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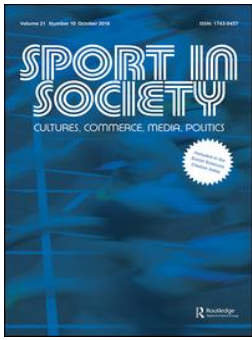
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'I'll always find a perfectly justified reason for not doing it': challenges for disability sport and physical activity in the United Kingdom

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ABSTRACT

This study aimed to provide insight into the experiences of and attitudes to sport and physical activity for disabled people. Data were generated through semi-structured interviews with eight facilitators and focus groups with 24 members across three disability support organisations. Using ableism as the primary sensitising concept, our iterative analysis revealed that although all facilitators and disabled people were aware of the physical and mental wellbeing benefits of sport and physical activity, only 2 of the 24 disabled participants met the UK Government guidelines for physical activity. Findings showed that participation was hampered by a number of external and internal barriers, including the cost of transport and activities, ineffective modes of communication and advertisement, preconceived images of sport as competitive and judgemental, and anxieties about sporting abilities. Importantly, this study highlighted that many of these barriers were a pretext for a lack of enjoyment, and makes suggestions for future practice.

KEYWORDS

Ableism; disability; sport; physical activity; barriers

Introduction

Research has repeatedly shown a number of physical, mental, and social wellbeing benefits of sport and physical activity for disabled people (e.g. Darcy and Dowse 2013; Oja et al. 2015; Public Health England 2018; Wilhite and Shank 2009). These include, for example, maintaining a healthy weight, improved cardiorespiratory fitness, increased muscle-mass and bone density, reduced risk of chronic diseases, increased independence, and the creation and development of friendships and communities (Smith et al. 2019). Furthermore, research has concluded that engagement in appropriate physical activity is not associated with increased risk of harm or injury for disabled people (Smith et al. 2019). Recognising these benefits, state agencies in many Western nations have placed emphasis on the improved participation of disabled people in sport and physical activity. In the UK, for example, national Government is investing public monies into a plethora of initiatives designed to promote an active lifestyle for this population group, with a special emphasis on local

delivery through closer working relationships between local government, sport providers, and disabled communities (HM Government 2015; Sport England 2016a). Now more than halfway through the implementation period of the latest UK government strategy, *Sporting Futures*, the most recent research suggests that there has so far been little impact of these plans, with 42% of all disabled adults still doing less than 30-minutes of physical activity a week, and inactivity levels increasing to 50% for people with three or more impairments (Sport England 2018).

It is thus important to understand what prevents or stimulates disabled people to participate in sport and physical activity (Jaarsma et al. 2014; Jaarsma and Smith 2018; Public Health England 2018). Studies to date have reported a number of personal and environmental barriers, including the physical, social, and cognitive demands of competitive sport, transport, insufficient information and advertising, poor access to facilities, poor understanding of disabilities by practicing sport coaches, high costs, lack of time, and lack of motivation and energy (Jaarsma, Haslett, and Smith 2019; Kiuppis 2018; Rimmer et al. 2004; Townsend, Smith, and Cushion 2016; Wright et al. 2018). Key motivators for sport participation have been reported as fun, social interaction, and health benefits (Tasiemski et al. 2004; Wu and Williams 2001). Despite the regularity of such reporting, and decades of government policies and programmes aimed at removing or reducing the barriers to sport for disabled people, participation levels have remained low. Clearly then, further insight into the motivations and barriers to sport and physical activity is needed (Martin Ginis et al. 2016; Jaarsma et al. 2014). Public Health England (2018), among others (e.g. Jaarsma and Smith 2018; Schinke and Blodgett 2016), highlight the need to co-create (by researchers, funding communities, local authorities, disability charities, disabled communities, and so forth) interventions to enhance the quality and quantity of disabled people's physical activity participation over the life-course. Furthermore, a greater focus on the individual voice might allow us to appreciate more of the complexities of life as lived by disabled people, the interplay of motivators and barriers, and the agency that stems from their uniqueness within the sphere of disability, which informs their experiences in and decisions about sport and physical activity (Brighton and Williams 2018; Wolff and Hums 2018).

To this end, the exploratory research aim of this paper was to provide rich and informative insights into the experiences of and attitudes to sport and physical activity for disabled people. Primary research was conducted in collaboration with a local authority, an Active Partnership (formally known as a County Sports Partnership)¹, and three disability support organisations and their disabled community in the South-East of England. In this study, in-depth semi-structured interviews and focus groups were utilised to develop a detailed account of the participants' thoughts, feelings, and experiences of sport and physical activity. By engaging in this investigation, we hope to contribute new knowledge to the applied sociology of disability sport, which not only provides rich and comparable stories of 'being disabled', but also offers suggestions for a more proactive and sustainable approach to sport and physical activity provision for disabled people (Jaarsma and Smith 2018; Martin Ginis et al. 2016). In-keeping with Public Health England (2018), we believe that such inquiry is important if researchers, practitioners, and local authorities and partners are to realise the UK Government's objective of 'getting disabled people active, [using] new approaches to local delivery' (HM Government 2015, 22). Next, we introduce the sensitising concept of

ableism, which we use to interpret the stories shared by the participants, before outlining the research process and procedures. Finally, we conclude about the experiences of and attitudes to sport and physical activity of these disability organisations and their memberships, and make suggestions about how physical activity might be delivered for disabled people in the future.

