime was clearly tied up with constructions of people with disabilities as vulnerable, constructions which as Taylor (2017) has noted, often mean that people with disabilities fail to be understood as having experienced hate crime:

> "I spoke to a couple of people [with disabilities] who didn't feel content where they were living because of the kids. But those kids, I don't know if I would classify it as hate crime because they're doing it because they see somebody who maybe just stands out a bit and is an easy target" (Female, mobility impairment/Director, local disability organisation, Area A).

> "Now I'm not saying it's right. I'm just wondering – like if someone's in a wheelchair and he gets his phone robbed, does he want to go and say 'my phone was robbed off me', and that's it, or does that now go down to us now – his phone was robbed, he was in a wheelchair, so it has to be a hate crime" (Community guard, Area B).

Other people with disabilities had a clearer idea about where the 'boundary' lay for them in terms of hate crime. As a man with a visual impairment who had experienced repeated hostility noted:

> "And see, it takes a while to realise that it's not a bit of fun. Somebody throwing an apple at you, is that hate crime or is it a bit of fun? But when you cross the line of somebody putting their hand in your letterbox, taking your cane and breaking it in three places, that's personal" (Male, visual impairment, Area B).

In terms of introducing legislation, some organisations, whilst being broadly supportive of hate crime legislation, were concerned about what it would do to disabled people's rights and personhood:

> "I think it would be foolish for disability advocates to take disability away if there's going to be a hate crime movement. And if we're going to record things and go down that road, I think it has to be part of the discussion. But at the same time, we are still othering people. So we are still saying that people with disabilities are somebody that, you know, that people could hate, that could be perceived in a hateful way" (Director, National disability organisation).

> "There's two ways of looking at it. One way you're highlighting it in a positive light that this is happening, but then the other light you're highlighting that, well, you're saying that these people are different, you know. So that goes against the inclusion, you know. But then as guards we're looking for—what do you call it—severe punishment for people who attack us, you know. So, yeah, I'm just thinking out loud now". (Community guard, Area B).

In short, it is apparent that there was considerable ambivalence and confusion about both the need for hate crime legislation, what it would mean in practice, and whether it would promote or undermine the rights and personhood of people with disabilities. This suggests a need for greater awareness raising and discussion within both the disability sector and justice arena, about the meaning and definition of hate crime, and the significance of hate crime legislation.

6.3 GARDA RESPONSES

Unsurprisingly given their role in the arena of community safety, our study participants raised a number of issues in relation to the practices of the Gardaí in responding to and addressing people with disabilities' concerns and experiences regarding safety and hostility. These include some challenges raised by people with disabilities, particularly when they have been a victim of a crime, access to communication, as well as the issue of disability awareness and training more generally within the Gardaí. Challenges and barriers in engaging with the Gardaí also co-existed with some participants noting the helpfulness of individual Garda officers, particularly in the context of community policing. Many local agencies working with people with disabilities also reported examples of joint working around issues of individual and community safety.

6.3.1 CHALLENGES IN CONTACTING AND ENGAGING WITH THE GARDAÍ

A major theme raised by people with disabilities was the challenges they faced in engaging with the Gardaí, particularly in relation to reporting an incident. These challenges can be best understood in three overlapping categories.

6.3.1.1 DIFFICULTIES IN COMMUNICATING WITH THE GARDAÍ

A number of people with disabilities, particularly those with visual impairments, and members of the Deaf community, described the difficulties they faced in communicating with the Gardaí. Members of the Deaf community, for example, raised the issue of the lack of access to sign language interpreters, and the difficulty in communicating when having to wait for an interpreter with the Gardaí: "You know, d/Deaf people aren't able to just walk into a police station. We have to wait for a long time, book an interpreter. There's a lot of planning involved" (Manager, national Deaf organisation). Meanwhile, a number of people with visual impairments reported difficulties around how a member of the Gardaí could identify themselves to them (and indeed, other practitioners from state agencies such as public health nurses, for example) if they came to their home, or in a public space. As one participant reported after calling the Guards to her home after a concern that someone might be breaking in:

"I was saying this is really strange now because they're going the send the guards and how am I going to know it's the guards? Or is it the - maybe burglars, you know? And they couldn't understand, the people on the emergency line, how I wanted the guards to ring me from outside the door otherwise they weren't coming in. And they just—'But, sure, you've rang us. You know, you've rang us. If anybody rings on your door it'll have to be the—.' I said, 'No. No.'" (Female, visual impairment, Area A).

Such accounts speak to the on-going misunderstandings, and lack of awareness of, diverse modes of communication.

6.3.1.2 GARDAI NOT RECORDING OR TAKING PEOPLE WITH DISABILITIES' REPORTS OF CRIME SERIOUSLY

One of the main concerns reported by people with disabilities in relation to the Gardaí was that they did not always take complaints seriously, or act on them. Some people with visual impairments felt that they were not seen as credible witnesses because they would not be able to identify the perpetrator, while another participant with an intellectual disability stated:

> "I don't think a person with disability really—it'd be the last resort you would ring the guards, I think, because I think they don't—you know, they don't—They mightn't understand you and they mightn't—If you go to a judge and you go and you say you have a disability, he just goes and—'Oh, yeah, yeah, right, right, you're in [name of institution], that's grand. There you go, son, you're alright.' It's like, 'I don't want to listen to you. Like you've a disability. Bye-bye now. You're grand, you're grand, yeah, that's grand.' That's what I experience" (Male, ID, Area B).

In some cases, there appeared to be confusion on the part of people with disabilities about whether an incident they had reported had been officially recorded and a statement taken. Practitioners working with people with disabilities in the case study areas felt that whilst Gardaí did take reports of incidents seriously, there were limitations about what they could do within the justice system. Talking in the context of people with intellectual disabilities, the representative of one local disability service provider stated:

> "I find with people with disabilities, it's still very hard for them to achieve justice because they're not believed. Because even today I was talking to somebody about a case. My belief and my understanding from the Gardaí is that they absolutely believe the person, they just don't believe that it would stand in court…I don't see any lack of goodwill….I have actually found the guards eager to do right by people with ID. But they're thinking ahead, and they're thinking this will not hold up" (Social worker, Disability service provider, Area A).

