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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

An Exploration of Participation in Physical Activities on the Wellbeing of Adults with Acquired and Congenital Disabilities

Livingstone Kiwanuka

CARL Research Project

in collaboration with

IWA-Sport

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Table of Contents

WHAT IS COMMUNITY-ACADEMIC RESEARCH LINKS? ..... **III**

DISCLAIMER ..... **V**

ACKNOWLEDGEMENTS ..... **VI**

DEDICATION ..... **VIII**

ABSTRACT ..... **IX**

DEFINITIONS OF CONCEPTS AND ABBREVIATIONS ..... **X**

CHAPTER ONE **1**

1.1 Introduction *1*
1.2 Background to this study *1*
1.3 Rationale *2*
1.4 The Aim of the Study *3*
1.5 Research Objectives *3*
1.6 Research Questions *4*
1.7 Summary of the research Strategy *4*
1.8 Structure of the Dissertation *4*

CHAPTER TWO LITERATURE REVIEW **5**

2.1 Introduction *5*
2.2 Discussion *5*
2.3 Policy Framework *6*
Figure. 1 Eight themes of Disability Inclusion Strategy 2017-2020. 8
2.4 Quality of life and Benefits of participation in physical activities. *9*
2.5 Affordability and Availability *11*
Figure. 2 Health, Disability and Career census 2016 12
2.6 Funding as a facilitator to participation *12*
2.7 Promote Individual Classification of Functioning and minimize the negative attitudes *13*
2.8 Lack of Consultation and Involvement *14*
2.9 The gaps in the Literature that necessitates this study *14*
Figure. 3 Determinants of leisure participation for children with disabilities. 15
2.10 Conclusion *16*

CHAPTER THREE METHODOLOGY **17**

3.1 Introduction *17*
3.2 Epistemology *17*
3.4 Ontology/Theoretical Underpinnings *17*
3.4.1 Constructionism 17
3.4.2 Critical Perspective 18
3.6 Research Design - Method and Methodology *20*
Figure. 4 Research participants 21
Breakdown of Female Participants 21
Breakdown of Male Participants 21
3.7 Ethical Considerations *21*
3.8 Reflexive Positioning and Ethical issue *22*
3.9 Data Analysis. *22*
3.10 Research Limitations *23*
3.11 Conclusion *23*

CHAPTER FOUR FINDINGS **24**

4.1 Introduction *24*
4.3 Barriers to Participation *25*
4.3.1 Personal and health limitations 25
4.3.2 Financial barriers 25
4.3.3 Environmental barriers 26
4.3.4 Social barriers 26
4.4 Benefits of Participating in Physical Activities *26*
4.4.1 Personal and Health 26
4.4.2 Social Connections 27
4.5 Enablers and Determinants of Increased Participation in physical activities 27
4.5.1 Personal and Health 28
4.5.2 Environmental Factors 28
4.5.3 Society Awareness 29

CHAPTER FIVE CONCLUSION AND RECOMMENDATIONS **30**

5.1 Introduction *30*
5.2 Conclusions *30*
5.3 Recommendations *31*
5.3.1 Increase Awareness 31
5.3.2 Schools and Local Partnerships 31
5.3.3 The Social approach of All-inclusive Physical Activities 32
5.3.4 Exercise as Physiotherapy 32
5.3.5 Increased Funding 32
5.3.6 The Divide between Rural and Urban 33
5.3.7 Women Participation 33
5.4 Value to Social Work *33*
5.5 A Reflective piece on the research process *33*

BIBLIOGRAPHY **36**

APPENDIX A **39**

APPENDIX B **41**

APPENDIX C **42**

APPENDIX D **43**

APPENDIX E **44**

APPENDIX F **45**

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?

Kiwanuka, L. (2019) *An Exploration of Participation in Physical Activities on the Wellbeing of Adults with Acquired and Congenital Disabilities* [online], Community-Academic Research Links / University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: *date*].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie. You can follow CARL on Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

CARL is part of an international network of Science Shops called the Living Knowledge Network. You can read more about this vibrant community and its activities on this website: http://www.scienceshops.org and on Twitter @ScienceShops. CARL is also a contributor to Campus Engage, which is the Irish Universities Association engagement initiative to promote community-based research, community-based learning and volunteering amongst Higher Education students and staff.

Are you a member of a community project and have an idea for a research project?

We would love to hear from you! Read the background information here http://www.ucc.ie/en/scishop/ap/c&vo/ and contact us by email at carl@ucc.ie.

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Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

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Dedication

This research is dedicated to my father Joshua Mbabaali Ssalongo who passed away the year I commenced on this master. Who always valued and prioritised education regardless of the hardships.

"We all came from God unto Him shall we all return"

Baha'i writing.