Analytical framework

We begin our study from a position that there must be a sociological explanation for why disabled people are currently under-represented in sport and physical activity. We assume, therefore, that disabled people face difficulties for participation that non-disabled people typically do not, and that we can do something to remove these difficulties. This way of thinking may enable us to examine the ways in which society ‘disables people with impairments through attitudes, policies, and built environments that exclude, oppress, and/or make it difficult to participate’ in sport and physical activity (Wedgwood 2011, 101). We find that the broad concept of *ableism* helps to frame this situation and allows us to critically explore disabled people’s experiences from a position of exclusion, or from a standpoint in a world that does not value and is not designed for disabled people (cf. Hehir 2002). Ableism is not a fixed theory framework - or any kind of theoretical position in the traditional academic sense - and is, rather, a distinctive, discriminatory social practice. Definitions vary but the literature usually emphasise the oppression of disabled people as a manifestation of a sense of social (ab)normalcy. Rauscher and McClintock (1996), for instance, state that this oppression is rooted in beliefs, perpetuated by all forms of the media, about ‘socially acceptable’ health, productivity, and beauty. Unlike the related idea of disablism, then, which is associated with socio-historical (mis)understandings of disability, ableism stems from the construction of a normative body aesthetic and ability, and the inevitable simultaneous marginalising of disability (cf. Campbell 2009; Wolbring 2012). The effect of ableism is the devaluation and disregard of disabled people by the prioritisation of the development of essential characteristics of a normative body.

These notions of the body and its abilities might be especially potent in sport and physical activity, with its emphasis on competitiveness, combativeness, and a flair for movement, and its propensity for the overt comparison of bodily performances. Indeed, Giese and Ruin (2018) employed the concept of ableism to examine issues for inclusion in PE in Germany, noting that PE teachers’ default position is to instrumentalise the body in the pursuit of normative performance expectations. Such a position leads to a focus on the deficits of those young people whose bodies deviate from the norm, which creates a significant barrier to full and equal participation. Moreover, studies in Paraspport have shown that the farther a person deviates from ‘able-bodiedness’, the less likely they are to receive recognition, attention, and support (Howe 2008; Purdue and Howe 2013). Thus, this pervasive system of inherent exclusionary practice provides a useful sensitising concept that should enable us to reflect on the barriers to sport and physical activity and offer more practical and meaningful suggestions for ways to increase sport and physical activity levels (Giese and Ruin 2018). In response to Public Health England’s (2018) call, then, we aim to foreground ableism and related social, cultural, economic, and environmental factors to provide local authorities, public health

agencies, disability groups, and sport organisations with knowledge and understanding to help instigate change and increase participation in sport and physical activity among disabled people.

Research process and procedures

Participant recruitment

This research used a flexible, qualitative design to capture the social reality for non-sporting disabled groups and individuals, using their own thoughts, experiences, and opinions, in their own words. The research was conducted in partnership with a local authority and an Active Partnership in the South-East of England, who approached various non-sporting disability organisations in the region and introduced us to gatekeepers. We then held conversations with these individuals via telephone and/or emails to discuss the nature of the study and to find out more about what they did and the make-up of their membership. Following this, we selected three organisations for the investigation, which predominantly represented learning and mental health disabilities, although memberships included people with sensory and physical impairments. Within these organisations, salaried and volunteer staff were deemed eligible to participate in this study if they were a) aged 18 years or older and b) currently facilitating support for disabled people within the organisation. In total 8 female facilitators representing a range of ages (23 to 61-years-old) and years of experience working with disabled people (18-months to 37-years) were included in this study.

The inclusion criteria for disabled people were a) aged 18 years or older, b) self-identified as disabled or as having a disability, c) able to provide freely given informed consent, and d) currently affiliated with the disability support organisations under study. In total 24 disabled people formed the sample for this study, including men and women ranging in age (from 18 to 66-years-old) and impairment type. All participants gave written and verbal informed consent and were asked to provide basic information about themselves, including name, age, self-identified impairment by type, and self-declared physical activity status. In relation to impairment types, the participants were asked to suggest their individual impairments (as many as applied) using Sport England's (2016b) criteria, which includes i) physical (inclusive of long-term pain, dexterity, breathing, and mobility), ii) visual, iii) hearing, iv) mental health, v) speech, vi) autistic spectrum disorder, vii) learning/intellectual/memory, and viii) long-term health condition. Regarding their physical activity status, the participants were asked to state if they believed that they were physically active as defined by the UK Government physical activity guidelines of at least 150-minutes each week of moderately intense activity in bouts of 10-minutes or more (i.e. 30-minutes on at least 5-days a week) and including strength and balance activities on at least two days per week (Department of Health 2011). The table below provides further background information about the disabled people involved in this study (Table 1).

Data generation: semi-structured interviews and focus groups

Data for this study were produced over a 7-month period being collected by the first and second author in two interrelated stages. Stage one entailed the use of semi-structured interviews with facilitators at each organisation, with each interview lasting

Table 1. Background information of 24 disabled participants.

