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sportscotland’s project team for the study included Jon Best, Heather Lowden and Gavin Macleod.

The report was edited by Jon Best.

Further Information

This report is available on sportscotland’s website:

www.sportscotland.org.uk

A summary version of the report has been published (sportscotland Research Digest no. 57) and is also available on the website.

Scott Porter were also commissioned by sportscotland to undertake a parallel investigation into issues and barriers around sports participation by people from ethnic minority communities. The main (Research Report no. 78) and summary (Research Digest no. 58) reports have been published by sportscotland and are available on the website.

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CHAPTER 1: INTRODUCTION

Background

One of the three visions of Sport 21, the national strategy for sport in Scotland, is to develop "a country where sport is more widely available to all" (Scottish Sports Council, 1998). Part of this vision is the targeting of particular population groups, in order to increase the numbers participating in sport by 2003. One focus is people with a disability.

Whilst it is acknowledged that those with disabilities in Scotland are disadvantaged in terms of participation in sport, whether that be competitive sport or more recreational sports activity, not enough is currently known about the barriers faced. Accordingly, sportscotland commissioned research to explore the overall issue of participation in sport and physical recreation by people with a disability. It was intended that the research would provide sportscotland and associated organisations with clear direction as to strategies for encouraging participation in sport. This report describes the findings of the research study.

Research Aims

The main aim of the research was to provide direction for increasing access to sport amongst people with a disability in Scotland. This remit includes the wide spectrum of sports participation, from the ‘elite’ sports person to someone taking part in light physical activity for recreational purposes.

Five elements were identified as essential for sportscotland in terms of delivering against this overall objective. The first was identified by sportscotland as the key output of the research:

- To provide sportscotland with an insightful and actionable strategy that will eliminate the current barriers to sports participation amongst people with a disability.

Other specific outputs of the research were to provide sportscotland with the following:

- An understanding of the barriers faced by people with a disability with regard to participation in sport.
- Examples of good practice.
- A comprehensive list of key indicators of good practice in relation to encouraging participation amongst the target groups.
- Guidance on future research needs in terms of collecting baseline data for monitoring participation levels amongst the target groups.

Methodology

Given the nature of the research objectives, a qualitative approach was considered most appropriate in terms of meeting the bulk of the stated research objectives. The research programme also included a desk research component.
An overview of the methodology is provided below in diagram form:

A dual methodology amongst people with a disability was undertaken, consisting of both workshop days and individual depth interviews. Interviews were also carried out with professionals involved with people with a disability and/or sport. These were informed by desk research and the assistance of a specialist consultant.

Workshop Days. This approach involved a researcher being based for a full day at a place where people with a disability meet, such as a community centre or support organisation. The workshop days were structured to accommodate the individual needs of participants. As such, they consisted of a combination of individual depth interviews, group discussions and general observation. Individual interviews were up to one hour in duration, with group discussions lasting 1-1½ hours. The group discussions comprised three to eight participants.

Individual Depth Interviews. In addition to the above, a series of one-on-one depth interviews was undertaken, each lasting 1-1½ hours. The interviews broadly followed an interview guide designed prior to commencement of the fieldwork. They were conducted at either the respondent’s home, a community organisation or a central meeting point. Both male and female researchers were available to conduct the interviews.

Professionals. Individual depth interviews were also undertaken amongst professionals. These interviews lasted 1-1½ hours and were conducted at either the respondent’s place of work, their home or Scott Porter’s offices in Edinburgh.

Desk Research. This component was undertaken both prior to and during the qualitative stage of the research programme. The information gathered during this stage, in conjunction with the interviews of professionals, was used to identify examples and key indicators of good practice. Several information channels were for this, including the Internet, the press, libraries and other published materials.

Consultative Approach. In approaching this study, it was recognised that the quality of the research programme could be enhanced by input and guidance from those directly involved in the provision of sport for people with a disability. Accordingly, Scott Porter worked alongside a consultant, Jim Thomson, who provided input on:

- advice on recruitment and interviewing methodologies;
• provision of contacts and introductions for networking;
• general assistance, where required, in the understanding of disability issues raised within the research; and
• strategic input into the research recommendations.

Sample

A number of key criteria were taken into consideration in the design of the sample structure. Following discussions with sportscotland, it was decided to segment the sample into four broad categories:

• Learning
• Physical
• Sensory – blind
• Sensory – deaf

The overall sample structure for this stage of the research was:

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>No. of Workshop Days*</th>
<th>No. of Depth Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Learning</td>
<td>1½</td>
<td></td>
</tr>
<tr>
<td>Sensory – Blind</td>
<td>½</td>
<td>5</td>
</tr>
<tr>
<td>Sensory – Deaf</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

*Within each workshop day, up to 18 people were interviewed.

In addition, one group discussion was conducted amongst elite athletes (who had either a physical or a learning disability). The following criteria were also applied across the total sample:

• A mix of current participants and non-participants in sport
• A range of levels of severity of disability
• A range of ages (5–60+ years)
• A mix of male and female respondents
• A mix of social class
• Both rural and urban locations

Where appropriate, individual depth interviews were also carried out with the parent or carer of the person with the disability. Particularly within the youngest age range (5-15 years), additional insights were gained in exploring the views and experiences of the parent/carer.

In addition, interpreters were present at some interviews to assist in the interviewing process.
For the sample of professionals, five interviews were conducted among representatives from a range of organisations:

- Local authority
- Sport governing body
- School sports coordinator
- Scottish Disability Sport regional officer
- National charity

The Demographic Context

To provide a context for the findings of the study, this section provides key demographic data on disability in Scotland and Great Britain as available. These relate to prevalence, severity and type of disability.

Prevalence

The overall prevalence of disability in Scotland reflects that of Great Britain as a whole. In 1996/97 an estimated 20 per cent (733,000) of the adult population living in private households in Scotland were assessed as disabled on the basis of definitions used in Government surveys (Grundy et al, 1999, p32).

Prevalence is strongly related to age, ranging in Great Britain from 5 per cent of adults aged under 30 to 84 per cent of those aged 85 and over (Table 1). An earlier survey found that in 1985 the overall prevalence in Scotland for children in private households matched that for Great Britain as a whole, at 3 per cent of 0-15 year-olds (Bone and Meltzer,1989, p23).

Among adults in Scotland a substantial increase over recent years was identified by the surveys, with an age standardised rate of 20 per cent in 1996/97 compared with 13 per cent in 1985 – which could not be attributed to methodological differences (Martin et al, 1988, p23; Grundy et al, 1999, p2).

Table 1: Prevalence of Disability by Age and Sex in GB

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Prevalence of Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Percentage of age group</td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>4.5</td>
</tr>
<tr>
<td>20-24</td>
<td>4.8</td>
</tr>
<tr>
<td>25-29</td>
<td>5.0</td>
</tr>
<tr>
<td>30-34</td>
<td>8.2</td>
</tr>
</tbody>
</table>
Severity

National surveys have developed a ten-point scale to categorise levels of severity. Details and illustrations of the ten categories are available in the source documents; the range is from scores of 1 or 2 for quite mild disability to scores of 6 and over indicating serious disability. On this basis, 7 per cent of adults living in private households in Scotland were estimated to be seriously disabled, a total of 258,000 adults (Grundy et al, 1999, p32).

Using this fairly crude measure with the more detailed figures available for Great Britain as a whole, Table 2 shows that in 1996/97 6.2 per cent of adults living in private households could be described as seriously disabled and 6.7 per cent as mildly disabled.

<table>
<thead>
<tr>
<th>Severity Category</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of the adult population in private households</td>
</tr>
<tr>
<td>10</td>
<td>0.2</td>
</tr>
<tr>
<td>9</td>
<td>0.8</td>
</tr>
</tbody>
</table>

*Estimates based on a sample survey of adults in private households (therefore excluding communal establishments) in GB, 1996/97.

Source: Grundy et al, 1999, p26
Type of Disability

Disability relating to locomotion is the commonest type, affecting 13 per cent of men and 15 per cent of women in Britain including 47 per cent of men and 55 per cent of women aged 75 and over (Grundy et al, 1999, p51). Among adults in Britain with any disability, Table 3 estimates that in 1996/97 nearly three-quarters (72%) had a disability affecting locomotion and about a third were affected by disabilities relating to dexterity (35%), personal care (35%), hearing (34%) or behaviour (32%).

Table 3: Prevalence of Type Among Adults with Disabilities in GB

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Adults with Any Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locomotion</td>
<td>72</td>
</tr>
<tr>
<td>Dexterity</td>
<td>35</td>
</tr>
<tr>
<td>Personal care</td>
<td>35</td>
</tr>
<tr>
<td>Hearing</td>
<td>34</td>
</tr>
<tr>
<td>Behaviour</td>
<td>32</td>
</tr>
<tr>
<td>Intellectual</td>
<td>29</td>
</tr>
<tr>
<td>Seeing</td>
<td>23</td>
</tr>
<tr>
<td>Reaching and stretching</td>
<td>20</td>
</tr>
<tr>
<td>Continence</td>
<td>16</td>
</tr>
<tr>
<td>Digestion</td>
<td>12</td>
</tr>
<tr>
<td>Communication</td>
<td>6</td>
</tr>
<tr>
<td>Disfigurement</td>
<td>6</td>
</tr>
<tr>
<td>Consciousness</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Grundy et al, 1999, p44

The type and severity of disability are reflected in the impact on everyday life (and by extension also in the impact on participation in different sports), illustrated in responses to the Scottish Household Survey by those with a disability (Fig 1). The survey found that over half of adults with a disability in Scotland had difficulties in climbing stairs and over half in walking for ten minutes.

Fig 1: Percentage of People with a Disability* by Tasks Normally Found Difficult, Scotland 1999
Sample size = 2,718    Source: Scottish Executive, 2000, p9

"Disabled people were identified in the Scottish Household Survey by the question: "Do you have any long standing illness, health problem or disability that limits your daily activity or the kind of work that you can do?" Using this definition, the survey found that 30 per cent of Scottish households included someone with a disability (Scottish Executive, 2000, p18).
CHAPTER 2: PREVIOUS RESEARCH ON BARRIERS

Although this is the first substantive study in Scotland to explore issues and barriers relating to sport for people with a disability, the research was informed by work undertaken elsewhere, particularly south of the border. An overview of selected earlier research is provided here.

The Significance of Disability

Whilst factors such as age, gender, social background, ethnicity and life stage are regarded as having the ability to influence attitudes towards involvement in physical activity generally, the existence of a disability has been shown to have an even more profound influence on attitudes and behaviour. Although the literature distinguishes impairment categories in terms of the individual types and severity of disabilities (Arthur and Finch, 1999), differences between the categories, in terms of barriers, are generally not addressed in any great detail. As such, there is a need for further understanding of the barriers faced by people with a disability as they apply both to different types and different levels of severity of disability. Moreover, there is a lack of treatment in the current literature regarding issues pertaining specifically to the effects on sports participation of multiple circumstances such as disability and gender, ethnicity and/or social class.

In terms of the barriers to participating in sport faced by people with a disability, the literature covers three broad categories (Arthur and Finch, 1999) that are discussed further below:

- Beliefs about the role and importance of physical activity.
- Internal barriers of individual motivation.
- External barriers to participation, in particular lack of opportunity.

The Importance of Physical Activity

Arthur and Finch (1999) concluded that people with a disability may recognise the physical and social benefits resulting from participating in physical activity generally (including sport in particular). However, a failure to recognise specific guidelines on the necessary frequency and extent of physical activity in order to achieve such benefits, particularly amongst older people, contributes to low participation levels.

Motivations of People with a Disability

One of the most influential internal barriers addressed in the literature is the attitudes and motivations of people with a disability, particularly self-consciousness and low levels of confidence (English Federation of Disability Sport, 2000; Arthur and Finch, 1999; DePauw and Gavron, 1995). This lack of confidence and self-esteem has been reported to manifest itself in the following ways:

- Feeling different from the majority of the population.
- Feeling unable to fit in at a sporting facility.
• Self-consciousness or lack of confidence in asking for help and assistance in a sporting environment.