Abstract

Social workers are advocates for social justice to reduce the inequality gaps that exist in our society. It explores the experiences of adults with disabilities in participating in physical activities through small scale interviews in collaboration with a community-based organisation working with people with disabilities in Cork City. This study is a community-based participatory CARL research project in collaboration with Irish Wheelchair-Sport. IWA-Sport sought the ways to increase participation in their services. Therefore, the research looked at the facilitators to participation from the seven adults with acquired and congenital disabilities that participated in the interviews. This research explores some of the benefits of participating in physical activities on the wellbeing of adults with acquired and congenital disabilities. The research set to answer whether adults with disabilities were aware of the relationship between physical activity and wellbeing. What were the limitations in their participation in physical activities and finally, to what extent was society facilitating and enabling them to participate in physical activities.

This study set out to answer these questions by carrying out small-scale, qualitative research through semi-structured interviews with seven adults (male and female) with both acquired and congenital disabilities. The data from the interviews were analysed thematically and several emerging themes from the findings about the multi-layered barriers facing people who use wheel-chairs in the participation in physical activities were established. Four main themes are discussed in the study - accessibility, financial, mind-set, and environment that prohibit people with disabilities from participating in physical activities. The study discusses the conclusions of the lack of participation by females with disabilities, and the role of family. It identifies inaccessible facilities, lack of funding, expensive equipment, as main barriers to participation in physical activities. It recommends taking a social approach to all-inclusive physical activities, increasing awareness, increasing individualised funding, embracing new pathways such as schools and local sport partnerships and increased campaigns for women participation as the main recommendations of the study.

Definitions of Concepts and Abbreviations

Disability:

A physical or mental condition that limits a person's movements, senses, or activities.

Physical Activity:

Physical activity is a broad term which covers all movement, not just exercise, which is planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness.

CARL: Community Active Research Link

CSO: Central Statistics Office

GAA: Gaelic Athletic Association is Ireland's largest sporting organisation.

IWA-Sport: Irish Wheelchair Association (Sport) is a national charity working with people with disabilities charged with sports department.

NDA: National Disability Authority

SIDO: Sports Inclusion Disability Officer

SIDP: Sports Inclusion Disability Programme

UNCPDR: United Nations Convention on the Rights of People with Disabilities

WHO: World Health Organisation

Chapter one

1.1 Introduction

Sport and physical activity being central to the fabric of life in Ireland, therefore I set out to find out how can social workers advocate and increase the participation of adults with disabilities in their communities through physical activities. Social workers need to be aware of the complex needs of adults with disabilities in accessing services and their human rights and participation in physical activities is one of them. From my own experience working as a personal assistant I have seen little or no participation in physical activities by the service users that I have worked with, therefore this intrigued me in posing a research question and reflected whether as practitioners we are aware of the barriers that exist for adults with disabilities to participate in in physical activities. We need to focus on the needs of adults with disabilities through a personal -centred approach to devise multifaceted services for clients with disabilities and participation in physical activities is an example of such myriad needs.

1.2 Background to this study

This research is a Carl community research project in conjunction with Irish Wheelchair Association-Sport. Irish Wheelchair Association (IWA) was founded in 1960 and is committed to improving the lives of people with physical disabilities in Ireland. IWA has gone on to become an important provider of quality services to people with disabilities and other mobility impairments throughout the country. Today, the Association is made up of a vibrant network of 20,000 members and over 2,000 staff, as well as many dedicated volunteers. Together we work to achieve greater independence, freedom and choice for people living with a disability. This study emerged from working with IWA for many years with different service users. However, I have seen no participation of my service users in any physical activity. The philosophy of independent living and service users' quality of life is core to the service delivery of IWA. A dedicated department for training and delivery of physical and recreational activities (IWA-Sport) was established. Its mission is 'to develop and promote sport, physical and recreational opportunities for people with a physical disability to reach their full potential'.

In fulfilling its role of providing opportunities to participate in physical activities, IWA-Sport, trains, supports and offer sports needs and activities to its members. Their website reads:

> *IWA-Sport provides opportunities for children and adults with a physical disability to participate in a range of sports including Wheelchair Rugby, Wheelchair Basketball, Para Athletics, and Para Powerlifting, Para Swimming, Para Archery, Para Table Tennis, Boccia and many more sports* (IWA-Sport, 2018).

IWA-Sport however, sees a lack of universal participation in physical activities from its members. In consultations with IWA-Sport it was considered a useful study to explore what might be the cause of this apathy from its members. This prompted me to question the role physical activity can contribute to the quality of life for adults with disabilities. I was intrigued about the barriers that might be hindering adults with disabilities in participating in physical activities and what could be the facilitators for adult participation in physical activities. Additionally, this study is trying to explore the benefits of participation in physical activities, its contribution their wellbeing and the challenges for such participation for adults with congenital or acquired disabilities.