Name (pseudonym)	Age	Type of disability (self-identified)	Physically active?
Alice	50	Long-term health condition Mental health Physical	No
Amy	18	Learning/intellectual/memory Visual	No
Arthur	37	Learning/intellectual/memory Long-term health condition	No
Brenda	61	Learning/intellectual/memory Long-term health condition Physical	No
Charles	25	Learning/intellectual/memory Mental health	No
Charlotte	45	Physical	No
Charmain	66	Physical	No
David	54	Learning/intellectual/memory Long-term health condition	No
Gary	56	Long-term health condition Physical	Yes
Grace	52	Hearing Learning/intellectual/memory Mental health	No
John	38	Long-term health condition Physical	No
Julie	43	Learning/intellectual/memory Mental health	No
Kevin	34	Mental health Physical	No
Laura	57	Learning/intellectual/memory Visual	No
Lucy	40	Hearing Learning/intellectual/memory Mental health	No
Mike	53	Learning/intellectual/memory Physical	No
Neil	44	Autistic spectrum disorder Learning/intellectual/memory	No
Ola	60	Physical	No
Ryan	57	Mental health Visual Hearing	No
Seth	50	Learning/intellectual/memory Long-term health condition Mental health Physical	No
Steven	33	Autistic spectrum disorder Physical	Yes
Tom	45	Hearing Mental health Physical	No
Trevor	29	Learning/intellectual/memory Mental health Speech Physical	No
Zara	21	Mental health Learning/intellectual/memory	No

approximately 65-minutes. These interviews sought to ascertain the organisations' and the facilitators' current roles in and key challenges for sport and physical activity provision, and the ways in which they feel participation in disability sport and physical activity could be enhanced. The interviews took place at times and locations that suited the participants, especially in terms of them feeling comfortable and relaxed in their surroundings (Brinkmann and Kvale 2015). As interviewers we posed as active listeners (Sparkes and Smith 2014), and we employed probing questions to enhance the richness of the data (Seale 2018), clarification probes to explore any points that were unclear, and open to misunderstanding (Patton 2015), elaboration probes to elicit more in-depth responses about a particular point, idea, or event (Merriam 2014), and finally detailed orientated probes to ensure the descriptions and insights shared by the participants created a 'complete' picture (Sparkes and Smith 2014). All interviews were recorded on a digital audio device and transcribed verbatim. The original audio recordings were then destroyed and pseudonyms were used to protect the anonymity of the participants (Kaiser 2012).

Stage two involved the use of focus groups, one for each organisation, with 6–10 disabled members, which explored the main motivations and barriers to participation in sport and physical activity for disabled people. The focus groups took place using the facilities of the three disability organisations so as to minimise disruption and ensure the disabled people were as comfortable as possible to help encourage engagement. As researchers we adopted the role of a moderator, whereby we attempted to create a supportive and safe atmosphere for the sharing of ideas, feelings, thoughts, perceptions, and experiences. We typically used an open-ended question to introduce a topic area or point of interest and

initiate dynamic dialogue within the group (Sparkes and Smith 2014). Beyond this we tried to only act to promote meaningful discussion by prompting individuals to respond to stories shared by others and to inform others about their own stories. This enabled the expression of multiple personalised experiences, which highlighted areas of both accord and conflict, forming a rich and detailed, and chaotic, narrative of disability sport and physical activity (Blumer 1969; Flick 2014). All focus groups were recorded using a video camera so as to more easily identify individual participants for the purposes of transcription. Focus groups were transcribed verbatim, anonymised with the use of pseudonyms, and the original video recordings destroyed. In total, across the two phases of data collection, more than 350-minutes of data were generated from the 8 facilitators and 24 disabled people.

Iterative data analysis

In this investigation, the analysis and writing-up were combined in an iterative approach, which regularly cycled between emic readings of the data, the etic use of existing literature, and communal writing over a twelve-month period (Taylor 2014; Tracy 2013). The emic processes involved the first and second authors reading and re-reading the transcripts to develop an empathetic understanding of the participants' life world and creating first-level descriptive and second-level analytical codes that aligned to the general aims of the research, during an ongoing dialogue about what they saw as the emerging patterns (Magill et al. 2017; Tracy 2013). During the etic phases of analysis, all four authors sought to make theoretical sense of the ideas, themes, and issues generated from our emic analysis (Tracy 2013). This principally involved the use of existing literature addressing ableism in order to explain the participants' experiences in meaningful ways. Finally, the act of communal writing helped to illuminate our subconscious thoughts and ideas about the data (Gullion 2016), becoming an important way of knowing (Richardson 1994). We achieved this by creating a live document using Google Drive, and the first and second authors regularly wrote while on conference call to one another. This allowed them to share new reading material, new understandings of theory and findings, and air and critique emerging thoughts in the moment as they crafted and recrafted their sentences and paragraphs, and the ideas steadily took form and the meaning of the findings came to the fore. During the writing phase of the analytical process, the third and fourth authors read through numerous drafts of the emerging discussion and offered their comments and suggestions to help further develop our ongoing interpretations. So as part of the iterative analysis, each author acted as a 'critical friend' (Smith and McGannon 2018). This involved a process of critical dialogue where we continuously listened to and challenged one another's interpretations and theoretical explanations as these emerged in relation to the collection and analysis of data and writing (Cowan and Taylor 2016; Smith and McGannon 2018). What follows, then, is an interpreted thematic discussion of what we, the research team, considered to be the key features of the participants' thoughts, feelings, and experiences regarding sport and physical activity for disabled communities.