• A fear of failure on the part of the person with the disability can present another type of internal barrier, particularly in the case of people who have newly acquired their disability and with low self-esteem.

The different life stages at which these motivations, confidence and attitudes to physical activity occur have also been discussed in the literature. Arthur and Finch (1999) highlight certain key life stages or events that have the potential to contribute to lower participation levels of sporting activity amongst people with a disability, including leaving school or training (in terms of getting out of the habit of doing sport and slowing down the frequency of participation due to age), and periods following major personal trauma such as the breakdown of a marriage or relationship or the death of a partner.

Other reported influences on confidence levels based on school experiences have included:

• The experience acquired at school of the range of sporting activities offered.

• The quality of the sporting experience, particularly in terms of whether pupils with a disability are given the choice of both competitive and non-competitive sporting environments in which to participate.

• The importance attached to the involvement of pupils with a disability in sporting activity, as evidenced by the degree of compulsion imposed by the school establishment.

Moreover, the influence of family and friends in terms of providing practical assistance and moral support has been shown to affect the confidence and self-esteem of people with a disability. Interestingly, Arthur and Finch (1999) reported that even the presence of a family dog could increase confidence levels. Disability sports groups have been highlighted as an influencer on confidence, in terms of their ability to offer accessible facilities and to instil a sense of identity.

The medical profession has been identified as contributing to this lack of self-confidence in their ability to participate in sporting activities by people with a disability. This is due to the medical profession not being forthcoming with advice or providing confusing and unhelpful advice (Arthur and Finch, 1999).

**External Barriers to Participation**

External barriers resulting in a lack of opportunity to participate in physical activity (particularly sports) among people with a disability have been widely discussed in the literature (Arthur and Finch, 1999; English Federation of Disability Sport, 2000; Doll-Tepper, 1999; DePauw and Gavron, 1995) and incorporate a range of issues, including:

• Lack of information

• Lack of physical and emotional support

• Lack of appropriate facilities

• Problems with transportation
• Financial constraints
• Attitudes of others
• Lack of time

Lack of Information

Arthur and Finch (1999) found that a lack of information held by people with a disability led to low awareness of the sorts of feasible sporting activities and appropriate (i.e., accessible and welcoming) sports facilities. According to the English Federation of Disability Sport (2000, p53), mainstreaming has exacerbated this lack of access to information:

In these settings, disabled people are rightly treated as individuals but ironically this creates problems for agencies such as the EFDS in contacting the client group as it is spread across a variety of community settings.

Lack of Physical and Emotional Support

Not having someone to go with to the gym or sporting facility is another barrier (DePauw and Gavron, 1995). According to Arthur and Finch (1999) this poses a greater problem for those people with a disability who need some kind of physical, oral (help with communicating) or visual assistance or moral support.

Lack of Appropriate Facilities

The problems associated with a lack of suitable provision have been widely discussed and debated in the literature. Lockwood and Lockwood (1997) and Doll-Tepper (1999) both cite the existence of inadequately trained service providers, unsuitable activities and inflexible programmes as areas of particular concern. Both Arthur and Finch (1999) and DePauw and Gavron (1995) raise the issue of a lack of locally available facilities and lay the blame for this at cuts in funding.

Arthur and Finch (1999) found that poor physical access at existing facilities can present a barrier to the participation of people with a disability in sporting activities, specifically in terms of the inappropriate design of buildings, lack of aids or adaptations to equipment, the need to check beforehand that extra assistance is available, and restricted access times.

Problems with Transportation

Transport to and from sporting venues is a further barrier, as access to public transport can be restricted and the cost of other forms of transport can be a barrier. The report of the Minister of Sport's Review Group (1989) raised the issue of paying for transport back in 1989, and more recently this issue has been one discussed in other research (DePauw and Gavron, 1995; Lockwood and Lockwood, 1997; Arthur and Finch, 1999).

Financial Constraints

Other financial barriers include that of sports equipment. Arthur and Finch (1999) found that, whilst the financial cost was not a major deterrent to taking part in the
physical activity, choice of activity and frequency of participation were restricted because of cost.

Generally, those with a disability are likely to have lower disposable incomes. The 1999 Scottish Household Survey found that, based on several criteria, households including people with disabilities were likely to be worse off than those with no disabled resident. For example, two-thirds (68%) of households with a disabled person living in them had incomes of £10,000 or less compared with half (50%) of those without a disabled person living there (Scottish Executive, 2000).

Attitudes of Others

Perhaps one of the most widely reported and discussed barriers is the attitude of other people. This includes the attitudes of the medical profession (as noted above) and of:

- policy makers;
- people responsible for the job of actual service delivery, particularly staff at sports facilities; and
- other sports facility users.

Policy Makers

The report of the Minister of Sport’s Review Group (1989) raised the issue of a lack of knowledge and understanding on the part of policy makers regarding the issue of disability sport, which at the time was felt to be leading to misconceptions and lack of a cohesive strategy. More recently, Arthur and Finch (1999, p48) referred to this lack of understanding on the part of policy makers “regarding the inclusion or exclusion of people with particular impairments, or the restriction, either directly or indirectly, on when they could take part”.

Sports Facility Staff

Arthur and Finch (1999, p48) found that some sports facility staff lacked an appreciation of the issues relating to disabled participation in sport and of the negative effect refusing membership or access to facilities has on people with a disability. The attitudes of staff, whether through experience or perception, were discouraging people with a disability from participating in sporting activities:

An important aspect of accessible facilities encompassed the attitudes of providers and staff at sports/leisure facilities, for example, from the point of view of the welcome accorded and the extent of awareness that staff had of the needs of disabled people.

Other Sports Facility Users

Negative attitudes also include those of other facility users. DePauw and Gavron (1995) found that college students held negative and stereotypical attitudes towards the inclusion of individuals with a disability in physical education and sport. Moreover, Arthur and Finch (1999) found a correlation between the negative and stereotypical attitudes of other sport centre users and a lack of confidence and motivation on the part of people with a disability.
Lack of Time

Finally, it has been shown that people with a disability can be inhibited from participating in sporting activities due to a lack of time, especially those people who are in paid employment or training and those responsible for childcare. Several issues relating to time have been discussed in the literature (DePauw and Gavron, 1995; Arthur and Finch, 1999). People with a disability are often required to travel longer distances due to the lack of appropriate local facilities. They are also more time bound in their sporting activities due to a greater requirement for physical assistance and, consequently, a greater reliance on other people. Furthermore, actually performing the activity simply takes longer for people with certain types of disabilities.

Young People

A recent survey for Sport England (Finch et al, 2001) found that young people with a disability were far less likely to take part in extra-curricular (ie, outwith normal school lessons but organised by the school) or out of school sport. For example, 16 per cent of the sample of young people with a disability had taken part in extra-curricular sport compared with 45 per cent of a general sample of young people; and 47 per cent of young people with a disability had taken part in sport at the weekend compared with 74 per cent of the overall sample of young people.

The main barriers that had prevented young people with a disability from participating in sport more over the last twelve months were identified as:

- Lack of money (37%)
- I am limited because of my health (37%)
- Local facilities are not suitable (37%)
- No local sports facilities (34%) – clearly a generic issue for the local population
- Difficulties with transport (32%)
- Local clubs do not provide for my disability (32%)
- I have no one to go with (25%)

Relevance

The barriers identified in these other surveys were also found in this Scottish study, and the issues surrounding them and possible means of overcoming them are discussed in the study findings in Chapters 4 and 5 below.

CHAPTER 3: FRAMEWORK FOR ANALYSING FINDINGS

In order to meet the key research objective of providing sportsScotland with actionable strategies to increase sports participation amongst people with a disability, Scott Porter worked with the principles of ‘social marketing’. Social marketing is an approach that uses the rules of commercial marketing and applies them to social issues in order to affect behaviour change (Andreasen, 1995). The analysis
framework is based on a model of consumer change in social markets, that works on
the key premise that high-involvement change comes about in stages. That is,
consumers do not simply switch from one behaviour to another instantaneously
(such as moving from being a non-participant in sport to participating regularly).
They move through different stages in the process – from complete indifference
to the realisation of, and commitment to, the behaviour.

The model used in this study is based on Prochaska and DiClemente (1983) and
Andreasen (1995) and can be broken down as follows:

<table>
<thead>
<tr>
<th>Prochaska and DiClemente’s Stages</th>
<th>Marketing Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>CREATE AWARENESS</td>
</tr>
<tr>
<td>Consumers are not thinking about the behaviour as being appropriate for them at this point in their lives</td>
<td>CHANGE VALUES</td>
</tr>
<tr>
<td>Contemplation</td>
<td>PERSUADE, MOTIVATE</td>
</tr>
<tr>
<td>Consumers are actually thinking about and evaluating recommended behaviours</td>
<td></td>
</tr>
<tr>
<td>Preparation</td>
<td>CREATE ACTION</td>
</tr>
<tr>
<td>Consumers have decided to act and are trying to put in place whatever is needed to carry out the behaviour</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>Consumers are doing the behaviour for the first time or first few times</td>
<td></td>
</tr>
<tr>
<td>Confirmation</td>
<td>MAINTAIN CHANGE</td>
</tr>
<tr>
<td>Consumers are committed to the behaviour and have no desire or intention to return to earlier behaviour</td>
<td></td>
</tr>
</tbody>
</table>

Within this, a number of key factors are involved in the consideration of altering behaviour:

- **Consequences.** People make decisions on the basis of the consequences that are expected to follow from the choices made.

- **Tradeoffs.** Consequences are both positive and negative, people are therefore faced with tradeoffs between expected ‘costs’ and expected benefits.

- **‘Significant others’.** People are also influenced by what they think ‘significant others’ want them to do.

- **Confidence in own ability.** People’s level of confidence in carrying out the behaviour will influence their decision.
• **Competition.** This can also have an impact when provided by other/previous behaviour or attitudes.

The key to achieving successful behaviour change lies with understanding which stage the target audience is at, and subsequently implementing appropriate strategies designed to move them on to the next stage.

In utilising this model there was the opportunity to gain this level of understanding and, as a consequence, identify the issues that stand in the way of increasing participation in sport amongst the target groups.

**Attitudinal Types**

Amongst people with a disability, the research identified three key attitudinal or behavioural types:

• **Dependants**
• **Unconfidents**
• **Independents**

These attitudinal types are based on an individual's level of self-confidence and their underlying attitude towards their disability. Importantly, these factors (rather than the nature of the individual's disability) play an important role in defining overall attitudes and behaviour – as well as the subsequent barriers faced – in relation to participating in sport. Descriptions of each are provided below.

**Dependants**

‘Dependants’ are characterised by their lack of confidence. They generally consider their disability to be a severe restriction impacting on all aspects of their life. This sometimes stems from a lack of personal acceptance of the disability and, in some cases, was due to the influence of ‘significant others’ such as parents, carers and professionals. These people tend to be more dependent upon others, for both physical and emotional support.

Dependants are far less confident about their ability to do sport. Some were of the view that having a disability precluded them from doing most if not all sport. However, there was evidence of both participants and non-participants within this group, although they are less likely to be participating than Independents.

In addition, Dependants were less likely to personally seek information about sport. For those who were participating, most had become involved via another aspect of their life, such as through a community organisation or day care centre. They were also far more affected by the attitude and behaviour of ‘others’, such as service-providers or the general public, in a sporting environment.

Their requirements in relation to sport focus on a need for support and encouragement. This is in terms of both physical and emotional support. They are least likely to be participating in a mainstream setting – a 'segregated' sporting environment is more suited to their needs as it provides them with the security and reassurance of being with other people ‘like them’. In addition, they tended not to
seek out more adventurous types of sporting activities and were more comfortable with traditional sports such as swimming.