This quote speaks to broader issues about the criminal justice system and disabled people's access to justice, which has been shown to present significant barriers to people with disabilities (Edwards et al., 2012). These include everything from a lack of understanding and valuing of people's diverse modes of communication, a failure to deem people with disabilities (and particularly people with intellectual disabilities) as competent witnesses, and lack of physical access to courtrooms. The views of people with disabilities and indeed practitioners in our study seemed to support findings of existing research in this area. Many did not express confidence in the justice system to adequately facilitate and support people with disabilities when they had been a victim of crime.

6.3.1.3 RELUCTANCE OF PEOPLE WITH DISABILITIES TO CONTACT THE GARDAÍ

Related to the two barriers above, people with disabilities and organisations that work with them described the reluctance on the part of people with disabilities to engage with the Gardaí or report an incident. This could happen for a number of reasons, including the difficulties in making contact and communicating with the Gardaí (particularly for the Deaf community and people with intellectual disabilities) or concern about the potential stress of pursuing a case through the justice system. An organisation working with the Deaf community articulated this by saying:

> "Because for a d/Deaf person to walk into X Garda Station and report a serious crime, I mean, they know the world of trouble and hassle and stress that's going to land on top of them. So they have the crime and the pain of that and the loss or the assault or whatever it is and then they have to deal with the guards and solicitors and interpreters, and they've to tell the interpreter and they don't trust the interpreter, and then, you know, they turn on their heel and go home" (Social worker, Deaf organisation).

Others simply reported feeling embarrassed about contacting the Gardaí, as one woman with a visual impairment stated: 'you feel like a bit of an eejit' (Female, visual impairment, Area A).

6.3.2 AWARENESS OF DISABILITY AMONGST GARDAÍ /DISABILITY TRAINING

A lack of awareness or variable awareness of disability across the Gardaí was mentioned by a number of people with disabilities and disability organisations, and was also raised by members of the Gardaí themselves. This lack of awareness could manifest itself in different ways, from practices where participants spoke about guards acting inappropriately (shouting at a person with autism was referred to by one participant, for example), through to paternalistic attitudes whereby people were told "they shouldn't be out by themselves" (Male, visual impairment, Area B).

It is important to note however that participants also reported members of the Gardaí being friendly, approachable, helpful and acting in appropriate ways; many people with disabilities and local disability organisations also suggested that awareness of disability within the Gardaí had improved over time. The key message, however, is that awareness appears to be very variable, with several participants suggesting that further training was required within An Garda Síochána across the force as a whole, and not just in community policing. Members of the Gardaí themselves referred to the minimal training that was delivered in disability at Templemore, and spoke about the challenges they faced because they did not always feel they had the requisite skills to work with people with disabilities.

6.3.3 THE ROLE OF COMMUNITY POLICING & GARDA INTERACTIONS WITH DISABILITY ORGANISATIONS

Disability organisations and the Gardaí themselves spoke about the importance of community guards as often being seen as the first point of contact with people with disabilities in addressing issues of community safety. Several participants commented very favourably on community police, and the role of the An Garda Síochána Access Officer. Other people with disabilities however commented that it was sometimes difficult to identify the community guards, and who it was that they should speak to.

Community guards themselves spoke about how they handled particular incidents involving people with disabilities, which focused around harm prevention. Describing a scenario in their community where young people were involved in anti-social behaviour directed at a person with disability, for example, one community guard said:

> "There was one lady, yeah, and she was getting a little bit of a problem. It was mostly kids calling her names and stuff. But, you know, she told [name] and [name] told me, and I sent the lads down and we identified the kids and we spoke to the parents with the kids…But something like – you know, that's the informal way of dealing – it won't show up on statistics anywhere, if you know what I mean, but that's a job done, a problem solved, you know" (Community guard, Area C).

Community guards also appeared to be active in building relationships and on-going interactions with local disability organisations and service providers. We found numerous examples of the Gardaí working with people with disabilities and disability organisations in relation to issues of safety: this included giving talks, running courses and providing information. Safety in this context encompassed not only measures to safeguard against crime, but also road safety and what to do if they were bullied. Examples of relationship-building included bringing people with disabilities to see the local garda station, or going into congregated settings where people with intellectual disabilities might be moving out into the community and, in some cases, as one guard described, had never seen a member of the Gardaí before. Meanwhile, some community garda spoke about their participation in decision-making fora with local authorities and disability service providing agencies about allocations of local authority housing to people with disabilities. As one community guard stated:

> "We sit down around the table and if there's a house being allocated, nearly in all instances now we sit down…you know, if you're somebody with a disability and they have maybe six houses to give out and there's somebody with disability getting one or with a person with disability where's the best place to site them is or where the best estate is…And…we'd be watching that closely and like you're not going to put them [people with disabilities] into an estate where there's a lot of trouble and a lot of maybe hassle between three or four families fighting or something in there. And you may be aware of connections or, you know—so you're going to put them somewhere—and you're always looking at community safety, you know" (Community guard, Area A).

Within this context, it is notable that relationships across different case study areas could be variable. For example, it was clear in some of the smaller areas that local community garda had a strong local knowledge of and contacts with all the local disability service providers, and knew many of the people with disabilities that lived in their area. While this was seen as a benefit in many contexts, some people with disabilities pointed to the challenges of reporting more serious or sensitive incidents, including domestic violence, in a small community where people – including the Guards – might know you and your family.