The research conforms to the British Sociological Association's *Statement of Ethical Practice* (2017) and was approved by the relevant University Research Ethics Committee.

Research findings and discussion

Analysis revealed three interconnected themes. Theme one was concerned with the participants' knowledge of the importance of sport and physical activity, and its potential physical and mental wellbeing benefits for disabled people. Although all facilitators and disabled people were aware of the benefits of sport and physical activity, for both body and mind, only 2 of the 24 disabled participants met the UK Government guidelines for physical activity (see Department of Health 2011). Findings showed that participation was hampered by a number of real and perceived barriers. The second theme, therefore, addressed the external barriers to participation, while the third theme was concerned with those internal barriers reported by the participants. Connecting to ableism, we are able to 'access the grammar of exclusionary processes' by reflecting on and deconstructing the reported barriers on a structural level (Giese and Ruin 2018, 155; see also Public Health England 2018).

Knowledge of the health and wellbeing benefits of sport and physical activity

In-keeping with previous research (e.g. Macdonald et al. 2018; Sahlin and Lexell 2015; Shapiro and Malone 2016), it was clear that all those that worked with the disabled people and most of the disabled people themselves were aware of the need to participate in sport and physical activity for their general physical health and, especially, their mental wellbeing. When asked about the origins of the mental health benefits, both the disabled participants and the facilitators suggested that these were principally gained from the social aspects of sport and physical activity. They argued that such provision can provide a gateway to social wellbeing by opening-up further opportunities for friendship-building and meaningful interactions through complementary activities, including coffee-drinking, lunches, and simply time shared with others. As Sarah and Steven explained:

It's not just going for a walk, it's them actually extending their social network, having a coffee, having a chat. A lot of people we work with, day-to-day just see carers and maybe some family, so actually just to see some different people, to talk about their lives, is quite different. It's a bit more interesting to them. (Sarah, facilitator).

[Sport and physical activity] doesn't just tie in with your physical health, but also with some of your mental health in a way [...]. You get that social interaction, you actually get to see people. If you're in that situation, where you're locked in your own home half of the time, because you feel anxious or you don't have that confidence. I think having at least that human interaction makes you feel just that bit better. Having that person where you can talk about some of your problems, not all of them, but just some; [it] just makes you feel better about yourself. (Steven, disabled person).

From an ableist perspective, we might look at this position in two ways. On the one hand, clearly these social interactions can mitigate some of the isolation and self-confidence issues caused by an ableist society and the barriers to inclusion that arise from them (Macdonald et al. 2018; Olsen 2018). On the other hand, the appropriation of sport and physical activity for purely social benefits may be seen to undermine the intrinsic, ableist logic of performance and enhancement in sport, which is primarily concerned with sculpting the body through training to achieve normative expectations of physical fitness (Giese and Ruin 2018). This narrative is excessively promoted through various media platforms and even

the political agenda (e.g. HM Government 2015; Sport England 2016a, 2016b). Indeed, while the government are actively attempting to remove barriers for disabled people, they arguably reinforce and place central the common discourse of sport for an acceptable level of physical health. Like Kelly and Barker (2016), then, we find current interventions to be incompatible with the motivations of the disabled people we spoke to, which, therefore, raises concerns for how we currently promote and present sport and physical activity to these populations in the UK.

External barriers

External barriers are those material issues that have a real or perceived impact, which prevent disabled people from engaging in sport and physical activity. These include physical (e.g. location of and access to facilities, activities, and services), economic (e.g. cost and affordability), and political barriers (e.g. funding and availability of services) (Hylton and Totten 2013). A key issue identified by the disabled people was the cost associated with getting to sport and physical activity venues:

In the bigger towns, say in Aylesbury and Wycombe, it's really easy. Because most people, if they're on a mobility scooter, can get there on the scooter. A taxi is a few quid. It's more the remote villages. It's, if they want to join that yoga class, it's six- pounds to yoga class. It's five-pounds taxi there, five-pounds taxi back. The whole thing becomes quite costly to do. (Ola, disabled person).

If you think most of us are on either ESA, so Employment Support Allowance, or housing [benefits], do you really think we've got money to burn, to constantly do this travelling or pay to keep up this continuous sort of sport? That's where the cost comes in, some of us just don't have the money to spend. (Steven, disabled person).

While the cost of transport was discussed by the disabled participants as the biggest financial burden, as some of the above quotes allude to, other costs, most notably the price of classes, were also perceived to be a significant barrier to sport and physical activity. The facilitators' at all three organisations also expressed concerns about cost. Despite wanting to provide regular opportunities for engagement, the cost of provision restricted the variety and frequency of sport and physical activity these organisations could offer. As Rebecca highlighted:

One of the big things we've found is that with putting stuff on, the cost of hiring venues and things like that, as an organisation, is very restrictive. Just to have the space to do sporting activities. (Rebecca, facilitator).