Individuals in this segment were more likely to be those with a more severe disability (although not exclusively). In addition, given their lower levels of confidence and greater dependency on others, some younger people also fall into this category.

Unconfidents

‘Unconfidents’ represent the middle ground between Dependants and Independents. They are not as confident, nor independently-minded as Independents. However, whilst their disability is sometimes allowed to define their behaviour, they do not feel as restricted or constrained by it as Dependants.

Although they lack confidence in their ability to do sport, unlike Dependants they do not question whether or not they have the capability to participate. They can see some benefits in taking part but require support and encouragement both to get started and as an ongoing requirement. They may, for example, prefer to participate within a team environment initially, to allow them to build their confidence levels. At the same time, they are also more likely (at least initially) to value segregated sporting environments.

These people are less concerned with the level or range of sports on offer – they do not feel a need to be able to do everything that a person without a disability can (unlike Independents). In addition, whilst initially they tend to be primarily interested in ‘just doing it’ and in the social aspect, a competitive element may be sought further down the line.

Again, this segment is not defined by those with a specific type of disability. However, the lower levels of confidence displayed by people in this group can be due either to youth or to a lack of support or encouragement in their personal lives.

Independents

These people are characterised primarily by their independent attitude towards their disability. They feel very strongly that their disability does not define who they are, nor that it should limit their approach to life, as far as is possible. They tend to be fairly confident, self-assured and self-sufficient individuals. As such, they are less influenced by the attitudes and behaviour of others. In addition, they are often strongly motivated people, who live fairly active lifestyles.

Of all the three attitudinal types, Independents are the most likely to be participating in sport, although this is not always the case. In terms of their attitude towards sport, in line with the above they see no reason why they should not be able to participate like anybody else. They tend to have fairly strong preferences for particular activities and, reflecting their overall attitude to life, are more likely to participate in mainstream or more niche sports (not those traditionally linked with people with a disability). However, whilst they are realistic about their physical limitations, they resent outside influences that try and impose restrictions on them.

In terms of their needs in relation to sport, these people are looking for choice. This includes the type of environment in which they participate – it may be at times they are looking for an integrated or mainstream set-up. In other situations, however,
they may prefer to participate with other people with a disability (this is usually in situations where they recognise that their disability does mean that a mainstream environment is not practical). In addition, they seek choice in terms of the type of sporting activities available to them, as well as the option of either a competitive or recreational environment. These people also acknowledge that, at times, they may need physical or practical support.

Individuals who fall into this category are not determined by their type of disability. Within this group, a range of disabilities was evident although it was less likely to include those with a severe learning disability.
CHAPTER 4: BARRIERS TO SPORTS PARTICIPATION

The barriers and issues surrounding participation in sport by those with a disability are examined here, using the five-stage model of stages of involvement outlined in the previous chapter and relating the three attitudinal types to that as appropriate:

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<th>Stage 1: Precontemplation</th>
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<th>Stage 3: Preparation</th>
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<tr>
<td>Dependants</td>
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Stage 1: Precontemplation

At this stage in the process, individuals will not be participating in sport at any level. For these people, sport is not even considered a possibility. Of the three attitudinal types identified above, Independents are the least likely to appear in this stage.

The key barriers faced at this stage can be summarised as follows:

- Society’s attitude towards people with a disability
- The ‘accepted’ definition of sport
- Lack of awareness of others ‘like me’ participating in sport
- Lack of awareness of facilities/activities available

Society’s Attitude Towards People with a Disability

As a starting point, it is important to look at society’s general attitude towards people with a disability. Anecdotal evidence from the research suggested that negative attitudes towards people with a disability still permeate certain sectors of society.

Such attitudes are felt to be primarily due to a fear of the unknown, ignorance and a lack of acceptance of those who act or look differently within society. This, in turn, is seen to result in the following:

- Pity for people with a disability, with the belief that disability equals inferiority.
- A lack of differentiation between different types of disability.
- A belief that people with a physical or sensory disability have lower than average cognitive skills or that those with a learning disability are hostile or dangerous.
- Overt and covert forms of discrimination ranging from negative comments such as name-calling through to actions such as giggling, staring or avoidance.
These attitudes and perceptions can act as barriers in many aspects of this target group's lives, and can result in a lack of confidence and a reluctance to interact with members of the general public.

Importantly also, it not only affects those with a disability but can also impact on their 'significant others' such as parents or carers. Their reaction to the above can result in a strong desire to protect the individual and shelter them from such attitudes and behaviour.

<table>
<thead>
<tr>
<th>They look down their noses at you.</th>
<th>(Male, 5-15 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's fear, people in the community don't understand disability.</td>
<td>(Professional)</td>
</tr>
<tr>
<td>‘Oh my god, look at the blind person, they don't know what they're doing.'</td>
<td>(Female, 5-15 years)</td>
</tr>
</tbody>
</table>

The 'Accepted' Definition of Sport

In line with the above, it is important to explore society's perceptions of sport and the generally accepted definition of what this activity entails. This is summarised in the diagram below:

Given the above, it is felt by people with a disability that the accepted face of sport inherently precludes them as a group. As such, one of the fundamental barriers that they face is being seen by both themselves and by others as capable – and legitimate – participants in this activity.

This is further reinforced by a prevailing attitude amongst some that sport in the context of people with a disability is only valid in terms of 'therapy'. That is, it only has a role to play in relation to rehabilitation rather than as an activity in its own right.

The media are also seen to play a key role in shaping and reinforcing public perceptions of the link between people with a disability and sport:
• With exceptions such as coverage of the 2000 Paralympics they afford little attention to disability sport, particularly in comparison to mainstream sport.
• They often portray disability sporting events in a less legitimate way. That is, presenting disability sport as human interest stories rather than as sporting achievements in their own right.
• This, in turn, is seen to contribute to a lack of sporting role models for people with a disability.

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_They say, ‘oh she’s a wheelchair racer’ – but I should be known as an athlete._
(Female, 16-40 years)

_More athletes should be publicised as athletes, not as a disabled person who has done this, that or the other thing._
(Female, elite athlete, 16-40 years)

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Lack of Awareness of Others 'Like Me' Participating in Sport

At this stage in the process, where sport is not even considered a possible behaviour, a lack of awareness of other people with a disability participating can act as a key barrier. This can be both at a personal (or localised) level or in a broader context. That is, people with a disability may not be aware of others around them taking part in sport or there may be no visible role models.

Where people had had limited (or non-existent) exposure to others taking part, this served to reinforce the perception that people with a disability can’t or don’t do sport. For these people, it simply was not perceived to be an option open to them.

Lack of Awareness of Facilities/Activities Available

In line with the above, some people were simply unaware of the existence of facilities or activities that could cater for their needs as someone with a disability. They had no knowledge of sport (at any level) that was available and that they felt they would be able to take part in.

As such, they were prevented from even considering taking part in sport. Sport, as an option, had no profile in the context of their life.

These people tended to be more isolated, either physically such as in a rural location or on a more emotional level such as coming to terms with a recent disability and/or without strong support networks. In addition, they did not generally have access to community groups or organisations such as day centres or, alternatively, had chosen not to become involved with such organisations.

_People don’t know about these clubs, we only found out by chance._
(Parent)

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Stage 2: Contemplation

At this stage in behavioural change, there is a raised awareness of the possibility of participating in sport. Individuals may, for example, have come into contact with others doing sport or may have been asked if they would like to participate.
Consequently, they are now aware of possible benefits and start to consider the behaviour. They have not yet, however, made the decision to take part and are in the process of evaluating potential benefits against the 'costs' of doing so: ‘What am I risking if I take part?’.

The key barriers at this stage are as follows:

- Fear of discrimination
- Lack of confidence
- Attitudes of 'significant others'
- Lack of awareness of ‘appropriate’ sporting environments

**Fear of Discrimination**

At this stage, where individuals are beginning to consider doing sport, a fear of experiencing discrimination can pose a strong barrier.

There is an expectation that this may occur given people’s experiences in other aspects of their life. They may, for example, have encountered discrimination in other public arenas such as at the workplace or going to the cinema and therefore feel that taking part in sport will be no different. Alternatively, some people had participated in sport in the past and the very reason why they had stopped doing so was because of this. They were, therefore, reluctant to put themselves at risk of this occurring again.

There were a number of potential occurrences that people feared at this point. Overall, they felt that others (including both the general public and service-providers) may act negatively towards them in a sporting environment. Specific concerns related to the following:

- The risk of being told that an activity is simply not possible, due to their disability.
- A lack of understanding of, or empathy with, an individual's specific needs. Some people were concerned that if they were to take part in sport they may be reliant on service-providers who do not have the skills or knowledge to assist them. Others also worried that service-providers may simply not want to help them, perhaps viewing them as a ‘hassle’.
- Being stared or laughed at. Some people did not want to put themselves in a position where the general public may direct negative comments or looks at them. In particular, this was an issue when individuals felt that their disability meant that they would be overtly singled out in a sporting environment – such as being hoisted into a swimming pool.

*People do look at you and ask you things like ‘why do you walk funny?’*

(Male, 5-15 years)

*I would worry what’s being said behind my back, because I can’t hear them. I’d think they were laughing at me, or they’d think that I’m stupid.*

(Female, 16-40 years)

*I don’t want to turn myself into a spectator sport.*

(Male, 16-40 years)
For those people for whom the risk of the above happening was perceived to be too
great and who, particularly Dependents and Unconfidents, felt less confident about
dealing with such occurrences, any further consideration of sport was unlikely.

Lack of Confidence

As noted above, an individual's level of confidence can act as a barrier and therefore
impact on their likelihood of taking part in sport. A lack of confidence evident in
some individuals was generally found to be related to one or more of the following:

- Their physical characteristics – such as the way they move or look.
- The way in which they communicate.
- Their (self-perceived) lack of sporting skill and ability.

For these people, whilst sport may be considered a possibility, their own lack of self-
confidence often prohibited further action. They felt that they would be both self-
conscious and embarrassed about their disability in a mainstream sporting
environment. Additionally, some also felt that their (self-perceived) lack of sporting
ability may mean they risked being hurt or injured. Importantly, this last issue was
also sometimes used as a rationalisation for their non-participation, with other
underlying issues the real reason for not taking part in sport.

Sometimes it’s a bit dangerous. You could fall over and hurt yourself.
(Male, 16-40 years)

A lack of self-confidence was evident across the total sample. However, it tended to
be more of an issue amongst young people and those with a more severe disability
and most evident amongst Dependents and Unconfidents.

It's a shattering experience when your eyesight begins to go. It puts you off going
because you don’t see much at all and you think, why on earth did it happen to me…
Life isn’t the same.
(Male, 16-40 years)

Attitudes of 'Significant Others'

A key influence at this stage is the attitudes of 'significant others'. These people are
those who play a central role in the life of the person with the disability. This may, for
example, be in terms of providing (or not providing) support, playing a decision-
making role or providing physical assistance. They can, therefore, strongly influence
whether or not the individual takes part in sport.

If it wasn’t for the support of my family to begin with, then I wouldn’t have got as far
as I have.
(Female, 16-40 years)

Parents may not want their kids going to a disabled club, because they don’t want to
see their kids as disabled or separate from society – so sometimes they miss out.
(Female, 16-40 years)
These influencers can act as a barrier if they themselves share a lack of confidence or concern about the individual carrying out the behaviour. They may have concerns about them getting hurt – both physically and emotionally. They may also have a strong need to protect the person with the disability – from discrimination or ridicule, for example. Additionally, in some cases it appears that these people themselves sometimes question whether the individual has the capabilities to participate in sport.

The impact of the above attitudes can result in either a lack of support for a particular activity for the person with a disability, or an active discouragement from taking part.