6.4 THE BUILT ENVIRONMENT, ACCESS AND HOUSING

Another key area that participants raised in relation to responding to hostility and un/safety was the area of the built environment, housing and transport. Access issues were of particular significance for people with mobility and visual impairments, who noted how feelings of un/safety were closely related to poor access (see Chapter 4). Housing was also a major theme across all groups in thinking about responding to un/safety; this included exploring how people with disabilities access appropriate housing in the first place, as well as its location and design in terms of promoting feelings of safety and security.

6.4.1 ACCESS TO THE BUILT ENVIRONMENT

Multiple participants with mobility and visual impairments in the study spoke about the significance of access to the built environment in addressing concerns around un/safety. Particularly on the mobile interviews we carried out, people were able to indicate to us multiple public spaces where they felt unsafe: this included challenges with crossing roads, where signals were not working properly, poor or unclear crossing design, as well as significant street furniture blocking their way so that it was difficult to navigate pavements. Many people with mobility and visual impairments spoke about the important role of local authorities here, and the role of the access officer. Some people with disabilities spoke about having been involved in consultative fora with local authorities. However, others said that they felt their views had not been taken on board. Particularly where large scale public realm projects were underway, people with disabilities expressed a need for greater consultation, and stated that their concerns had not been listened to. There was also an acknowledgement that certain policies and initiatives around the built environment had actively hindered people's safety. For example, a representative of an organisation working with people with visual impairments stated:

> "And I suppose some of the policies that have been developed around changing the physical environment really haven't helped that for somebody with a visual impairment. Like the whole idea of shared space and there being no kind of differentiation between path and road. That doesn't work for people really who are visually impaired. It doesn't work" (Policy Officer, National disability organisation).

As was highlighted before, lack of access, and barriers in the physical environment, had a very real connection with people's senses of safety and un/safety. There are however on-going issues in terms of how local authorities and planners who are charged with promoting access for all, and a safe, secure and welcoming environment within the public realm, convert these policy statements into practice.

6.4.2 RESPONSES REGARDING HOUSING

Responses to the issue of un/safety in the context of housing was a recurring theme throughout the study. Our research revealed a number of people with disabilities who were living in unsuitable housing which contributed to their senses of un/safety, and people with disabilities who for reasons of limited income, had very little, if no, choice in their housing options. Issues around housing also emerged in discussions about decongregation.

6.4.2.1 ACCESS TO AND LOCATION OF HOUSING

Issues raised related to the need to improve access to local authority housing through the waiting list, and to increase awareness amongst local authority staff about the requirements of people with disabilities (for example, "Trying to get into their heads that not everybody with a disability moving into one of their properties needs an adaptation, you know" (National policymaker, Housing), as well as changing stereotyped and discriminatory attitudes: this included amongst landlords in the private rented sector who were reluctant to rent their properties to people with disabilities, but also the attitudes of the wider local community towards people with disabilities. Disability service providers who were seeking to acquire accommodation in the process of decongregation also spoke about ensuring that housing was located in the community near services, and the difficulties of acquiring suitable housing in a market that was already very challenging for multiple groups in society. One disability service provider (Area A) noted how community housing was often on the outskirts of rural towns, which created a challenge in terms of access to transport and facilities.

As Chapter 5 showed, people had an awareness of the significance of the type of area where housing was located, and spoke also about the importance of paying attention to very specific design features in terms of the immediate locality of the home. In one of the case study areas, where there had been a long history of a disability service providerr acquiring properties in the community, the issue of location of housing was not perceived as problematic; as they described their properties, "Some are in quite settled areas and some are in the newer estates out towards the edge of town. So we've been fortunate, I suppose, within our houses and the estates. I couldn't say we've ever had an issue" (Disability service provider, Area C). For others, there were clearly more challenges, and this included trying to secure housing in 'popular' areas. A local authority officer working in housing in one of the case study areas, for example, noted how there appeared to be very little demand from people for disabilities for a brand new development with a number of accessible units which was located in a particularly deprived area of the city, an area that was often perceived to be unsafe: he felt that the perception of the area as 'rough' or unsafe could be preventing people from applying for accommodation in that locality.

6.4.2.2 HOUSING, DECONGREGATION AND COMMUNITY SUPPORTS

Debates about housing responses and the relationship between housing and wider community supports emerged strongly in discussions about decongregation. Concerns were raised by some disability service providers that the drive towards decongregation may not suit all people, and that issues of community safety in terms of location and type of housing, as well as broader community supports, had not necessarily been well-planned in advance. These issues were particularly raised by those agencies working with people with intellectual disabilities. One disability organisation in Area A encapsulated this by stating:

> "We get fixated on the house at times, because that's where the finance… You know, you get your money to do that and you go and you buy the house. But what's going to happen for these three or four people living there and how are they going to be connected and really supported? How are their community going to embrace them, support them, if it's not a slow, steady process to developing relationships? And everything, everything, as we know, is about relationships. So relationships take time to build, take time with the community… Because again I think that a lot of what we've seen coming from the UK is that people have built relationships but they're not necessarily relationships that are safe or that, you know, anchor people securely, which is, you know, what the whole hate crime element and discussion has emerged from as well" (Manager, disability service provider, Area A).

Other participants also raised issues about how, if a transition was not managed well and without necessary supports, people could end up feeling isolated, insecure and unsafe, particularly where they might be living in a flat or house by themselves:

> "So I honestly believe there's not one shoe fits all, that it's very individualised so people have genuine choices and have genuine supports. So if somebody would like to live in a studio apartment downtown in [name], fantastic, provided they know they can flick a switch and get somebody in there in two minutes if something goes wrong or if they're scared or whatever, or they have their family checking in, or they have enough support with budgeting. You know, we have token, we have support hours, support workers go in, but is it enough? It's not on need, it's based on money" (Senior clinician, disability service provider, Area A).

For others, while moves to community living were very much welcomed, they also suggested that there might need to be more forethought regarding location of housing and community supports:

> "We've pushed people out to the community with New Directions. It can be a great concept, but I suppose our fear is that the development of other people around weren't there at the table. So the guards, other agencies should have been there before people were put into the community, because some people are great and they have great support, but then I think the community aren't ready for people. The infrastructure, as I was saying, in the community it's not there either. You know, we have—I know the houses that they're doing up, but where are they being located?..Is the bus service quite close to them? Can they actually be independent?" (Community worker, disability organisation, Area A).