1.3 Rationale

I have been working in the disability sector for some time and I have often wondered the lack of participation in physical activities by the clients I have worked with. Yet, IWA-Sport, states that their 'vision is for everyone with a physical disability to enjoy sport, physical and recreational activities on a fully inclusive basis in any environment'. Therefore, this study explored the restrictions raised in relation to participation in physical activity for adults with disabilities. Social workers work with people with disabilities. They are involved in assessments, advocacy and devise appropriate interventions in form of individual care plans. According to Mary (quoted in Yuen *et al,* 2007, p.4):

> *Social workers have a professional calling: to work with people who are vulnerable. Our Code of Ethics, our history of advocacy, and our challenge to intervene across systems make us critical assets in the lives of people who need help realizing their own dreams.*

Helping people to realise their dreams may include improving the quality of life of individuals with disabilities. Therefore, physical activities can be used as a medium of intervention. Community social work is increasingly becoming evident in practice and as a medium of engaging vulnerable adults in 'active' community participation. I, therefore, hope that the findings of this study will add to already known evidence and open dialogues in increasing community participation for people with disabilities. I hope IWA-Sport will find the findings useful in identifying the 'factors' that can increase participation and incorporate service users' needs in their service provision.

There are assumptions made about people with disabilities. One of them is that people, not the physical or social environment, are generally the cause of their own disabilities, (Mary, 2012). Our role therefore as practitioners is to advocate for adults with disabilities. This encouraged me to take an interest in how we can advocate for physical activities for adults with disabilities, I set out to find out the benefits and barriers of physical activities.

It is my ambition that the findings will have practical outcomes and reflect what needs to be done to empower adults with disabilities. I also hope that findings will inform policies at local and national administrative level of IWA-Sport and contribute to the advocacy work. Especially highlighting the inequalities that are created by society towards adult with disabilities. Finally, it is my hope that this research will raise the awareness of the benefits of physical activities and encouraging people with disabilities to participate more in physical activities.

For me professionally, I hope this study will be a preamble to active engagement with other community organisations working with people with disabilities. Community social work is increasingly taking an active role in engaging with vulnerable groups in being an active participant in their communities. In this instance using physical activities as a medium of intervention for improving the quality of life for individuals with disabilities. By completing this project, the insights, I will gain will enable me to practice as a community social worker in the disability sector. It will equip me with skills for advocating for services in some organisations. Finally, there is a need for evidence-based research in organisations working with people with disabilities and I hope the skills I have acquired during this research process will help me to carry out such projects on a greater scale.

1.4 The Aim of the Study

The aim of this research was to examine the gateways and barriers to participation in physical activities for adults who use wheelchairs. I tried to explore the participation in physical activities that can contribute to the quality of life and wellbeing of adults with disabilities.

1.5 Research Objectives

The objectives of this research were to find out how participation in physical activities are linked to wellbeing for adults with disabilities in both acquired and congenital groups. It is suggested that with regular forms of exercise or participation in physical activities the health benefits are enormous on the individual and his/her lifestyle (Sport Ireland, 2015; Cleland, 2014; Shields and Synnot, 2012; Faulk, 2014). This is no exception for people with disabilities.

Therefore, this research explores such benefits on the individual and explores some of the barriers that keep them from participating in physical activities.

1.6 Research Questions

The following research questions were deemed to guide my objective and answer the overall aim of the research.

1. *Are people with disabilities aware of the relationship between physical activity and wellbeing if so, what are the limitations in their participation in physical activities?*
2. *To what extent is society facilitating and contributes to participation in physical activity for adults with disabilities*
3. *Does participation in physical activities improve the wellbeing of adults with disabilities?*

1.7 Summary of the research Strategy

The topic was decided in consultation with IWA-Sport. This was a community participatory research; therefore, the research took a qualitative approach in the form of semi-structured interviews. The data was analysed in a thematic manner by categorizing three main themes and several sub-themes to give a clear analysis. In addition, the research reviewed the literature to support the themes that rose from the data.

1.8 Structure of the Dissertation

This chapter has set the scene for the following chapters. It has briefly outlined how the research inquiry emerged. In chapter two, I reviewed the relevant literature to the topic to give a coherent and contextual flow of the topic. Chapter three, describes the research methods and methodologies that were applied to the research process and gives some limitations to the study. The findings are presented and discussed under four themes in chapter four. Chapter five is the concluding chapter of this study which includes recommendations, the value of this research to social work and a reflective piece.