This tended to be more of an issue amongst Dependants and Unconfidents, who may rely on others more heavily for emotional support. In addition, those who were more dependent on practical support (moderate to severe disability) could also be affected by this.

**Lack of Awareness of 'Appropriate' Sporting Environments**

One of the barriers facing a person with a disability at the Contemplation stage concerns a lack of awareness of an 'appropriate' sporting environment.

What is considered appropriate depends on the individual and their own personal needs. Given the differences between the three attitudinal types, this can vary greatly and may include a need for the following:

- Only being with people 'like me'. This may be in terms of having a disability per se or more specifically a disability of the same nature or severity or with people of the same age.
- Either competitive or recreational/social activities. At this stage there were people considering both types of sporting environments.
- Sporting activities not traditionally associated with disability sport. Some people who were thinking about taking part would only consider something outwith the more expected kinds of sport; for example, instead of swimming they were only interested in cycling.

People who were unaware that such environments existed did not even start to investigate their sporting options. This lack of awareness was felt to be due to a number of reasons – those cited in the research included:

- A lack of easily accessible information. Information was unavailable in accessible formats or not disseminated through appropriate and relevant channels.
- A lack of publicity or low profile of sporting activities available. Some people stated that they often found out about things by chance and that many sporting events were not widely publicised.

*You tend to just stumble over things.* (Parent)

*The only reason I found out about it was because of a T-shirt I noticed a guy was wearing in a hairdressers one day, and I asked him about it.* (Parent)
Stage 3: Preparation

At this stage people are still not participating in sport. They are, however, beginning to value the potential benefits of taking part and have made a decision to investigate what is available. A number of barriers can prevent the actual behaviour from taking place, however. These include:

- Difficulty in accessing information
- Attitudes or behaviour of others
- Lack of ‘appropriate’ facilities or activities
- Cost

Difficulty in Accessing Information

In the process of investigating the range of sporting opportunities available, some people experienced difficulties in accessing information. A number of factors contributed to this, including:

- A lack of awareness of where to access relevant information. Some people were not sure where to find out about sporting opportunities, particularly in the context of disability sport. It was felt that disability sport generally did not have a high profile and, therefore, it was not always immediately obvious where to find out more information about it. This tended to be more of an issue for those who did not have strong links to disability service providers.

- A lack of confidence in accessing information. For some people, taking the initial step in finding out more about sport was difficult. Again this was generally related to how others might react to them and their specific needs. This was more of an issue for Dependants and Unconfidents.

- A lack of ability to access information. For some people with a disability their inability to access information was a barrier. This was sometimes due to the nature of their disability (such as moderate to severe learning disability), which meant that they were reliant on others to communicate their needs. Additionally, some felt that their ability to access information was hindered by the way in which material was disseminated – for example, some people with a visual impairment felt that they were restricted due to a lack of material available in an easily accessible format.

Someone, somewhere needs to take responsibility of advice from a central basis.  
(Parent)

Attitudes or Behaviour of Others

During this Preparation stage, the attitudes or behaviour of others can act as a barrier and impact on an individual's likelihood of participating in sport. In this context, ‘others’ can include:

- Activity and facility service providers, such as coaches, PE teachers, leisure centre staff
• Information providers, such as official bodies and libraries
• Disability service providers, such as day centre staff
• The general public

The following types of attitudes and behaviour that can create a barrier were identified in the research:

• **A general reluctance to provide information.** This may be due to a perception that the person is not able to undertake a specific activity.

  *When I went to the local leisure centre to find out about it they said, ‘oh no, we’re not insured for a blind person, you can’t do it’. It was very off-putting.*
  (Female, 16-40 years)

• **A lack of understanding of – or empathy with – specific needs relating to the person’s disability.** In finding out about sporting activities some people encountered this from either information or service providers. This may be related to their needs when participating in sport or more general requirements, such as level of access required in a changing facility.

• **An assumption about the ability of the individual.** Some people found that information or service providers would have preconceived ideas about what they were or were not able to do and limited the number of options open to them on this basis. There was also evidence of this happening within school environments, whereby young people with a disability were not given the same opportunities as their peers. This sometimes resulted in them being left out of activities altogether or being given little choice in terms of what they could do – such as always being the goalie in a football game. It was felt that this was often a result of a lack of skills and knowledge amongst teachers in relation to dealing with disability-related issues.

  *‘Oh, you’re disabled, you can’t take the same workload.’*  
  (Female, 16-40 years)

• **An overt expression of negative attitudes towards people with a disability.** In gathering information at this stage, some people had been exposed to behaviours such as name-calling, stares or ridicule.

The above attitudes and behaviour were seen to be a reflection of general attitudes towards disability per se. That is, fear, ignorance, a lack of knowledge of the issues facing people with a disability and an underlying perception that people with a disability cannot do sport. In addition, it appears that the attitudes of others are likely to be more negative towards those with a more severe and/or 'overt' disability.

The impact of the above occurring appears to differ and depends on the individual’s level of confidence: Unconfidents and Dependants were more likely to be affected by this. By contrast, Independents tended to overcome this barrier – they either ignored it completely, with the attitude that ‘they’ve got the problem, not me’, or else directly challenged the situation.
Lack of 'Appropriate' Facilities or Activities

A lack of appropriate facilities or activities can act as a barrier at this stage. Whilst previously people may have not been aware of what was available to them, in investigating the options it was evident that in some cases what people were looking for was simply not available. As discussed previously, this can vary and is dependent on the individual’s needs and preferences.

Leisure centres tend to cater for groups of disabled people and not for individual disabled people. I’m a wife and a mother and I like to go to these things with my husband and daughter – I don’t necessarily want to go with a whole group of specifically disabled people. (Female, 40+ years)

Importantly, at this stage (and also the following stage) a lack of transport was a key barrier for some people. Whilst they may have taken the decision to participate, transport often became an issue when exploring the practicalities of achieving this. It was either not easily accessible, costly or simply not available for some.

My biggest problem is transport to the stadium. One of the workers from the centre takes me – if it wasn’t for her I couldn’t get there. Taxis are too dear. (Male, 40+ years)

An overall lack of appropriate facilities and activities was a strong barrier within rural communities. Of the people interviewed, most felt their choice of sport was very limited. They either had no choice but not to participate or were forced to look further afield – whereby a lack of transport often then became an issue.

Given the more general nature of this barrier, the impact of a lack of appropriate facilities or activities was experienced across the total sample – it was not restricted to those with a specific type of disability nor a particular behavioural type.

Cost

One of the key considerations at this Preparation stage is the cost involved in undertaking sport. Whilst people were finding out what was available, they were also beginning to think about the finance involved.

In contrast to those without a disability, it was felt that disabled people faced potentially higher costs when participating in sport. In particular, this could be related to the need for specialised transport to get to and from an activity, the need for specialised or adapted equipment, as well as professional support for some such as a guide in the swimming pool. It was also felt that the severity of an individual’s disability can impact on the level of finance required to take part in sport – those with a more severe disability were more likely to require greater assistance or support networks, with subsequent cost implications.

Importantly, the level of finance required for taking part in sport can act as a barrier in two ways:

- For some, the activity was simply not affordable. In particular, amongst those interviewed who were receiving benefits, some felt that their restricted income
did not allow for participation in sport. Additionally, this was an issue for some in rural communities who would have to travel longer distances to access sporting opportunities.

- For others, however, it was also felt that such a level of expense was not justified as they had not yet experienced and taken on board the benefits of taking part in sport, so that there was a lack of perceived value.

**Stage 4: Action**

Individuals at this point have now started participating in sport. They are experiencing the behaviour for the first time or first few times and are, therefore, still at a delicate stage in the process. Key barriers that may be experienced include:

- Attitudes or behaviour of others
- Lack of confidence
- Inappropriate facilities or activities
- Communication

**Attitudes or Behaviour of Others**

If negative attitudes and behaviour are experienced at this stage, where individuals are participating for the first few times in sport, the consequences can be serious.

As discussed above, the types of attitudes and behaviour that act as barriers are those that undermine individuals’ confidence in their ability to take part in sport. In addition, more general (negative) attitudes towards people with a disability per se can also prevent participation being maintained.

*The coach was in front of me and two girls were coming back out and she said to the girls ‘oh, you can’t go in there, there are horrible little children in there’ and then she looked as me and said ‘are any of them yours?’ And I said ‘yes’. I was livid.*

(Parent)

*I went in and said ‘I’m here for the disabled football – is it here?’ And she said ‘no, it’s just the normal children’.*

(Parent)

*The coaches can be as bad as other athletes – they think you can’t do things because you’re disabled.*

(Female, 16-40 years)

At this early stage of participation, such attitudes and behaviour can reinforce what was originally feared. That is, to get this far an individual will have overcome their apprehension about what might happen only to have their fears realised. As such, it can result in an immediate withdrawal from the activity, particularly by Dependents and Unconfidents.

**Lack of Confidence**

A lack of self-confidence can act as a key barrier for a person with a disability just beginning to take part in sport. This is particularly relevant for those who are participating – or looking to participate – in a mainstream environment.
An individual's lack of confidence was generally found to be due to self-consciousness about one or more of the following:

- **Their appearance**: looking 'different', moving 'differently' to other people.
- **Their ability to communicate**: their speech, the sounds of their voices.
- **Their sporting behaviour**: 'the way I do sport is different to the way non-disabled people do it'.

Again, this issue was particularly relevant for Dependents and Unconfidents who tend to have lower levels of self-confidence.

**Inappropriate Facilities or Activities**

It may not be until the individual is actually taking part in sport that they realise the facilities or activities provided do not meet their needs or expectations. Examples identified in the research included:

- **Lack of support**. Where some people had expected that they would receive individualised coaching and support, this did not happen.
- **Inappropriate level of activity**. Some people found that the activity did not provide the expected level of sport. In particular, this was an issue for some Independents who felt that, in some cases, the only type of activities available were unstructured 'have a go' type sessions, as opposed to more structured or competitive events. One case identified in the research involved the provision of football for younger physically disabled boys. The teenager, who like many other football-mad teenagers was looking for a chance to compete (and win) against others at a similar level, found this was simply not available to him.
- **Quality of service provision**. Some had found that the level of sporting provision varied greatly. When they went to participate, access such as parking or ramps was found to be lacking or there was only superficial access provision that did not extend beyond a ramp at the entrance. Other issues raised included staff who were not trained or skilled in dealing with disability issues or poor signage at sports centres (a barrier for those who are visually impaired).

**Communication**

An inability to communicate effectively with others in a sporting environment can create a negative experience for those new to sporting activities.

This involves both the individual's ability to communicate their needs, as well as the service provider's ability (or willingness) to understand the needs of the service user. People for whom this was a barrier recalled incidents where they had been unable to participate fully in sport because of this. Given that they had not been able to process information or instructions, they were unable to undertake the activity effectively. In addition, it left them feeling both frustrated and self-conscious. For some, this meant that they stopped participating altogether.

This tended to be more of an issue for those with a hearing impairment or with a moderate to severe learning disability. It was also generally an issue within mainstream environments, where service providers did not always possess adequate skills to tailor their mode of communication to the target audience.
Stage 5: Confirmation

At the Confirmation stage people will be actively participating on a regular basis. Sport has been integrated into their lifestyle. As such the value and benefits of sport have been verified. However, whilst the majority of barriers have been overcome, even at this late stage in behavioural change there is the risk of the sporting behaviour not continuing. Key barriers include:

- Withdrawal of support or discontinuation of activity
- Attitudes or behaviour of others
- Cost
- Lack of infrastructure to support development in sport

Withdrawal of Support or Discontinuation of Activity

Even at this stage, people's ongoing participation in sport is not guaranteed. Whilst they may have become committed to the activity, there was evidence to suggest that withdrawal of support can cause the behaviour to cease. Support can be in terms both of:

- emotional support, such as having somebody else, or a group of others, to participate with; and
- practical support, such as having access to transport to and from a venue, or the availability of an interpreter or guide.