In short, while people with disabilities and disability organisations generally supported the decongregation agenda, they had concerns about how it operated on the ground, and what this might mean for people with disabilities' senses of connection, security and safety in the places they were living.

6.4.2.1 HOUSING LOCATION AND DESIGN

In relation to housing which created a sense of security and a safe environment, some participants spoke about very specific design details and site issues in terms of selecting housing. For example, one national housing organisation spoke about avoiding houses in locations where people with disabilities might have to pass areas where people – including young people – congregate, or sites next to alleyways:

> "Areas for congregation I think, where young people can congregate, I think particularly for people with disability where it might take them longer to get past that or whatever… Like sometimes, you know, I'd be going past some of the kids, you know, even I'd be kind of going, 'Jesus, now, I'd prefer not to have to walk past these lot.' Because you don't know. Like the majority of them are fine, but all you need is one. Then if you're somebody with a disability it takes you that bit longer to get past them or you may have something that they snigger at or that… you know" (National policymaker, Housing).

Others spoke about the importance of ensuring that houses where people with disabilities were living were not labelled or identifiable in anyway (for example, by equipment or furniture outside the house): "Like the most important thing I think is for us to try and get houses that are exactly the same as every other house on the road. If it has to be adapted, adapt it internally or to the rear so that it's not a case that, you know, as you're driving along you go, 'Oh, that's a different house. Oh, I wonder who lives in there.' You know?" (Social worker, disability organisation, Area B). This issue was also raised by a participant with disabilities and manager of a disability advocacy organisation who spoke about how in cases where a personal assistant might be coming to the house of a person with a disability, that they would not wear uniform to identify the home as somewhere where a person with a disability lived.

6.5 PROMOTING 'PERSONAL' SAFETY

A number of agencies we spoke to in the three local case study areas – and people with disabilities - spoke about initiatives they had been involved in regarding 'personal safety'; this was particularly the case in relation to people with intellectual disabilities, and those with autism. Agencies described having run training and awareness courses around issues to do with safety, including bullying, 'stranger danger', and road safety. Interventions such as these tended to be understood more in the context of risk management, particularly in the context of decongregation:

> "I think it's probably under that risk management heading, you know, if you look at it from that side. So if you have somebody moving offsite, so whether it's one person, say, moving out of a residential or moving from a campus base, I think for us it's looking at it with our risk management head on. You know, you're going, okay, well, if there was lots of support structures here and they're moving from A to B and you're looking at, well, what are the risks there—you know, can they go out alone? You know, is there peer abuse issues? Is there road safety issues? You know, so you're looking at that—I suppose it's embedding that risk management head on without it stopping a person, but just putting the safeguards in place. So it is more training that they know their route? Is it more training that they know that social piece if you're sitting in the pub having the chat with somebody? It's those smaller things" (Social worker, disability service provider, Area C).

One organisation working with people with visual impairments spoke about their work in running self-defence classes, as they stated: "We put out a questionnaire as to whether people would like to take part in self-defence courses, and that's when people said, yeah, I feel quite vulnerable, I would like to do that. And we got quite a high uptake, so we ran a self-defence course" (Disability organisation, Area B). Another agency spoke about their work supporting people with intellectual disability and autism by using a process of 'community mapping', in which they constructed maps and models of their local community – including key landmarks - to help them navigate around their localities, as well as gathering pertinent information they might need, such as telephone numbers. They also spoke about developing strategies in cases where the sensory environment and interactions could promote challenges and anxiety for people with autism. Describing strategies on public transport, for example, they stated:

> "We've had people who'd use public transport, you know. But space and feeling crowded in would be important. So we'd do strategies like, okay, well, carry a bag and put the bag beside you on the seat and people will be less likely to sit beside you, so you'll have that space in the bus. You mightn't be advertising that you'd say that to the bus companies, but, you know, that can give people more space and make it possible for them to travel independently" (Manager, disability organisation, Area C).

In one case, an agency had also developed an initiative to support people to feel safe in their locality through a 'Here to Help' scheme in their local shopping centre. Much like the Safe Places initiative in the UK (see for example, https://www.safeplaces.org.uk/), in which shops and businesses sign up to be safe places in situations where a person with a disability feels under threat or unsafe, shops within the centre displayed stickers in their windows. As the representative from the organisation described it: "I think a lot of it was trying to promote kind of social activity for the people that were coming to the service during the week and then on a Saturday that they could meet up, you know. The shopping centre would be a safe space. You know, so the background work was done with the various shops and for our guys that if the sticker was there that they knew there was a connection" (Social worker, disability service provider, Area C).

6.6 CONCLUSION

It is clear that participants in our study felt that responding to un/safety and hostility in the community involved a number of different types of responses or action. While some of these responses had involved focusing on the individual in the context of personal safety, 'community safety' was understood as something more complex to address. As one disability service provider working with people with intellectual disabilities in Area C stated: "The other bit in relation to safety in the community is non-tangible, so it's going to take more work. Because you can have your script but then something else might be thrown in the mix". Referring to their work with people with intellectual disabilities in terms of training them how to respond to 'stranger danger', for example, their statement draws attention to the range of other contextual factors that can impact on experiences of safety in different places. Indeed, what is clear is that it is not sufficient to focus on responses that just target the individual (such as providing self-defence training, or health and safety training); rather, responses have to challenge some of the broader structures and attitudes of society that can shape people's feelings of unsafety, as they are embodied in for example, the built environment, attitudes of local communities, and approaches of law enforcement agencies. One of the participants encapsulated this by stating: "And I suppose it's not just about the personal safety or feelings of being confident or safe. There's also the whole community bit and how well people connect into a community or how welcoming a community can be to an individual". Such statements point to broader issues around challenging societal attitudes towards disability, and making communities welcoming spaces.