We can make sense of these comments within the wider, current political agenda of austerity (i.e. sustained and widespread cuts to government spending) in the UK. This may have hit disabled people especially hard given the arguably ableist stance of right-wing politics, which may portray disability beneficiaries as undeserving and illegitimate (see Morris 2016). Certainly, as Roulstone (2015) notes, there is a long established link between disability and poverty, in part due to barriers to paid work, and this is likely to create the clear financial barriers to disability sport and physical activity that are so regularly reported

in the empirical literature (e.g. Jaarsma et al. 2014; Rimmer et al. 2004; Stephens, Neil, and Smith 2012). However, it should be noted that the UK government's austerity cuts have spread much wider than just disability benefits to also include cuts to local authority budgets (Gray and Barford 2018), which have been passed on to disability service providers in the voluntary and community sectors through 'knock-on' grant reductions (cf. Meegan et al. 2014). Given the retrenchment in government finances, it is perhaps not surprising that the facilitators in our study reported difficulties in providing opportunities for sport and physical activity, and that the disabled people felt unable to afford the additional transport and activity costs to attend sessions with alternative organisations.

Moreover, many of the disabled people suggested that they received insufficient information regarding how to access this alternative provision, arguing that there was ineffective communication about sporting opportunities and between local government organisations more generally. A key issue, as Charmain effectively summarises, was that they were simply unaware of the sport and physical activity offerings for disabled people:

I don't know what's out there. I don't know what clubs are running. I've looked on the computer this morning. I could find them for able [bodied] or people that can walk, but when it comes to somebody like me, in a wheelchair, I couldn't find [...] and I give up. (Charmain, disabled person).

Delving deeper into this issue, we found that accessing information about sporting opportunities for disabled people was particularly challenging for those individuals who were older and/or had a learning disability:

I was going to say the internet is lovely, but the thing is, if you've got trouble reading, a learning difficulty, you're usually stuck with jargon words [...]. The internet is really difficult for me because I've got reading trouble and spelling trouble. I have to get people to help me to spell things to go on the internet. (Charles, disabled person).

If you are my age group, matured, we weren't brought up with computers. If you ask me to use your phone, I wouldn't have a clue. Not everyone is technology minded. (Lucy, disabled person).

Indeed, it may be something of an ableist illusion that technology has improved communication efficiency and range (Foley and Ferri 2012). While the internet can provide significant opportunities for disabled people, increasing the sense of independence and self-determination (Dobransky and Hargittai 2006) and removing some of the barriers imposed by the physical world (Guo, Bricout, and Huang 2010), people with certain impairments related to vision, cognition, hearing, and manual dexterity can find online environments 'disabling' (Annable, Goggin, and Stienstra 2007; Ellis and Kent 2011; Kent and Ellis 2015). Moreover, there is some evidence to suggest that disabled people are less likely to use this kind of technology (Dobransky and Hargittai 2006), or are not adequately supported to do so (Chadwick and Wesson 2016). In essence, while we typically associate the internet with access and inclusion, this technology is grounded in normative, social, cultural, and economic practices (Davis 2005), and, therefore, can create social exclusion for disabled people (Foley and Ferri 2012). In other words, it privileges particular ways of being and is reflective of the ableist worldview about what constitutes normal (Foley and Ferri 2012; Siebers 2008). Through promoting sporting opportunities via the internet, providers are

enforcing what are assumed to be ‘normal’ modes of advertising and, as a result, are arguably further excluding disabled people, especially those who are older or have learning disabilities, from sport and physical activity. However, as Ruth argues below, simply advertising in other forms, such as leaflets, might not immediately resolve these issues. Therefore, those involved in the design and delivery of disability sport provision need to give critical thought toward how they can best advertise opportunities to promote inclusion:

People with learning disabilities generally don’t use the internet to find things out. Their main source of finding out about things is word-of-mouth [and leaflets, but] a leaflet might not be easy-read. They might not be able to understand it. (Ruth, facilitator).

Moreover, although access to and competence with computers appeared to be the primary barrier to finding information about sport and physical activity opportunities for disabled people, many argued that the issue of non-participation may be a consequence of the ineffective communication between local government organisations, community support groups, and the disabled people themselves. Despite the introduction of *Sporting Futures* (HM Government 2015), which places emphasis on a closer working partnership between local government and community groups to deliver sport and physical activity, our findings suggest that the range of opportunities provided by local authorities and Active Partnerships are not being effectively shared with the support organisations that the disabled people most often engage with:

To be honest, sometimes it’s down to that nobody on the local government side talks to each other. Nobody interacts with each other to say, ‘This is what’s going on. This might be something [for] people with autism, range of other disabilities’ [but instead] the emphasis is that we have to reach out to [our support organisation] or another charity [...]. Nobody in local government or in government in general will reach out to you! (Steven, disabled person).

Going back to the physical activity, I know the effect that has on people and it should be offered and it should be more widely put out there [but] it’s not being talked about and it’s not being seen as a priority. (Elizabeth, facilitator).