Given how reliant some disabled people are on this type of support in order to participate, not surprisingly the removal of this can create a very real barrier. However, the extent to which it does impact on their future behaviour will be dependent upon their behavioural type: there was evidence to suggest that Independents are more likely to seek out an alternative, whereas Dependents and Unconfidents may be less able or willing to do so.

Attitudes or Behaviour of Others

At this point, the negative attitude or behaviour of others can still create a barrier – particularly for less confident individuals.

Whilst people with a disability may be participating regularly, the risk of such occurrences does not go away. However, it appears that where individuals’ confidence levels have increased over time, they may be less influenced by the attitudes of others. However, if they are still feeling unconfident, or if other people persist in their discouragement, they may begin to re-evaluate their action.

*People can’t cope, they turn off as soon as they see a disabled person walk into the locker room.* (Professional)

*‘She shouldn’t be in that lane because she’s disabled.’* (Female, 16-40 years)
Cost

Cost can also still be a barrier at this latter stage. Whilst the reasons discussed previously (at the Preparation stage) are still an issue, an additional barrier may arise where an individual is looking to develop or progress in their chosen sport.

There was evidence that some had experienced this when they began participating in sport at a higher level. This was both in terms of the need for additional, adapted equipment as well as increased travel costs (outside their local area).

This more general barrier was not specific to any one type of disability nor attitudinal type.

Lack of Infrastructure to Support Development in Sport

For those who are looking to participate at a higher level in sport, a lack of access to an appropriate infrastructure can act as a barrier to further sports development. There appeared to be a number of reasons which could prevent this progression, including a lack of the following:

- Awareness as to how to proceed to the next stage.
- Support or encouragement from either ‘significant others’ or those involved in the provision of sport, such as the governing body of the sport not able or willing to accommodate the individual needs of people with a disability.
- Local opportunities for identifying individual coaching or development needs.

Implications

There are a number of key implications arising from the main findings of the research, that must be carefully considered in the development of future strategies. These include the following:

- The nature of an individual’s disability does not, in the main, impact on their ability or propensity to participate in sport per se although it may define specific needs. In line with this, the majority of the barriers identified were evident across all types of disability.
- Importantly, it is an individual’s own level of self-confidence (and overall attitude towards their disability) and external influences that create the greatest barriers. In addition, the ‘accepted’ face of sport in Scotland inherently precludes this target group.
- The negative attitudes and behaviour of the general public towards people with a disability contribute significantly to the low levels of participation in the current environment. Importantly, these are also reflected in the attitudes of many service providers. This appears often to be due to fear (of the unknown) and ignorance (a lack of knowledge and understanding of the issues facing people with a disability).
- The provision of appropriate facilities, activities and environments, and the subsequent promotion of these, is fundamental to increasing participation levels. In the context of provision of sport to this target group, this encompasses a range of issues, particularly:
• the availability and dissemination of information in an accessible, very visible format;
• increased skills and knowledge amongst service and information providers;
• the provision of a range of sporting options, both in terms of the types of activities offered as well as sporting environments; and
• open, uninhibited access to all, both on a practical and an emotional level.

In order to address the range of barriers identified, specific initiatives should work towards achieving the key targets outlined in the following pages. These are segmented by the different stages in the behavioural change process, from Precontemplation to Confirmation, to allow for a more focused and targeted strategy. This approach also recognises that “only through a series of steps will any consumer reach the social marketer’s goal of permanent behaviour change” (Andreasen, 1995).
### CHAPTER 5: TARGETS AND THEIR IMPLEMENTATION

#### Stage 1: Precontemplation

<table>
<thead>
<tr>
<th>Target</th>
<th>Implementation</th>
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| • Communicate the meaning of ‘sport’ in Scotland today, including:  
  o community recreation and sports development; and  
  o sport for all. | • Encourage a wider debate, including in the media.  
• Ensure collaboration with organisations such as HEBS in communications activity.  
• Instigate involvement in joint promotion of previously mainstream sports events. |
| • Promote the governing/coordinating body of sport for people with a disability, Scottish Disability Sport (SDS), to:  
  o raise its external profile;  
  o raise the profile of sport for people with a disability; and  
  o increase awareness of sporting opportunities available to people with a disability. | • Lobby for direct Exchequer funding and prioritisation of disability sport.  
• Develop a marketing strategy at national level.  
• Ensure regular and sustained communications and relationships with local and national media.  
• Promote sporting role models at all levels of disability.  
• Advertise activities and projects in local press and trade publications.  
• Develop project-specific, branded media campaigns.  
• Instigate partnership working with key bodies: local authorities, sport governing bodies, voluntary organisations – each with a clearly defined role.  
• Forge links with local clubs, schools, day centres, hospitals, GPs and physiotherapists.  
• Attend selected events and conferences of governing bodies of sport.  
• Develop sponsorship relationships with a view to raising profile as well as funding. |
• Raise awareness of what people with a disability can achieve in sport at a grass-roots, as well as elite, level:
  o including different levels of severity.

• Address parents’ concerns about disability sport:
  o including those of children without a disability.

<table>
<thead>
<tr>
<th>Target</th>
<th>Implementation</th>
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</table>
| • Engender confidence that people with a disability can actively participate in sport by seeking to:  
  o address perceived lack of (individual) ability; and  
  o build confidence and self-esteem. | • Focus on individuals, assessing personal needs.  
• Address needs of a particular target group: ‘people like me’.  
• Adopt concept of ‘leisure counselling’ where appropriate.  
• Communicate relevant benefits and |
act to reduce perceived risks.
- Provide support to participants, eg leisure sharer concept, trained staff.
- Promote school-based initiatives by providing ‘expert’ sources, practical support material and teacher training.
- Establish ‘dedicated’ clubs to provide safe comfortable (initial) environments.
- Use those already involved at all levels as spokespeople and role models.
- Encourage locally-based ‘opinion leaders’ to serve as information sources: part of a ‘two-step flow of communication’.
- Develop strategies for group-based involvement at this consideration stage.

<table>
<thead>
<tr>
<th>Education of service providers to:</th>
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<tbody>
<tr>
<td>o eliminate their discomfort; and</td>
</tr>
<tr>
<td>o encourage positive consideration</td>
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<tr>
<td>of integrated service provision.</td>
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| Provide comprehensive programme of disability awareness. |
| Lobby for inclusion of modules on disability sport as integral elements of PE teacher training and leisure management courses (including practical experience). |
| Instigate the concept of ‘trial periods’ for specific projects to facilitate acceptance. |

<table>
<thead>
<tr>
<th>Education of professionals to:</th>
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<tr>
<td>o encourage positive provision of sporting choices.</td>
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</table>

| Ensure training and professional development of social care workers and those in the medical profession, including modules on the full benefits and achievability of sports for people with a disability. |

**Stage 3: Preparation**
- Provide readily accessible information on sporting activities, through:
  - a variety of channels; and
  - centralised and local access points.

- Establish a comprehensive bank of marketing communications to allow access to a wide range of information on all aspects of disability sport.

- Establish a website with relevant information and contacts.

- Produce materials in different formats and media.

- Produce materials with specific customer targets and information aims.

- Establish a comprehensive database of activities and contacts (including qualified coaches with and without disabilities).

- Ensure annual revision and broad mail out and availability through a variety of media including telephone and Internet access.

- Publicise central points of information access.

- Encourage people with a disability to seek out and evaluate activities for themselves and, where appropriate:
  - engender involvement and ownership; and
  - create confidence in their ability to access information.

- Provide information access points in schools, day centres and voluntary organisations.

- Provide access to demonstrations and taster sessions to enable people with a disability to make informed choices or demands.

- Bring information to potential participants, including through publicised activity days and road shows.

- Facilitate ‘word of mouth’ transfer of information by providing group forums for discussion of personal experiences.

- Address level of knowledge and confidence of service providers in communicating information to potential participants.

- Ensure disability awareness training is ongoing and refreshed regularly.

- Monitor levels of knowledge and delivery of information to customers.

- Develop mechanisms to ensure
### Stages 4/5: Action/Confirmation

<table>
<thead>
<tr>
<th>Target</th>
<th>Implementation</th>
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<tbody>
<tr>
<td>• Provide a welcoming structure and environment for people with a</td>
<td>• Establish community clubs in response to local needs and link to</td>
</tr>
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</table>

- Ensure availability of appropriate activities:
  - at different levels; and
  - with different aims.

- Provide support (financial and training) for provision of grass-roots facilities at local level through strong networks and partnerships.
- Provide access to training and coaching at the appropriate level.
- Provide recreation-only approaches to sport alongside competitive activities.
- Develop appropriate classification systems in all sports.
- Develop modification and adaptation guidelines to address different types and severity of disability.

- Ensure facilities are within reach for regular participation, in terms of:
  - cost; and
  - transport.

- Put in place partnerships that can minimise transport costs.
- Establish mechanisms to reduce the perceived personal cost of participation to customers’ significant others, including time and personal commitment.
- Lobby for adequate and appropriate public transport provision to activity centres, especially in rural areas.
- Where appropriate, encourage car share and car pool schemes where participants and volunteers without disabilities are involved.
- Increase provision of sporting activities in rural areas.
- Work with local authorities to reduce leisure facility access fees for regular users and/or their ‘buddies’.
<table>
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<tr>
<th>Disability to play sport.</th>
<th>the appropriate governing body of sport.</th>
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<tbody>
<tr>
<td>• Ensure all relevant public and private facilities are aware of the needs of people with a disability.</td>
<td>• Ensure all relevant public and private facilities are aware of the needs of people with a disability.</td>
</tr>
<tr>
<td>• Provide guidelines for managers of such facilities to orientate their policies to actively include people with a disability.</td>
<td>• Provide guidelines for managers of such facilities to orientate their policies to actively include people with a disability.</td>
</tr>
<tr>
<td>• Encourage local authorities to ensure that public sports facilities are fully accessible and usable by people with a disability, by establishing national standards.</td>
<td>• Encourage local authorities to ensure that public sports facilities are fully accessible and usable by people with a disability, by establishing national standards.</td>
</tr>
<tr>
<td>• Take steps to familiarise architects and managers of sports facilities with requirements for people with a disability.</td>
<td>• Take steps to familiarise architects and managers of sports facilities with requirements for people with a disability.</td>
</tr>
<tr>
<td>• Ensure the quality of delivery of sporting instruction.</td>
<td>• Develop partnerships to ensure the availability of qualified instructors in sport in delivering sessions.</td>
</tr>
<tr>
<td>• Provide access to professional instruction at local levels of disability sport.</td>
<td>• Provide access to professional instruction at local levels of disability sport.</td>
</tr>
<tr>
<td>• Involve significant others and volunteers in organising activities or pairing with participants.</td>
<td>• Consult with these individuals in planning, reviewing requirements and organisation of activities.</td>
</tr>
<tr>
<td>• Adopt a customer-based approach, where all involved parties have the possibility of input.</td>
<td>• Adopt a customer-based approach, where all involved parties have the possibility of input.</td>
</tr>
<tr>
<td>• Provide training and coaching programmes to develop skills.</td>
<td>• Provide training and coaching programmes to develop skills.</td>
</tr>
<tr>
<td>• Provide ongoing support to foster long-term commitment.</td>
<td>• Provide ongoing support to foster long-term commitment.</td>
</tr>
<tr>
<td>• Involve participants in the organisation and running of clubs and activities, to promote:</td>
<td>• Offer training opportunities in a range of activity areas.</td>
</tr>
<tr>
<td>o a greater feeling of ownership;</td>
<td>• Offer training opportunities in a range of activity areas.</td>
</tr>
<tr>
<td>o opportunities to run their own activities; and</td>
<td>• Provide opportunities for participant input in the organisation of activities.</td>
</tr>
<tr>
<td>o the development of leadership skills.</td>
<td>• Provide the scope for role models to influence perceptions, and the future of participation in sport by people with a disability.</td>
</tr>
</tbody>
</table>
• Ensure that those who wish can develop their skills in a competitive context, or at an elite level.
• Establish procedures for identifying the coaching needs of individuals and methods for attaining them.
• Identify individuals in each region with disability sport qualifications and experience and establish banks of expertise.
• Identify training needs of individuals and provide a range of courses to meet those needs.
• Develop strong ties with mainstream clubs to encourage integration into their coaching programmes.
• Establish links with national and international bodies concerned with sport for people with a disability.