As the chapter has shown, these responses that move beyond the individual range from what might be termed the preventative – ensuring people live in appropriate housing or locations where they feel safe, or safe built environments or indeed transport systems – through to those which actively address people's feelings and experiences of unsafety and hostility when they become a victim of crime. In this context, it was clear that participants did not necessarily feel there was a need for new policy or legislation (with the exception of discussions around hate crime legislation), but rather a need to ensure implementation of policy and legislation on the ground, as well as a need to promote cross-sector awareness of existing policy and legislation. Clearly however, there remains an important need to raise awareness of and improve training around disability issues within the Gardaí, whilst many agencies involved in processes of decongregation felt that there could have been greater recognition of issues relating to community safety in the process of transitioning people from institutionalised settings.

CHAPTER 7: TOWARDS SAFE(R)SPACE: CONCLUSIONS & RECOMMENDATIONS

7.1 INTRODUCTION

This chapter draws together some of the key findings from the study, and outlines a number of recommendations. As a feeling or emotional state that is not easily quantified or easy to express, fear and safety do not always map coherently on to specific policies or solutions. However, as we have shown, these feelings, including perceptions about whether particular places are safe or unsafe, have very real consequences for the way in which people with disabilities live their lives, and their rights to access spaces and places; never is this more so than in cases where people experience specific acts of hostility. In responding to unsafety and hostility, then, and the right of all citizens be able to access and occupy different spaces, we have to recognise the complexity of factors that contribute to these feelings, perceptions and experiences, which necessarily have implications for a range of agencies and institutions.

We divide our discussion in this chapter into three sections. In the first, we summarise some of the key points from the study about disabled people's understandings of unsafety and the impacts it has on their use of everyday spaces. Secondly, we summarise what the study tells us about what safe(r) space might look like for people with disabilities. Finally, we set out some tentative recommendations regarding how we might promote ways to enable people with disabilities to lead safe and secure lives in the community.

7.2 MAKING SENSE OF PEOPLE WITH DISABILITIES' GEOGRAPHIES OF UN/SAFETY

The study revealed a number of key points about how people with disabilities make sense of safety, and the ways in which it has consequences for their understanding and use of different spaces and places. The key findings can be summarised as follows:

- **People with disabilities make sense of safety and unsafety in multiple different ways.** The presence or otherwise of people in spaces, distinguishing between threatening and trusted others, physical access and communication issues, and assistive aids and technologies all contribute to feelings of safety or unsafety.

  These understandings vary between impairment: for example, people with mobility impairments and visual impairments spoke particularly about the physical environment, as well as how supports like white canes or guide dogs could mark them out as different. Different elements interact with one another to contribute to feelings of un/safety: for example, an uncertainty about the physical environment, combined with the absence of people, could make someone feel very unsafe. People with disabilities should therefore not be seen as inherently unsafe; rather safety is relational and dependent on different contexts.

- **Many people with disabilities in the study, and those that work with disabled people, reported incidents and experiences of hostility.** This ranged from more extreme instances of physical assault, to theft of mobile phones, domestic violence, sexual assault, financial abuse, through to what we might term 'micro-aggressions' such as name-calling, teasing on the street, or being inappropriately questioned.

- **People with disabilities' feelings about safety or unsafety shape their everyday geographies, and have the capacity to significantly curtail their rights to occupy and utilise different spaces.** While it was not the case for all people, concerns about being unsafe placed significant restrictions on the places and spaces that people with disabilities used: this included bars and nightclubs, shopping centres, specific streets, parks or public transport hubs.

- **While the home is a safe space for many people with disabilities, others do not view it as a space of security or refuge:** reasons for this include a lack of physical access/adaptation, fear of break ins, particularly if they are living alone, and in the case of domestic violence, the home being a space of violence, danger and threat.

- **People have highly developed spatial strategies and routines to ensure that they feel safe in occupying, or navigating around, different spaces,** including learnt transport routes, only going out at certain times of day, having someone accompany them, or even using specific technologies when out and about. Issues of fear and safety had also shaped decisions about where to live, where this was an option financially.

- **People with disabilities are constantly aware, particularly in public space, of how they are perceived by others in terms of constructions of their 'vulnerability'.** Whether this manifests in paternalistic comments or more outright hostility, many people report operating a vigilance – particularly in public space - in a context where they are continually reminded by others of their 'vulnerability'.

- **People with disabilities develop safe spaces based on having trusted others around, knowing and having control over their environment, and having a routine.** Within public spaces, for example, people with disabilities return to places where they are known – such as shops or restaurants – and where they know they will be welcomed.

- **Many people with disabilities do not report confidence in communicating with or accessing the Gardaí around issues of safety and unsafety,** either in the context of being unsure who to contact, feeling confident that they will be able to communicate with them, or that their concerns will be taken seriously.

7.3 WHAT IS SAFE(R)SPACE FOR PEOPLE WITH DISABILITIES?

A key question for the study was seeking to understand what safe(r) space for people with disabilities might look like, or be understood. Drawing on interviews from across the study, including people with disabilities, policymakers and practitioners, safe(r)space was described as:

- Feelings about a place, and a sense of security. As one participant said "It's where you feel relaxed, comfortable, you don't feel at risk of something happening to you", or a state of mind: "Safety is a feeling. The person would feel secure in the world they live in. That's safety".

- Having social networks, trusted people to talk to, knowing who and where to turn to in cases of un/safety and knowing that concerns will be taken seriously. Participants also raised the importance of a sense of inclusion, of being accepted by others, and being part of a local community.

- The empowerment of people with disabilities: that people with disabilities have a say in matters that affect them, are listened to, and have choices around the spaces and places that they use - from their body as a space (bodily autonomy) through to how they live and use different public and domestic spaces. Safety was understood as having control over one's life.