Internal barriers

Internal barriers are the perceived absence of enjoyment, or conflict between the perceived image of an activity and the self-image (Hylton and Totten 2013), which prevent disabled people from engaging in sport and physical activity. One of the more common internal barriers to participation for the disabled people was simply the fear of the unknown. For example, for some, just the thought of going to an unfamiliar place, especially when alone, was enough to stop them from engaging with sport and physical activity provision:

I’m like that though. I never used to be. I don’t like going to new places and places I haven’t been before. Basically, how to get there and sorting the transport out and the buses and everything else, unless it’s a familiar route. (Alice, disabled person).

You’d have quite a lot of the anxiety of going to a class by themselves [sic]. So it’s that, not just motivation, it’s the buddy system or going somewhere where they’re not familiar with. (Grace, disabled person).

However, contrary to the macro-political discourse of sport and wellbeing (see Coalter 2007), the principal internal barrier identified by our participants was their lack of *self-esteem*, or the general evaluations they had of themselves. More specifically, when faced with the opportunity to engage with sport or physical activity the disabled people described how their sense of *self-efficacy*, or their confidence in their own ability to achieve sporting success, and *self-worth*, or their feelings about their status or value, often prevented them from engaging:

Basically, I was thinking even if you know full well what's available out there, you start to think, 'I have never been in this position before, I don't know what I can and can't do, will I be able to do that? Am I going to look like a complete dickhead in front of everybody and making an absolute fool of myself? [...] I always make a fool of myself in public [...]. Basically, I'm just shit scared of going to these events and making a complete tit of myself in front of everybody. So I'll always find a perfectly justified reason for not doing it. (Trevor, disabled person).

I think that's the thing, when you go into that environment you're putting yourself up there in front of it to be noticed. You don't want that. You want to start back and try it a little bit in the shadows. (Gary, disabled person).

Ableist notions about 'normal' abilities may be amplified in the sport context, where the body is instrumentalised in pursuit of normative performance goals (Giese and Ruin 2018). Here, we might liken the high degree of precariousness around self-esteem to internalised ableism (see Campbell 2009). This is a form of oppression, which acts at a psychic level and is largely unconscious, where the social policies, structures, routines, prejudices, and the reactions of a dominant group are internalised by individuals from a subordinated population (Campbell 2009; Reeves 2014). In other words, ableist norms become assimilated by marginalised groups, and they can have profound psycho-emotional consequences (Reeves 2006). As Mason (1992, 27) notes of disabled people: 'We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives.' Comparable to the academics in Brown and Leigh (2018) study of sufferers of chronic conditions and disabilities working in the ableist and performance-driven world of higher education, our disabled participants felt that within a sport context they would not be seen as people but as their health condition or as failed athletes. Consequently, they experienced the pain and anguish associated with low self-esteem, and became stressed at the thought of participating in physical activity. While anxieties about sporting performance are not exclusively felt by disabled people, it is likely that disabled people's experience of internalised ableism with its impact on self-esteem may render them more vulnerable to psycho-emotional barriers, and therefore less likely to participate (cf. Reeves 2006). For many disabled people in our study, it is these internal barriers which have the biggest impact on their decisions taken about sport and physical activity.

Following discussion of barriers to sport and physical activity, we introduced some questions about participation in other leisure activities (see extract below for an example), such as going to the cinema or out for a meal. Interestingly, no external barriers, like cost or transport, or internal barriers, like going to an unfamiliar place, were raised by the disabled people:

Researcher: Do any of you engage in any other type of leisure activities?

Zara: Oh yes, I go to the cinema [...]. We go out for meals, don't we, sometimes?

Julie: I will go to the cinema or for something to eat.

Researcher: Do you go on your own or with somebody?

Julie: Usually with someone, but sometimes I go by myself.

Researcher: Does anybody else do any other leisure activities?

Ryan: Yes, cinema and go out for dinner.

Researcher: How do you get to those activities?

Ryan: I walk or get a lift.

[...]

Grace: People don't think that exercise is enjoyable. I think it largely comes down to that.

While the significance of the external and internal barriers discussed above should not be marginalised or trivialised, there was strong evidence to suggest that some of these barriers, as recognised by Grace, were a pretext for a lack of enjoyment. In other words, the predominant pattern identified in our analysis of the data was that the disabled people under study were reluctant to participate in sport and physical activity simply because they did not, or felt that they would not, like it:

You have to be a sportsman kind of mentality, don't you, and you get these people that enjoy sport and get involved in all sorts of sport whenever they can. You get other people that don't enjoy it and therefore don't exercise and therefore [...]. I've got the difference between my son and my daughter, one's sporty and will thoroughly enjoy getting himself involved and everything else. The other one avoids exercise at all cost. (Alice, disabled person).

You don't know until you're doing it. That's the thing, if you've enjoyed something, yes, you'd want to carry it on, but if you're not enjoying it so much then you're not going to carry it on, are you? (Zara, disabled person).

For me, I'd just say, I'm in the wrong place because I loathe physical activity. [...] I've had the opportunity, I'm not interested. I wasn't before [my impairment]. My attitude is the person that you were before you had your injury is the same person. I was not interested in sport before, so I've not been interested in sport since and that's it. I think a lot of people who get a disability, people tend to forget that they are the same person as the person they were before. They might accentuate certain characteristics, but that's it. (Charlotte, disabled person).