• Provide opportunity for integration into mainstream environments, where appropriate.
• Establish guidelines on the speed and methods for undertaking this effectively in individual cases.
• Establish links with mainstream clubs and facilities in the local community, providing options for new opportunities as skills develop.

CHAPTER 6: FUTURE RESEARCH

A key objective of the study was to provide guidance on future research needs, in terms of collecting baseline data for monitoring participation levels amongst the target groups. In order to recommend an appropriate approach for collecting these data, there are a number of key areas to consider:

• The nature of the **information to be gathered**: what needs to be measured.
• The optimal approach for collecting this information: **methodology**.
• The structure of the **sample**.
Information to be Gathered

As a starting point, it is important to acknowledge the long-term nature of the strategy of increasing participation in sport amongst the target groups. As highlighted in the research, changing behaviour is not a case of people simply switching from being a non-participant to suddenly participating in sport. Given the different stages that people go through in the behavioural change process, there are also important shifts in attitude which can indicate a greater propensity towards participating in sport (even though they may not actually be undertaking the activity).

We would, therefore, recommend that any research undertaken in relation to monitoring and measuring participation levels takes this into account. As such, whilst it will be important to quantify actual levels of participation, just as essential will be an assessment of the attitudes held by the target groups. This may include, for example:

- Attitudes towards sport per se, such as level of importance in life, level of appeal of participating.
- Perceived value of participating in sport.
- Key associations made with sport.
- Reasons behind non-participation.
- Levels of awareness of what is available and perceived appropriateness of this.

In identifying the range of attitudes held in relation to the types of issues outlined above, it will be possible to determine what stage the target groups are at, and how close (or otherwise) they are to considering participation. Additionally, there will be the opportunity to monitor this over time, with the ability to identify shifts in attitude across set time periods.

Aside from attitudinal issues, we would also recommend that data are collected in relation to actual behaviour, including:

- Levels of participation, broken down by variables such as age, gender, social class, urban vs rural, and type and severity of disability.
- The nature and frequency of participation.
- The types of sport the target groups are taking part in.
- Who they are participating with.
- Where they are participating.

Methodology

In terms of collecting baseline data for monitoring participation levels amongst the target groups, a quantitative approach will clearly be the most appropriate. This would provide the opportunity to target a wide audience in order to provide a robust measurement of attitudinal and behavioural patterns.

This approach will also allow for subsequent monitoring, whereby shifts in behaviour and attitudes can be measured over time. Within this, there will be the opportunity to explore the impact of initiatives and policy changes that may be put in place. It must
be remembered, however, that given the long-term nature of the strategy, such changes may not be immediately evident.

Within this quantitative approach, the methodology adopted needs to be carefully considered and to take into account the specific nature of the different types and severity of disability. Accordingly, we would recommend the following:

- A mixed methodology, including both self-completion as well as face-to-face interviews, where appropriate. Clearly the ability of the individual to complete a written questionnaire will vary, depending on the nature and level of severity of their disability.
- Distribution through a range of channels, including both disability organisations as well as more general avenues such as schools.
- Available in a range of formats, accessible for example to those with a sensory disability.
- For those with a learning disability, both the length of the questionnaire and the nature of the language will need to be pitched at an accessible level.
- It will also be important to ensure that people not linked with community organisations are included in the research. We would recommend working in consultation with individuals who have access to this harder to reach sub-group.

Other more general issues that need to be taken into account include the following:

- The nature and length of the questionnaire must not act as barriers to participating in the research, so it should be straightforward to complete and not overly long.
- Some form of incentive should be considered to encourage a greater response rate to the survey, such as a prize draw for all who take part. If undertaken, this does not have to be financially significant, but must be relevant – and motivating – to the target group.

**Sample**

A sample structure would need to be developed in accordance with more specific objectives for this project. However, assuming that the purpose of the research was to provide an overview of the target groups’ behaviour and attitudes in relation to participation in sport, it will need to reflect general population profiles. Key criteria may include a representation of some or all of the following:

- A rural/urban mix.
- Social Inclusion Partnership areas.
- Both males and females.
- A range of ages.
- A mix of social class and related indicators such as highest educational attainment.
- Different types and levels of severity of disability.
- Where appropriate, parents or carers of those with a disability.
Additional Issues

We believe that there may be the opportunity for further research in other areas to complement the need for monitoring future developments. These include:

- **Research amongst the general public.** As the attitudes and behaviour of the general public can be key barriers to participation in sport for people with disabilities, monitoring these may provide useful insights. Again, however, this would prove most fruitful in the context of a long-term strategy.

- **Monitoring the progress and development of initiatives put in place to increase participation in sport amongst the target groups.** In registering every programme or initiative that has been developed there would be the opportunity to:
  - evaluate the success levels of each initiative;
  - obtain details of the numbers participating within specific programmes;
  - assess which sub-groups are well catered for, such as younger people with a disability;
  - identify where gaps in provision exist; and
  - share the information amongst interested parties, such as those looking to start up a new initiative.

The examples of good practice documented in this report may provide a useful starting point for such an exercise. The way forward beyond this would need to be carefully considered, but could involve the distribution of self-completion questionnaires to relevant organisations or initiatives. This would allow structured data to be collected that could in turn be entered into a database, thereby creating a substantial pool of information.

**APPENDIX: EXAMPLES OF GOOD PRACTICE**

This Appendix provides summary details of 41 examples of good practice in Scotland and elsewhere in the UK. It should be stressed that these examples are a selection only and not necessarily representative of all, but they do illustrate a range of projects on the ground that are helping to overcome various barriers to participation in sport by people with a disability. Specific good practice criteria are identified for each.

1. Scottish Disability Sport
2. Scottish Disability Sport Resource Pack
3. Come’n’Try Sessions
4. Ready, Willing and Able
5. Youth Sport Coordinator for People with a Disability
6. Fife Institute of Physical and Recreational Education
7. Derry Sport-Ability
8. PE for All Group
9. RNIB National Curriculum Group
10. Duke of Edinburgh’s Award Expedition
12. School Leaver Recreation Awareness Project
1: Scottish Disability Sport

Aims

To provide facilities for and encourage the development of sport for people with a disability.

The Project

Scottish Disability Sport (SDS) is the governing and coordinating body of sport and physical recreation for all people with a disability in Scotland and has been operating for 30 years. SDS recently launched its development plan, Changing with the Times, and has identified three priorities for the immediate future: focusing on the needs of players and athletes; developing sporting opportunities for young people with a disability; and developing partnerships that provide opportunities and facilities. SDS delivers its programmes through an extensive network of branches and area development groups.

Good Practice Criteria

- Has a clear set of aims and goals and a strategy to achieve them
- Able to focus all of its attention and resources on increasing sporting opportunities for people with a disability
- Encourages a wider debate
- Ensures collaboration with other organisations
- Developed a national marketing strategy
• Instigated partnership working with key bodies, including local authorities and governing bodies of sport

2: Scottish Disability Sport Resource Pack

Aims

To provide a one-stop reference guide for everyone involved in providing sporting services and opportunities for people with a disability.

The Project

The resource pack brings together all of the pieces of the Scottish disability sport network in one easy to read document. It provides a brief background to SDS and outlines information on specific initiatives for junior sport, national events and education and training. In addition, it provides practical advice and tips on coaching people with a disability; sport-specific leaflets; and advice on providing access to facilities.

Good Practice Criteria

• Helps to engender confidence of service providers by providing information
• Provides practical advice for professionals working in the area of delivering sporting activities to people with a disability

3: Come’n’Try Sessions

Aims

To expose young people in Scotland with a disability to a range of sporting activities and provide a fun and enjoyable day.

The Project

The Come’n’Try sessions are organised by branches of Scottish Disability Sport throughout Scotland including Aberdeenshire, Lothian, Tayside, Forth Valley and North Lanarkshire. Participants are offered a range of sporting activities to choose from over the course of a day. Parents are encouraged to come along.

Good Practice Criteria

• Emphasis on fun and enjoyment
• Addresses parents’ concerns and creates a positive environment for parents and other family members who can see the benefits of people with a disability participating in sporting/recreational activities
• Children able to try a variety of different sports
• Links made with other local sports clubs and/or new clubs established

4: Ready, Willing and Able

Aims

To increase the development of sport for people with a disability throughout Scotland.

The Project

Ready, Willing and Able is a national programme that began in 1994. It is a partnership initiative between sportscotland, SDS and the programme sponsor, Royal Mail. The first three years of the programme saw an emphasis on awareness training, sports-specific initiatives and community
development, all of which were linked to a system of accreditation. Nowadays the emphasis is on development of local groups, sports-specific development within bowls, boccia, football and table tennis, and national championships for athletics, boccia, bowls and table tennis.

Good Practice Criteria
- Coordinated national participation programme
- Employs coordinators to spearhead the project
- Provides an opportunity for disabled people to develop their skills to competitive and elite levels

5: Youth Sport Coordinator for People with a Disability

Aims
To increase participation levels of school-aged children with a disability in a range of sports through a national youth sports coordinator.

The Project
sportscotland’s Youth Sport Team includes a full-time coordinator dedicated to disability sport in a cooperative initiative between sportscotland and Scottish Disability Sport.

Good Practice Criteria
- Established links with other sportscotland programmes, networks and expertise
- Coordinator has more strength to negotiate with local authorities and national governing bodies
- Developing effective working partnerships between SDS and other agencies, particularly local authorities and national governing bodies of sport

6: Fife Institute of Physical and Recreational Education

Aims
To provide sport, community recreation and physical opportunities for individuals of all ages and abilities.

The Project
The Institute was opened in 1970 and from the start a member of the management team has been assigned to addressing the needs of people with physical, sensory and learning disabilities within the Institute’s programme and throughout Fife. The Institute has a team of PE staff involved in programme delivery and in 2000 over 40,000 individuals with special needs used the facilities. The Institute is a community resource that encourages inclusion but also offers discrete provision when required. A wide range of specialist equipment is provided, and programmes for people with a disability include sport-specific training sessions; an annual festival of sport; weekly sessions for Fife special schools; and inclusion within mainstream classes.

Good Practice Criteria
- Provides a mixture of discrete and inclusive provision that is athlete centred
- Activities that are affordable, age appropriate and meet local needs
- Tutors are appropriately qualified to deliver comprehensive programmes in suitable settings
- Key partners are involved, such as education and social work services departments, the NHS and voluntary organisations
7: **Derry Sport-Ability**

**Aims**

To provide opportunities for people with a disability to participate in sport in the Derry area.

**The Project**

Following a festival of sport for people with a disability and an open forum on the subject in the town, a sports club was formed. People were invited to attend the sports club at the local leisure centre. The club offers a range of activities including swimming on the regular club night and has a membership of about 45 people aged 14-20 years. The club attracts approximately 25 people on each club night.

**Good Practice Criteria**

- Commitment of club members, supporters and local authority
- Size of club membership ensures members’ key needs are met by the leisure centre, such as a hoist installed in the pool
- Strong emphasis on the social aspects of the club as well as keeping it affordable
- ‘Relaxed’ integration encouraged between people with and without a disability
- Parents and participants initially consulted about the club thereby engendering a sense of ownership

8: **PE for All Group**

**Aims**

To coordinate the efforts of interested individuals and bodies to ensure equal access to the PE curriculum and community sports opportunities for young people with a disability.