- Spaces with access to the built environment, appropriate housing, including choice around housing options, as well as the provision of necessary support services for people with disabilities, where required.

7.4 RESPONDING TO UN/SAFETY AND HOSTILITY: RECOMMENDATIONS

> "So I think there's two things that have to happen. I think we have to help prepare the people with disabilities who are moving out into the community so that they understand what it's okay to do in relation to their own space; when they're not comfortable what it is they do to report it. We also on the other hand need to make sure that our education system prepares our young people as they go through education not to pick on people like that. So the more integrated schools are, the more people accept" (Policymaker, Heath).

In this section, we set out some broad recommendations based on the findings from the study. Responses to issues of safety (particularly ideas of 'personal safety') often hinge around changing the specific behaviours of individuals. However, as the quotation above attests to, this does not address the root cause of many people's feelings of un/safety, which often relate to dominant societal attitudes in which people with disabilities are 'othered' in society, as well as barriers in the built environment, transport and housing, and by agencies and institutions. Therefore, while it is crucial that individuals have specific individual strategies to live safely – including knowing who to contact if they feel unsafe at any time – many of the recommendations here relate to how broader societal structures and agencies should respond.

The key point here is that responsibility for 'staying safe' should not solely be placed on the shoulders of people with disabilities by modifying their behaviours (for example, by not going out at night, or not using a white cane because they feel like they may be targeted). Rather, it requires a community awareness and response, and change in attitudes towards people with disabilities.

7.4.1 RAISING AWARENESS OF ISSUES OF DISABILITY AND HOSTILITY AND UN/SAFETY

It is apparent that at a national level particularly, but also amongst agencies working in localities, there is a need for greater awareness and discussion of issues of hostility and un/safety as they are faced by people with disabilities. A number of national disability organisations and policymakers said they lacked knowledge about the issue, and there was a strong discourse around hostility as something that happened to other groups, or in other places.

How these issues are 'named' is important, but also complex: in a context where work around safety and disability is often construed in the context of safeguarding, participants suggested we need to find another way to speak about safety that does not associate safety with vulnerability and control, which has been so much a feature of the lives of people with disabilities.

Agendas around re-defining 'community safety', as set out in the Report of the Commission on the Future of Policing (2018), may be a space to address the experiences and needs of people with disabilities. However, it is important again that people with disabilities do not become constituted solely in terms of their vulnerability, or an 'at risk' group. The language of 'vulnerability' in relation to disability remains a dominant one, for example in recent documents from the Gardaí.

In relation to hate crime legislation specifically, there is a need to raise awareness of, and consult with, people with disabilities, their organisations, and indeed law enforcement agencies. Many people with disabilities, disability organisations, and members of the Gardaí expressed being unsure about how to define hate crime in the context of people with disabilities, and what effect it would have in terms of disabled people's personhood.

Finally, there is also a need to recognise specific forms of crime as they impact on people with disabilities. Domestic violence is one example where there has been little focus on how it is experienced by people with disabilities. It is apparent that the experience of impairment can create further difficulties and barriers for people with disabilities who are already living in very traumatic and violent situations.

7.4.2 GARDA RESPONSES TO PEOPLE WITH DISABILITIES

It is clear from our study that responses to safety and hostility have implications for a range of different agencies. However, where people do feel unsafe, and in terms of 'keeping safe', relationships with, and having confidence in, the Gardaí are key. There remains significant work to be done to raise awareness of disability across the Gardaí so that they are better able to respond to the needs of people with disabilities: this was something raised not just by people with disabilities and disability organisations, but by members of the Gardaí themselves. This includes:

- Greater disability awareness training within the Gardaí;
- Clearer access/reporting procedures that take account of people's diverse modes of communication, including for the Deaf community, and people with visual impairments;
- Having a clear point of contact in a community for people with disabilities if they feel unsafe: this is particularly important given that many people felt uncomfortable contacting the guards. It is important people know who to contact if they feel unsafe.
- Improving cross-agency working between the Gardaí and other agencies involved in community safety, including local disability organisations.

7.4.3 ACCESSIBILITY TO THE BUILT ENVIRONMENT, HOUSING AND TRANSPORT

Accessibility continues to be a huge part of many disabled people's experiences of un/safety, and while this may appear to be a separate issue to feeling unsafe in the context of being a victim of crime, this research has shown that the two are inherently connected. It is therefore vital that improvements to the built environment in terms of access – but also safety – are pursued, as is set down in the *National Disability Inclusion Strategy 2017-2021* and relevant legislative frameworks.

Ensuring people with disabilities have access to safe, secure housing also emerged as a key part of understandings of safety. Where people were housed in unsuitable accommodation, or where they felt isolated, this could lead to senses of unsafety, and a heightened fear about living in the community. In relation to the decongregation agenda in particular, there is a need to consider issues of community safety and hostility in planning transitions.

Local authorities, housing providers, and disability service providers, as well as transport providers, all have a role to play here in ensuring people with disabilities are able to access and utilise spaces in the same ways as other citizens.

7.4.4 CHALLENGING AND CHANGING COMMUNITY ATTITUDES

There continues to be a need to challenge attitudes amongst the general public, and in specific localities and community settings, around people with disabilities. The reporting of incidents to us in the study – for example of 'kids' throwing stones in housing estates, or sexual harassment – speak directly to the ways in which members of the general public understand people with disabilities, and the discriminatory attitudes which exist. Some disability service providers spoke about how neighbours did not want a house with a disabled person living in it, whilst others pointed to discriminatory attitudes of landlords in renting their house to a person with a disability. An important part of community safety, then, is challenging such attitudes and stereotypes, such that local communities become welcoming places for people with disabilities.