In summary, a perceived lack of enjoyment prevented participation in sport and physical activity for many of the disabled people under study. It cannot be assumed, therefore, that health and wellbeing factors alone are enough to encourage engagement or that sport and physical activity are inherently fun, pleasurable, or enjoyable (Kelly and Barker 2016). There was a feeling among the participants that the presumption that disabled people are innately motivated to exercise is part of a rather naïve and imperious discursive movement to make sport and physical activity a cornerstone of disabled people's lives. In keeping with previous research about both disabled (Jin, Yun, and Agiovlasis 2018) and non-disabled people (Elbe et al. 2017; Wellard 2013), fun and enjoyment appear to be key factors in our participants' decisions about sport and physical activity. It is clear from this study, however, that sport and physical activity providers need to give careful consideration toward how they

embed fun and enjoyment in their provision in order to increase and sustain participation levels and realise government objectives for the health, wellbeing, and the development of disabled communities.

Conclusion

The exploratory research aim of this paper was to provide a rich and detailed account of the experiences of and attitudes to sport and physical activity for disabled people. While the research employed a sampling population of disabled people and disability organisations in one area of south-east England, we believe that hearing about the experiences and seeing the attitudes of these individuals can be useful further afield. Indeed, while generalisability of findings is most often associated with the external validity of quantitative research designs, we, like others (e.g. Kay 2016; Smith 2018), believe qualitative research can be generalisable. In particular, we believe that our research findings are transferable (Tracy 2010) because of the relative homogeneity of funding, provision, and uptake for disability sport across the UK, which is the very thing that has led to the identification of disabled people as an in-need group nationally, and ultimately prompted the last Government strategy (HM Government 2015). We, therefore, hope that our research findings resonate with the many readers' (be it researchers, practitioners, or people from local authorities or partner organisations) 'own situation and/or they can intuitively transfer the findings to their own action' (Smith 2018, 141).

The general narrative of our study is that disabled people do not tend to be naïve about the physical and, especially, the mental health benefits of an active lifestyle, but experience a number of real and perceived internal and external barriers that often prevents participation in sport and physical activity. Indeed, despite several decades of national policies and programmes aimed at removing or at least reducing barriers to sport and physical activity for disabled people, many of the issues of (internalised) ableism raised by our participants are similar to those that have been regularly highlighted in the literature (e.g. Foley and Ferri 2012; Jaarsma et al. 2014; Jaarsma, Haslett, and Smith 2019; Stephens, Neil, and Smith 2012). Chief among these barriers were issues relating to the cost of activities and transport, preconceived images of sport as being competitive and judgemental, lack of awareness about provision due to poor communication and ineffective modes of advertisement, and anxieties about sporting ability.

While none of these barriers should be underplayed, especially those caused by anxieties, perhaps the most significant barrier, and the main challenge for future provision, is that many disabled people have not enjoyed, or perceive that they will not enjoy, partaking in sport and physical activity. Arguably, and from our perspective, this lack of enjoyment can cause disabled people to fixate on the difficulties of engaging, such as the cost and hassle of getting there, and finding the necessary information about provision. Indeed, while disabled people often raise these as barriers to sport participation, they do not seem to prevent them from engaging in other leisure activities that they enjoy, such as going to the cinema or out for a meal. Again, it is important to stress that we are not dismissing the idea that these issues may prevent engagement with sport and physical activity, but rather suggest that attempting to remove these external barriers is fruitless unless sport and physical activity is first made more enjoyable. Moreover, increased enjoyment can also go a long

Table 2. Suggestions for future practice: a more proactive and sustainable approach.