**The Project**

The PE for All Group consists of teachers in mainstream and special schools, advisory teachers, physiotherapists, sports development officers, English Federation of Disability Sport and Sport England. The support group regularly brings together people to share information and ideas, organise training and lobby for resources. A main focus has been to provide practical support to teachers in mainstream schools about how to fully involve pupils with a disability in PE.

**Good Practice Criteria**

- Commitment of a regional network of teachers in both mainstream and special schools
- A cooperative approach that harnesses the knowledge and skills of a wide range of professionals to provide practical support
- Emphasis on practical support, such as quarterly workshops and development of an information resource pack containing lesson plans, case studies and award schemes

9: **RNIB National Curriculum Group**

**Aims**

To further involve children with a visual impairment in PE at school.

**The Project**

This was a national project that involved bringing together a group of teachers experienced in working with visually impaired children and specialist PE teachers from mainstream education in order to produce practical guidelines, advice and coaching techniques for teachers teaching PE to children in
mainstream schools with a visual impairment. The project was aided by a small grant from Sport England.

**Good Practice Criteria**

- Helps to overcome any resistance on the part of PE teachers by providing a practical guide on how to teach PE to children with a visual impairment
- Funding forthcoming
- Combines the knowledge of relevant specialists

**10: Duke of Edinburgh’s Award Expedition**

**Aims**

To provide an active challenge and learning experience outside the school for pupils with learning difficulties, by adapting the bronze expedition element of the Duke of Edinburgh Award.

**The Project**

The expedition was designed to fit as part of the DoE Award and the National Curriculum. Initially training within and close to the school grounds took place in order to provide a basic knowledge of camping, cooking, dressing, washing and observing the environment. Following that activities moved to the towpath of the River Thames where camping activities could be practised over a number of visits walking the route. Finally, the expedition itself took place over a weekend and involved the pupils in all aspects of setting up camp and exploring the planned route.

**Good Practice Criteria**

- Support and confidence of parents sought through initial discussions
- Participants acquired new skills of both a practical and social nature
- Participants encouraged to take responsibility for making leadership decisions (in a safe and supportive environment)

**11: Gateshead Schools Sports Forum and Kestrels Club**

**Aims**

To provide a club setting through which children with a disability from special and mainstream schools in the area can play, compete, learn, socialise and build self awareness and confidence.

**The Project**

One special school in cooperation started the club with a community physiotherapist. It provides activities such as swimming, athletics, boccia, bowls and table tennis. Specialist teachers and coaches are provided.

**Good Practice Criteria**

- Provides a link into regional and national events and mainstream clubs
- Funding provided by Sport England overcomes transport problem and facility hire
- Provides parents with an opportunity to meet and support one another
- Helps the pupils to make informed choices for themselves about where to participate upon leaving school
- Provides for both a recreational and competitive sporting environment
12: School Leaver Recreation Awareness Project

Aims
To provide a programme for pupils with a disability in their final year to encourage continuing post-school involvement in recreational activities.

The Project
A programme of resource materials suitable for any school or local authority wishing to encourage post-school recreation amongst pupils with a disability was devised. The programme consists of six days of in-house lectures and discussions of individual circumstances, leisure choices and overcoming barriers. Pupils are encouraged to take turns in leading the discussion sessions. Supporting the project are further peer group presentations, discussions with invited recreation officers, compilation of local information on opportunities for participation, and homework projects.

Good Practice Criteria
- Pupils are given the tools and training to make their own decisions
- Provides a link between pupils and local recreation officers
- Funding provided for production of resource materials
- Pupils gain valuable leadership experience

13: Fieldfare Trust Life and Leisure Scheme – Everybody Active

Aims
To expand the ability and competence of young people with a disability in making leisure time choices particularly in the area of outdoor activities.

The Project
Staff from the Fieldfare Trust, an independent charity developing countryside recreation and outdoor pursuits, work closely with young people with a disability in South Yorkshire to guide them towards relevant sporting opportunities. An initial detailed individual assessment was compiled and covered skills, experience and personal circumstances. Practical and emotional support in the actual sporting activities was provided on an individual basis, for example individuals were guided through the chosen activities by leisure councillors.

Good Practice Criteria
- Adopts concept of leisure counselling
- Focuses on addressing the needs of the individual
- Promotes sustained and meaningful participation
- Increases participants’ confidence

14: Ormesby Comprehensive School Community Sports Project

Aims
To make sport available to young people with a disability by providing encouragement, support and exit routes into the community.

The Project
The scheme targets pupils and ex-pupils of Ormesby School. People’s interests and abilities are identified and matched with suitable local sports clubs. Club committees are contacted and an
introductory session is organised whereby the pupils, coaches, club leaders and parents are able to get to know one another and become aware of what is needed in order for the person with the disability to participate in the club.

To date the scheme has linked into four established clubs with the athletics and swimming clubs being the main routes for integration. The scheme was funded with a small grant from the Northern Sports Council.

Good Practice Criteria

- Funding obtained
- Personalised assessment ensures needs of the individual are met
- Provides an effective link between people with a disability and local sports clubs
- Provides real integrated opportunities for young people with a disability to develop their sporting interests
- Offer of trial period helps to eliminate fears of mainstream clubs

15: Leisure Link

Aims

Aims to enable young people with a learning disability in Stockport to undertake leisure activities of their own choosing and to integrate them into clubs by offering support and information and pairing them with ‘leisure sharers’.

The Project

The scheme provides participants with information about facilities and activities and ‘leisure sharers’ support participants in their chosen activities. Leisure Link also provides a bi-monthly newsletter.

Good Practice Criteria

- Deals with young people’s individual needs
- Participants are supported particularly in the early stages of involvement with a club/new activity
- Provides a trial period in order to overcome any initial fears on the part of mainstream leisure users and community groups

16: Metro Sports Club Activity Days

Aims

To increase opportunities for young people with a visual impairment to take part in sport.

The Project

A series of activity days were set up in a variety of sports aimed at young people with a visual impairment in mainstream schools in Greater London. An initial programme of four activity days included football, water sports and athletics.

Good Practice Criteria

- Database of potential participants established
- Sports activities supported by expert coaches
- Affordable due to funding by Metro’s general club fund
- High profile venues selected for the activity days
- Links made between Metro club members and sporting venue coaching and resident staff
- Provides participants with ‘taster’ sessions

**17: Disability, Exercise and Active Leisure**

**Aims**

To encourage young people with a disability to get involved in sporting activities.

**The Project**

DEAL ensures a coordinated approach to providing both information and sporting activities for young people with a disability in Coventry. Information packs about sporting opportunities for young people with a disability are provided and a database including details of clubs and sessions is available in local libraries. In addition, awareness training sessions have taken place for local clubs and sports facilities aimed at encouraging them to welcome young people with a disability.

**Good Practice Criteria**

- Participants are encouraged to take responsibility by being on the committee
- Brings together all the relevant partners to provide a coordinated approach to information and activity provision

**18: Women into Positive Lifestyles**

**Aims**

To promote health issues and to encourage leadership skills in girls and young women with and without learning disabilities in a fully integrated environment.

**The Project**

Phase 1 of the pilot project involved young women in Yorkshire and Humberside and Northumbria from Gateway and Youth Clubs UK in undertaking a joint training weekend of sport and recreation to promote the healthy lifestyle concept. Phase 2 was aimed at developing the first phase by integrating the training of young women leaders. Young women from both clubs joined together for a programme of disability awareness, self-advocacy, confidence building and training in health-related exercise and sports leadership.

**Good Practice Criteria**

- Tackles issues relating to all young women in an integrated manner thereby promoting understanding and friendship between previously separate local groups
- Clubs have their own resources with which to promote health-related fitness to all members
- Creates good role models

**19: Sheffield Integrated Leisure and 14+ Clubs**

**Aims**

To offer young people with a disability attending an integrated sports and leisure club supported opportunities to move on to mainstream leisure activities.

**The Project**

The Sheffield Integrated Leisure Club (SILK) caters for 7-14 year-old children with a variety of impairment. The club provides a base for 20-30 regular attenders to develop their skills, confidence and social skills through a variety of sports and games such as swimming, football, table tennis, badminton, and gymnastics. The 14+ Club was developed as a progression to the SILK project and
provides regular sessions three evenings per week, where people aged 14-25 can move onto mainstream activities of their choice with the support of volunteers.

Good Practice Criteria

- Partnerships developed between related organisations, including statutory and voluntary bodies and the further education sector
- Structured activities were provided to assist the development
- Participants were supported in their progression to mainstream clubs

20: Expanded Sports Club

Aims

To offer an integrated outdoor activities and sports club in Lincolnshire that coordinates local sports opportunities for people with a disability on an equal basis with other people without a disability.

The Project

A regular programme of activities such as canoeing, abseiling, skiing and sailing and the club’s committee members have developed ice skating. The committee consists of people with and without a disability.

Good Practice Criteria

- Provides a supportive but integrated environment
- People with a disability encouraged to take responsibility by participating in the club on an equal footing with people without a disability, thereby gaining a sense of ownership

21: PHAB Clubs

Aims

To give young people with and without a disability aged 12 to 19 the opportunity to participate together through a national network of sports clubs offering an introduction to sport and recreation.

The Project

This is a nationwide project where clubs offer young people the opportunity to participate and try out a wide range of indoor and outdoor activities. More than 5,000 young people are involved in PHAB clubs across the country.

Good Practice Criteria

- Participants are provided with a positive environment for both observation and participation at grass-roots level
- Clubs act as a stepping stone for integration into mainstream clubs
- Advertised through local media to attract participants
- Activities provided in a supportive but integrated environment

22: Millwall Football Club Community Sports Project

Aims

To open up facilities of a south-east London professional football club to the local community and in particular young people with a disability.
The Project

Staff and trainee players make regular visits to schools, day centres and youth clubs to run sports coaching sessions in football, cricket, short tennis, basketball and short mat bowls. The scheme particularly focuses on schools with children with a learning disability and these children have been integrated into the annual football festival for people with special needs.

Good Practice Criteria

- Coaching sessions provided by trained staff
- Encourages people with a disability to evaluate sporting activities for themselves

23: Sportscool

Aims

To introduce young people to the variety of sports clubs that operate locally and to strengthen school/club links.

The Project

An annual sports fair is held in Bristol for young people with a disability from special and mainstream schools. The Sportscool fair provides information and demonstrations covering over 30 sports to over 800 pupils, parents and teachers. Transport is provided to help schools attend and the sports development officer for people with a disability contacts the special schools individually to encourage participation.

Good Practice Criteria

- Creates a link between young people with a disability, their carers and mainstream clubs in the community
- Collects information on an continuing basis on access for and attitudes towards the inclusion of young people with a disability in the clubs
- Encourages people with a disability to evaluate activities for themselves
- Brings information to potential participants

24: British Canoe Union

Aims

To promote canoeing for all people and provide people with a disability with an opportunity to participate in mainstream activities and events.

The Project

The British Canoe Union (BCU) provides a number of activities including an annual Paddle Ability sprint competition and slalom events. Event organisers seek to inform members of the accessibility of tours and events and the suitability of facilities, provide training opportunities for canoeists with a disability and disability awareness courses for coaches and helpers. The BCU also provides small grant funding opportunities to assist regions to address disability issues and hosts the ECA European Paddle-Ability Conference and Championships. It encourages people with a disability to take the BCU tests of personal performance and adapts the assessment when necessary. The BCU provides regional disability coordinators whose job it is to advise and provide information where needed on a wide range of disability and canoeing related issues.