APPENDICES

APPENDIX A: TOPIC GUIDE FOR INTERVIEWS WITH PROFESSIONALS

Disability and the creation of safe(r) space: interview topic guide
Professionals

1. INTRODUCTION

Explain about the project. Obtain information on role of the individual and the organisation they work for. Aims/priorities of the organisation.

a) Do you or does your organisation have a particular understanding of or definition of disability that you/it works with? If so, what is it?

b) Have you or your organisation conducted any work around the area of disability and community safety (e.g. campaigns, provided advice, developing policy, responded to incidents)? If yes, what?

c) Have you been engaged in working with other agencies around these issues? If so, which organisations? In what capacity? Are there any local fora that look at this issue?

d) Have you or has your organisation had direct experience of working with people with disabilities who have experienced hostility and violent crime? If yes, in what capacity?

e) Are you aware of, or have you used, any information/statistics on the issue in your own work?

2. PERCEPTIONS OF PEOPLE WITH DISABILITIES, HOSTILITY AND FEAR OF CRIME

a) What is your experience of or understanding of how people with disabilities use, or sense of, different spaces e.g. domestic spaces, public spaces, using public transport, in the context of fear of violence/ intimidation/hostility?

b) Have you engaged/worked with people with disabilities who have experienced hostility, violence and/ or expressed fear of violence or hostility? If so, in what capacity?

c) From your experience/knowledge, to what extent do you think that people with disabilities are more likely to be targeted on the basis of their identity (i.e. bias-related hostility or 'hate' crime) than other groups?

- Do you see people with disabilities as at more or less risk than other groups in society? If yes, what things make them more 'at risk'?
- What barriers might they face that may make them more likely to experience hostility and crime?

3. UNDERSTANDING THE RELATIONSHIP BETWEEN DISABILITY, SPACE AND SAFETY

One of the key aims of the project is to explore disabled people's relationship with different spaces and places, and also how we might think about what safety and safer space mean in that regard (and also how hostility, or fear or violent crime, affects disabled people's relationship with different spaces and places).

a) To what extent do you think attitudes towards people with disabilities affects people with disabilities in terms of their safety in different spaces?

b) In your experience of working in this (geographic) area, what do you think are the factors that affect, or may affect, people with disabilities' use of, or sense of, different spaces e.g. domestic spaces, public spaces, using public transport in terms of their everyday lives?

- Are those factors particular to this area? Why? Why not?

c) What is your understanding of what a 'safe' environment or space is for people with disabilities?

- What factors contribute to it being 'safe'?
- How should we think about/define 'safety'?

d) To what extent, do you think, has safety and fear of violence/crime with specific regard to people with disabilities, been integrated/incorporated into contemporary strategy and policy measures (Community policing, local planning etc)? If not, why not? If yes, what are those measures and how are they being implemented?

4. RESPONSES TO DISABILITY AND VICTIMISATION, AND THE CREATION OF SAFER SPACE.

a) To what extent do you think there is awareness amongst professionals (Guards, social workers, community workers etc) and locally of hostility and crime as it is experienced by people with disabilities?

b) To what extent do you think that agencies, including the criminal justice system (e.g. Gardaí, DPP), respond to victimisation as it is experienced by people with disabilities?

c) What agencies or organisations do you think should be involved in promoting the safety of people with disabilities in relation to hostility and intimidation?

d) How do you think agencies or organisations should respond to the issue of safety for people with disabilities in different spaces e.g. domestic spaces, public spaces, using public transport?

- Should this take place at a local/national level?

e) Are there particular initiatives or pieces of policy/legislation/ which you think are relevant to supporting people with disabilities to live safely in the community? e.g. *Garda Charter, Housing Strategy for People with Disabilities; Time to Move on from Congregated Settings; etc*

f) Are there ways in which you think particular initiatives or pieces of policy/legislation might be strengthened in Ireland to support people with disabilities in particular to live more safely/address fear of violence and intimidation?

g) Are there other measures you think would be relevant to support people with disabilities to engage safely in everyday spaces e.g. in urban planning, spatial design, creation of 'safe spaces'?

h) Are there other ways in which 'safer' spaces for people with disabilities might be promoted?

i) Do you have any questions for us?

APPENDIX B: TOPIC GUIDE: PEOPLE WITH DISABILITIES

1. INTRODUCTION

Explain about the project and reminder (if required) about confidentiality, recording of data, interview format and photos/images.

One of the things we are trying to understand in this project is to get a picture of the different backgrounds people with disabilities come from. This includes education, training, living arrangements and so on.

a) Can you tell me a little about yourself? Background (including education); age range; employment; family; current living arrangements; service association.

b) What are your interests/hobbies? How did you get involved in those interests/hobbies? What do you like about them?

2. SPACES THAT PEOPLE WITH DISABILITIES USE REGULARLY.

One of the key aims of this project is to understand what kinds of spaces people use regularly, whether that is daily, weekly, monthly.

a) What is your typical day or week like?
- Daily tasks and activities e.g. shopping, cooking, banking ….
- Do you attend a service?
- Go to work/college/other training or educational facility?
- How do you get there? Public Transport (probe arrangements)? Taxi? Other?

c) Where do you live? What do you like about the area where you live? What do you dislike about the area where you live?

d) Do you live with family, friends, share a house or another arrangement? Does this arrangement suit you? Would you or would you not change it? Why/Why not?

e) Do you have hobbies or activities that involves you meeting other people regularly? If yes, what are they? Where and how do you meet others?

f) Do you need support to get things done or get around on a daily and weekly basis (friends, family, neighbours, community, services)? What kind of support do you need? Who provides the support you need? How you feel about the support you get?

g) Are there places/spaces you do not use or go to? Why don't you use those places/ spaces?