Less 'sport', more 'activity':	Some of the disabled people in this study were worried about their own capabilities and often perceived sport to be competitive and unforgiving. This image of sport may prevent some disabled people from engaging in physical activity. Therefore, providers and sport coaches might seek to promote 'activity' rather than 'sport' and aim to create a welcoming and non-judgmental environment.
Multi-activity approach:	Some of the disabled people in this study have never engaged in physical activity, or have limited, distant, and sometimes unpleasant memories of sport. Because of this disabled people may not always know what physical activities they might enjoy or have a talent for. Therefore, providers and coaches might look to adopt a multi-activity approach to their programmes to prevent boredom, increase engagement, and improve the likelihood that disabled people maintain an active lifestyle.
It must be fun!	Many of our disabled participants did not, or feel that they will not, enjoy sport or physical activity and will look for any excuse not to do it. This means that providers may only have one chance to engage disabled people and change their attitudes toward physical activity. Therefore, providers and coaches must ensure that enjoyment is prioritised above all other agendas. Fun must be at the heart of all provision!
Blended physical and non-physical activities:	While most of the disabled people under study acknowledged the physical health benefits of exercise, many placed greater emphasis on its qualities as an abettor to friendship-building and meaningful interactions. Therefore, providers and coaches might aim to more clearly acknowledge and cater for disabled people's need for social wellbeing by including non-physical activities, such as coffee-drinking, lunches, and simply shared time with others in their physical activity provision.
Knowledgeable workforce:	Some of disabled people in this investigation were worried that the sport practitioners would not acknowledge their anxieties or be able to accommodate their needs. Therefore, providers might aim to ensure that coaches have received at least basic training in how to deliver sport and physical activity for disabled people and adopt an inclusive and welcoming approach to their practice.
Gradual integration of disability sport and physical activity into mainstream disability support:	For many of the disabled people in this study, their impairments and preconceptions about sport and physical activity often created anxieties. As a result, they simultaneously desired and feared the idea of engaging in disability sport and physical activity via established disability sport clubs or mixed able-bodied/disabled recreation clubs and activities. Therefore, disability support organisations should endeavour to work more closely with sport providers in the first instance to include more opportunities and then to allow for gradual integration of sport and physical activity into their own provision.
Simplified advertising, better communication:	Many of the disabled people in this study suggested that they were not aware of the sport and physical activity opportunities available to them in their local area. This was in part because of a lack of communication between local government and disability organisations about future and current provision. It also seemed to stem from the mode of advertisement adopted by providers, which may assume everyone has embraced the digital age. However, some of our disabled participants suggested that they lacked the skills or confidence to use computers and access the internet, or simply did not know where to look online. Therefore, providers may need to better promote their activities using a variety of approaches, including communicating directly with disability organisations, producing 'Easy Read' flyers and posters, encouraging word-of-mouth, and ensuring that online information is easy to access and can be found in one place.
Carefully considered time and place:	Some disabled people in this study were anxious about going to new places, especially after dark. Many also saw a lack of transport options and the cost of transport as a barrier to participation in sport and physical activity. Therefore, providers and coaches might aim to take sport and physical activity out into the disabled community where possible, using spaces familiar to disabled groups (and, as suggested above, seek to incorporate provision into this mainstream disability support going forward). Alternatively, but perhaps less sustainably, providers may look to offer transport or subsidise transport costs, or if this is not feasible they should ensure that sport and physical activity is provided in a well-lit, well-known, safe location that is on a bus route.

way toward reducing some of those internal barriers, such as the perceived emphasis on unforgiving competition and the resultant anxieties about abilities. In other words, successfully tackling the enjoyment issue will help to overcome those other barriers, and therefore this should be the priority for those local government organisations and sport and physical activity providers who want to see a sustainable increase in disabled people's participation.

The findings of this study have allowed us to generate a number of suggestions for future practice, which have since been adopted by the local authority and used as the basis for tender for a programme of more proactive and sustainable physical activity provision for disabled people in the area. These suggestions are broad, untested, and inconclusive, and should not be read as 'the solution' to issues of engagement among disabled people, but represent some of the lessons learned by listening to the stories of ableism and internalised ableism presented in this paper. They include decentring 'sport' in favour of 'activity', within a multi-activity approach, which places emphasis on fun and enjoyment, and socialising through blended physical and non-physical provision. Providers should ensure they employ a knowledgeable and empathetic workforce, who also work more closely with the non-sporting disability support organisations vis-a-vis communication, time and place, and the gradual integration of physical activities into the mainstream provision of these organisations. These ideas are explored further in [Table 2](#) below.

Our central motivation for doing this research was to make a significant contribution to the sociological understanding of sport and physical activity for disabled people. By focusing our analyses on rich and comparable stories of 'being disabled', and through using the sensitising concepts of ableism, we believe this paper provides important insights into some of the lived experiences of these people, inclusive of their motivations, needs, and challenges. Moreover, these insights have allowed for the generation of a number of practical suggestions for the management and delivery of disability sport. By foregrounding ableism and related social, cultural, economic, and environmental factors and by working closely together with a local authority, an Active Partnership, and three disability support organisations and their membership, we believe that this study can contribute towards addressing the research gap identified by Public Health England (2018) to co-produce a way forward for disability sport and physical activity. We especially hope to help sport sociologists, practitioners, and local authorities and partners to provide 'an easy, practical, attractive choice' for disabled people (Sport England 2016a, 18) as part of the Government's wider strategy to prioritise under-represented groups' engagement with sport and physical activity (HM Government 2015). We also believe that this study can provide a stimulus for further investigations into disabled people's experiences of sport and physical activity. In particular, we would encourage scholars to leave behind 'what doesn't work', or studies that reiterate the barriers to participation, and to instead prioritise those things that create enjoyment for disabled people and how these might be enhanced. We would also encourage the ongoing creation of a more extensive pool of co-produced, qualitative knowledge, where scholars work with local authorities, sport organisations, and disabled communities to generate applied research that leads to the development of initiatives or strategies in an attempt to increase and sustain disabled people's participation in sport and physical activity (Jaarsma and Smith 2018; Martin Ginis et al. 2016; Public Health England 2018; Schinke and Blodgett 2016). Any such initiatives and strategies then need to be evaluated so that we can learn from their successes and failures.

Note

1. At the time of writing, there were 43 Active Partnerships across England. These locally-based, strategic organisations work in collaboration with partners including local authorities, community groups, and commercial sports providers in an attempt to promote an active lifestyle, reduce levels of inactivity, tackle inequalities, and to use the power of sport and physical activity to transform lives. For more information about Active Partnerships, please visit: <https://www.activepartnerships.org/>

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