Good Practice Criteria

- Provides a supported mainstream environment
• Provides staff with the appropriate knowledge and skills to meet the needs of canoeists with a disability
• Increases the range of sporting options available to disabled people
• Provides a recreational environment as well as encouraging participation at a more competitive level
• Canoeing viewed as sport rather than therapy

25: SCORERS

Aims
To provide sports opportunities for young people with a disability in North Lincolnshire.

The Project
North Lincolnshire Council, Disability Sport North Lincolnshire and the Federation of Disability Sports Organisations set up SCORERS sports club in North Lincolnshire in 1999. The club is open to young people with any type of disability between the ages of 11 and 21. Some of the club’s activities include goalball, table tennis, swimming, climbing, football, short tennis, polybat and boccia. Experienced coaches and instructors deliver activities.

Good Practice Criteria
• A range of sporting activities to suit different needs and tastes offered
• Coaching provided

26: Sparky’s Ultra Fun Club

Aims
To provide children and young adults in North Lincolnshire with safe, top quality supervision and opportunities in sports, arts, craft and recreation.

The Project
Sparky’s is a charity club set up in 1997 for children and young adults with physical, sensory or learning disabilities. Members meet once a week and play on soft apparatus, dance and sing, bake, use a computer or participate in art and craft activities. Admission charges are kept low.

Good Practice Criteria
• Emphasis is on fun and enjoyment
• Offers a range of activities at grass-roots level
• Affordable

27: Buddy Project

Aims
To enable people with a disability to participate in the sport of their choice.

The Project
This proposed project in Leeds serves to link-up people with a disability with a ‘buddy’: someone without a disability (or with a moderate disability) who is willing to get involved in enabling people with a disability to access the same sport. Names are stored on a database and once established, advertised through the disability sports database.
Good Practice Criteria

- The person with the disability gets to participate in a sport of their choosing
- Raises community awareness of a variety of disabilities
- Provides an opportunity for integrated sport and social activity

28: Red Ridge Centre

Aims

To facilitate adventure-based outdoor activities for people with a learning disability.

The Project

Located in Welshpool, the Red Ridge Centre was established in 1978. The centre offers a wide range of activities to colleges, schools, youth groups and companies seeking management training; however it specialises in the provision of outdoor activities to people with a learning disability. The range of activities offered include: water sports, climbing and abseiling, hill walking, orienteering, an assault course, zip wire, four-wheel motorbikes and archery, and there is a specially designed maze and purpose-built go-karts for people with a physical disability. All activities can be adapted to allow people with a physical disability to participate.

Good Practice Criteria

- Outdoor adventure activities viewed as sport and not as therapy
- Activities specially adapted so that all people can participate
- A variety of ‘non-standard’ activities offered

29: West of Scotland Football Club (for the physically disabled)

Aims

- To promote and develop participation in football for all people with an ambulant physical disability
- To develop individuals’ fitness, coordination and social skills through the game of football
- To provide the opportunity for people with an ambulant physical disability to play competitive football against other clubs
- To provide the opportunity for coach education

The Project

The football club was set up in 1999 by the parents of a group of children with a physical disability so that their children could play football in a competitive but safe environment. Parents and children meet once a month.

Good Practice Criteria

- Addresses a gap by providing disabled youngsters with an opportunity to participate in football at a competitive level
- Provides young people with a disability an equal sporting environment in which to compete against one another at football
- Provides an opportunity for parents with a disabled child to mix socially with one another, provide support and share information
30: Firhill Sports Club

Aims

To offer sporting opportunities and sports development to people with a learning disability in an integrated environment.

The Project

Located at the Firhill Sports Centre in Glasgow, the Firhill Sports Club operates once a week in the evening. A range of sporting activities such as football, netball, badminton and basketball are offered and coaching is also provided. The club is integrated so that people with a disability are playing alongside and mixing socially with people without a disability. People with a disability living in residential day centres and who are living independently both make up the club membership.

Good Practice Criteria

- Takes place in an integrated environment
- Supportive and safe environment
- Offers a competitive sporting context which matches individuals’ ability level
- Provides recreation-only approaches to sport alongside competitive activities
- Where appropriate, sporting activities modified/adapted to suit different types and severity of disability
- Encourages participants with a disability to take an active role as coaches by encouraging acquisition of coaching qualifications
- Creates role models who have a positive impact on perceptions of disabled people

31: Redstar Athletics Club

Aims

To offer coaching and sports development to athletes with a disability.

The Project

Redstar Athletics Club operates out of Crown Point Sports Centre in Glasgow and has a membership of some 50-60 athletes. Athletes meet each week and receive coaching in their chosen sport. The club caters for athletes with all types of disability. Some of the coaching staff have a disability.

Good Practice Criteria

- Provides links for athletes with a disability into mainstream sporting clubs
- Encourages athletes with a disability to participate in the club at all levels, including as players/athletes and coaches
- Helps athletes with a disability to achieve coach accreditation at a national level
- Provides people with a disability with a facility for elite sports development
- Provides good role models in the wider community

32: Uphill Ski Club

Aims

To give people with a disability the choice to experience skiing in an integrated environment.
The Project

The Uphill Ski Club operates from the Cairngorm Ski Resort. It is the only permanent ski facility for people with a disability in Europe. The club offers members the opportunity to take a skiing holiday and have lessons.

Good Practice Criteria

- Accessible to people with all types of disability
- Specially adapted equipment available
- Has four ski instructors who have passed the special adaptive qualification developed by the British Association for Ski Instructors
- Operates within an integrated environment
- Increases the number of sporting activities available to people with a disability

33: Bell’s Sports Centre Angling

Aims

To convince young people that angling need not just be for able-bodied people.

The Project

Bell’s Sports Centre in Perth offers young people with a disability the opportunity to try angling and offers training on bait casting, how to dress flies and casting. An annual national angling championship for anglers with a disability is held on the Lake of Menteith. In response to the needs of anglers with physical disabilities, a special cantilever platform system was developed which allows wheelchair access to boats from a stationary pontoon, and boats have been adapted to accommodate wheelchairs. In addition, old reels are converted into automatic reels and made available for the use of people with a disability.

Good Practice Criteria

- Extends the range of sporting options for disabled people
- Provides the possibility of a competitive environment
- Provides adequately adapted equipment

34: Aberdeenshire Disability Sport Directory

Aims

To promote sporting opportunities for people with a disability throughout Aberdeenshire.

The Project

Aberdeenshire Council recently published a written disability sport directory that lists a comprehensive range of information relevant to local people with a disability wishing to participate in sport and to those involved with administering and coordinating services and facilities. The directory is also held on CAREDATA, a computerised database that can be accessed in every library.

Good Practice Criteria

- Provides relevant information
- Accessible
- Centralised
35: Sportsability Programme

Aims

To increase opportunities for young people with a disability and with higher support needs in Scotland to participate in sporting activities.

The Project

The Sportsability programme was launched in 1999 and is coordinated by the Youth Sports Trust and funded by the Camelot Foundation. The programme provides equipment and resource cards to schools throughout Scotland. The programme also provides teachers with the necessary training to deliver the activities to school-aged children. The equipment has been developed in association with a number of disability organisations and national governing bodies of sport. Sports in the programme include table cricket, polybat, table hockey, boccia and goalball.

Good Practice Criteria

- Makes sporting activities accessible to children with a disability
- Addresses a gap – children with higher support needs
- Practical, providing equipment and training

36: Aberdeenshire Information Open Day

Aims

To provide local people with information and opportunities to participate in sporting activities in Aberdeenshire.

The Project

The Information Open Day was held at Garioch Sports Centre in Inverurie. A range of information stalls from local disability and sporting groups were set up and participants had the opportunity to try out several sports including athletics, trampoline, tennis, football, hockey and squash. Participants were also given the opportunity to sign up for the monthly multi-sport sessions to be held in three locations across the region.

Good Practice Criteria

- Provided information to people with disabilities about the range of available activities and venues
- Offered a wide range of sporting activities to choose from
- Provided participants with a safe and supportive environment in which to try out sports for the first time
- Provided further links to other sporting activities

37: Blind Hill Walking Club

Aims

To provide local people with the opportunity to participate in hill walking.

The Project

Operated out of Edinburgh, the Blind Hill Walking Club is an independent club that operates fortnightly on weekends. Members travel to different parts of Scotland to go hill walking. The club membership includes both sighted and non-sighted members and the sighted members are encouraged and trained to provide physical support for non-sighted members.
Good Practice Criteria

- Provides a supportive and integrated environment
- Increases the number of sporting opportunities available to people with a visual impairment
- People with sight impairment encouraged to take an active role in the administration of the club

38: Glasgow City Council’s Cultural and Leisure Services

Aims

To provide opportunities for all to participate in sporting activities.

The Project

Glasgow City Council’s Cultural and Leisure Services either provide or support a number of sporting programmes for people with a disability that include:

- ‘Glasgow Jumping Jacks’ – a pre-school gymnastics club for children with a disability that meets once a week
- Football and wheelchair handball festival – offered for the first time in 1999
- Football sessions – started in 1999, the football sessions are held twice per week at the Scotstoun Leisure Centre
- Holiday sports programme for children and young people with a disability – activities include swimming, basketball, gymnastics and football
- Holiday sports programme for adults with a disability – activities include athletics, sports and games, weight training, basketball, exercise to music, boccia, wheelchair tennis, swimming, aerobics, osteoporosis keep fit, cardiac exercise and line dancing
- Learn to swim classes – for children with moderate learning difficulties or physical disabilities and held at Tollcross Park Leisure Centre
- Fun and fitness sessions – offering basketball at the Kelvin Hall International Sports Arena
- Boccia and target bowls held at the Gorbals Leisure Centre
- ‘Family Focus on Activity’ – this was a one-off fun day out for people with a disability and their families, friends and carers held at the Scotstoun Leisure Centre, offering participants a range of activities including target games, parachute games, face painting, boccia, table tennis, wheelchair tennis, football and soccer shoot out

Good Practice Criteria

- Provides a range of activities in various locations across the City of Glasgow
- Affordable through subsidies made possible by Glasgow City Council
- Creates a positive environment and thereby addresses parents’ concerns about children with a disability participating in sporting/recreational activities

39: Talented Young Athlete Programme

Aims

To help the development of young athletes.

The Project

Administered by the Scottish Athletics Federation, the Talented Young Athlete Programme provides funding for Scotland’s 150 most talented under 17 and under 20 year-old athletes. The fund has been made available by the Bank of Scotland and sportscotland and includes Scottish Disability Sport and,
as such, plays an integral part in the strategy to prepare athletes for future Paralympic and world championships.

Good Practice Criteria

- Recognises the credibility of disability sport
- Provides disabled athletes with an opportunity to develop their sporting skills in a competitive context and at elite level

40: Capability Scotland Sport and Leisure Group

Aims

To create opportunities for people with a disability in sport and physical recreation.

The Project

Formed in 1982 and formerly known as the CP Sports Group, Capability Scotland Sport and Leisure provide sporting opportunities for people with cerebral palsy. A wide range of activities are offered and include boccia, cycling, horse riding, track and field, slalom, soccer, wheelchair team handball, swimming and table tennis. Sportspeople are regularly supported to compete in all levels of competition including local, national and international events such as the CP World Games and the Paralympics.

Good Practice Criteria

- Specifically addresses and meets the needs of people and athletes with cerebral palsy
- Provides for recreation only activities as well as a competitive sporting environment

41: Multiple Sclerosis and Outdoor Sports Directory

Aims

To give advice and practical information to people providing outdoor sports activities to people with multiple sclerosis.

The Project

This is a directory that provides information about the general considerations associated with involving people with multiple sclerosis in outdoor activities. It also provides a rationale for why people with multiple sclerosis would benefit from participating in outdoor activities. The directory is available in written form and online at www.disabilitynet.co.uk.

Good Practice Criteria

- Increases the skills and confidence of service providers by providing information and advice about outdoor activities for people with multiple sclerosis
- Information readily accessible

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