3. SAFETY AND FEELING SAFE IN DIFFERENT SPACES.

As part of the research, we are trying to understand how safe people with disabilities feel in different spaces and what makes people feel safe or unsafe and why.

a) How would you describe what is like to feel safe?

b) Where are the places you feel safest? Why do you feel safest in those places? Why do those places feel safe to you?

c) Are there places where do you not feel safe? Where are those places? Why do you feel unsafe there? What would make those places safer?

d) How would you describe what is like to feel unsafe?

e) Have you ever been in a place or places where you felt fearful or were harassed or experienced crime? (If the answer to this question is 'yes', then go to Section 3 (1))

3 (1). FEELING UNSAFE IN DIFFERENT SPACES.

a) If yes (to 3(e)), could you describe where you were and what happened/why you felt fearful?

b) Why do you think that event or those events happened/or you felt fearful?

c) Did you report what happened to anyone e.g. Guards? If yes, what did they do?

d) How do you feel the Guards (or whoever to whom report was made) responded to you and your experience of fear/harassment etc.?

e) Did you contact any support organisations?

f) If something similar happened again, who would you go to? Why?

g) Have you returned to the place(s) where the event(s) happened/where you felt fearful? Why? Why not?

h) How do you feel now about what happened? (Probe: Has it changed routines, behaviour?).

4. CREATION OF SAFER SPACES.

One of the things this research project is aiming to do is to explore the potential for 'safer space' initiatives for people with disabilities and who might be involved in creating safer spaces.

a) If you felt unsafe in a space (home, transport, service etc), would you speak to someone about that? Who would that be? Why would you refer to them?

b) Who do you think is responsible for safety in different places? Services? Work? Transport? Public spaces?

c) What do you think could be done to make people with disabilities in particular feel safer in different spaces?

d) Have you got any advice for people like the Guards, bus drivers, people who work in services like education etc. about how to make people with disabilities feel safe or safe(r)?

e) Have you got advice or questions for us?

APPENDIX C: EXAMPLE RECRUITMENT DOCUMENTATION (INFORMATION SHEET AND CONSENT FORM)

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

DISABILITY AND THE CREATION OF SAFE(R) SPACE
A 2-year research project funded by Irish Research Council's 'Research for Policy and Society Scheme 2016'
(2017 – 2019)

What is the SAFE(R)SPACE project about?
The recent move in Ireland to enable people with disabilities to live independently and be included in the community has raised questions about how safe or unsafe people with disabilities feel living in and moving around different spaces and places in these communities, particularly in light of fear or experience of crime, violence or harassment. This project aims to explore the relationship between disability, space, and safety by investigating:

1) how people with disabilities understand and view safety and unsafety in public and private spaces and how this affects what they do and where they go on a daily basis, and

2) how agencies concerned with community safety might facilitate the creation of 'safe(r) spaces' which enable people with disabilities to live in different places without fear.

SAFE(R)SPACE is a 2 year research project funded by the Irish Research Council based in the School of Applied Social Studies/Institute for Social Sciences in the Twenty First Century (ISS21), in UCC. Dr. Claire Edwards is the Principal Investigator of the project.

Why have you been asked to take part?

You have been asked to take part in Phase 2 of the project, which is exploring how people with disabilities understand and experience safety and (un)safety in various community and local areas, including public spaces and private spaces of the home. Participation will involve:

- One semi-structured interview, which should not last any longer than 1 hour. If you agree to take part, we will arrange a time and place for the interview that is accessible, comfortable and convenient for you. The interview will be private but if you would like or need support such as a PA, friend or family member to accompany you, we would be happy to accommodate that. We will cover the cost of any reasonable accommodations, such as sign language interpreting, for interviewees who need them. We will discuss, agree and arrange any accommodations before the interview.

- One of the research team accompanying you when you go out in your local area, to talk with you about how you get around, and how safe you feel in different parts of your neighbourhood. This should not take any longer than an hour.

- Taking photos and/or images of places in your community where you feel safe. We will supply the camera and take care of any costs for photos/images.

Please note that there is no obligation to take part, and participation is completely voluntary. Even if you have agreed to participate, you have an option to withdraw beforehand. You may also withdraw 2 weeks after your interview, in which case your interview data will be destroyed.

What will happen to the information I give?

All data provided by participants will be anonymised, and treated confidentially within the research team for the duration of the study. It will be stored in a secure folder on the University's server. On completion of the project, it will be retained for minimum of a further ten years and then destroyed. Any transcripts of interviews will be returned to you for checking first. We may to wish to use anonymised quotations from individuals in writing various publications. We may also wish to use any photos/images you take during the research process. The photos/images will not be attributed to you, so as to disguise your identity, and we will check with you about whether you are happy or not for us to use the images.

Who has reviewed this study?

This study has been reviewed and approved by UCC's Social Research Ethics Committee.

How will the research findings be used?

The data gathered from the project will be used in a number of different ways, including in the writing of academic articles, and reports for policymakers, disability organisations, and people with disabilities. A key aim of the project also is to host local and national network events, as a way of bringing people with disabilities together with those working in the justice, health, environment and planning sectors, to explore the potential for 'safer space' initiatives for people with disabilities. Your input in this research will very much help us build towards these discussions and initiatives, and we will alert you to these events should you be interested in attending.

Further Information

At the end of the interview, we will discuss how you found the process of answering questions about your experiences of safety and (un)safety. If you experience any upset or distress during the interview or research process, we will consult with you about how best to support you and supply you with a list of support organizations and contact numbers.

If you need any further information about the project, please do not hesitate to contact a member of the research team:

Principal Investigator: Dr. Claire Edwards at claire.edwards@ucc.ie, Tel: 021 4902313.
Project Officer: Nicola Maxwell, n.maxwell@ucc.ie, Tel: 021 4902612

We very much hope you will feel able to participate in the project.

CONSENT FORM

I……agree to participate in the project 'Disability and the creation of safe(r) space'.

- The purpose and nature of the study has been explained to me in writing and verbally.
- I am participating voluntarily (it is my choice).
- I give permission for my interview with …….to be audio-recorded.
- I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.
- I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.
- I understand that anonymity will be ensured in the write-up by disguising my identity.
- I understand that disguised extracts from my interview may be quoted in future reports and publications if I give permission below (please tick one box):

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: …….…….. Date: ……..…

PRINT NAME: …….…….

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