Chapter Two Literature Review

2.1 Introduction

IWA-Sport, the research link partner identified a lack of universal participation from its members in physical activities. In consultations with IWA-Sport it was considered a useful study to explore what might be the cause of this apathy from its members. This prompted me to question the role physical activity can contribute to the quality of life among people with disabilities. I was intrigued too about the barriers that might be stopping people with disabilities in participating in physical activities and what could facilitate people to increase their participation in physical activities. Therefore, this study set out to answer those questions about the benefits of participation in physical activities, the challenges that might be stopping universal participation and if participation in physical activities contributed to a quality of life and wellbeing of adults with disabilities whether congenital or acquired.

To put the study in context, this chapter introduces the relevant literature of the study. It examines the wider literature from international perspective about physical activity in relation to people with disabilities. It concludes with the identified gaps which necessitates this research. Literature review gives a researcher an opportunity to consult other literatures and helps us to better understand our topic of study, (Carey, 2012). This gave me the opportunity to put the topic in the context of what has been written already and refine my scope of research. I set out with several research questions that I wanted to answer. To avoid duplication in this study, I consulted other literature to see what is written already to be able to steer me in the right direction of the study and be able to draw on that literature to support my arguments.

2.2 Discussion

The official definition of disability is contestable according to different studies. Disability is defined differently across surveys and research studies capturing varying degrees of limitations in a person's activities and actions, both social and physical according to the Institute of Medicine (2007). However, for the scope of this research the official World Health Organisation's (WHO) definition will suffice. The World Health Organisation, (2011, p.4), defines disability as:

> *… a term which denotes any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for human beings. It is an umbrella term for activity limitations, impairments, and participation restrictions.*

The United Nations Convention of the Rights of People with Disabilities adopts a definition of disability based on the societal barriers as well as a medical impairment (Flynn, 2011). It describes people with disabilities as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full participation in society on an equal basis with others, (Article I, UNCRPD, 2006).

However, the National Disability Authority in Ireland suggests that there is no definitive list of conditions that constitute a disability. As such a list could leave out people with significant but rare conditions (NDA, 2012). Therefore, this research is exploring the participation of people with any form of acquired or congenital disabilities in physical activities on their wellbeing.

2.3 Policy Framework

The Irish government signed to the United Nations Convention on the Rights of Persons with Disabilities UNCRPD (2007). However, its ratification did not commence into domestic law until 2018. The United Nations Convention on Human Rights outlines four key areas to ensure the rights of people with disabilities. These are: equality, autonomy, participation and solidarity according to Flynn, (2011). These key areas cover the social, political, civil, economic and cultural identities of people with disabilities. However, the participation in all aspects of society especially physical activities is still low. Sport Ireland, (2015) observes:

> *Even with our efforts to date and those of other organisations to increase participation in sport and physical activity among people with disabilities, participation levels are still considerably lower than those among the general population.*

Article 30 of the UNCRPD, (UN, 2007) is worth an exploration for the context of this research. It provides the background to the legislative policy framework. It calls for equal participation in cultural life, recreation, leisure and sport for people with disabilities. Section 5 of the article which outlines the areas of action for national governments. It enables persons with disabilities to participate on an equal basis in recreational, leisure and sporting activities. The article invites governments to take appropriate measures:

To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels; ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities, ensure that persons with disabilities have access to sporting, recreational and tourism venues; and to ensure that persons with disabilities have access to

services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 33 of the UNCRPD establishes the National implementation and monitoring instruments for national governments. In Ireland, the *National Disability Strategy*, (*2004)* was tasked with the implementation of the provisions of UNCRPD and remained the main mechanism for its implementation at the grassroots level. It focused on working with government on policy with the department of Justice Equality and Law Reform. It later appointed an inter-departmental committee led by Disability Equality Unit to review of existing legislation and policy for the implementation of UNCRPD (Flynn, 2011).

The current *Disability Inclusion Strategy (2017-2021)* according to the Finnian McGrath (2017), minister with Special Responsibilities for disabilities is:

> *A holistic government approach to improve the lives of people with disabilities. It is practical and creates the best possible opportunities for people with disabilities to fulfil their potential.*

This Strategy was developed by the Department of Justice Equality and Law Reform, together with the National Disability Authority and the Interdepartmental Group, which launched a consultation process to provide the opportunity to make recommendations in proposed key areas such as service provision, accommodation, health, employment, transport and education. During the launch of this strategy the Minister (McGrath, 2017) stated that:

> *It was essential for me to learn first-hand about the challenges and practical difficulties that they face. It was also vitally important to hear about what people's real needs were, and to get advice on what things would make a measurable difference in their lives.*

The minister expressed his determination to realise the priorities agreed by the government and make the changes that are needed. The Strategy comprises of the following eight themes:

Figure. 1 Eight themes of Disability Inclusion Strategy 2017-2020.

Theme	Main objective
Education	People with disabilities are supported to reach their full potential.
Employment	People with disabilities are supported to achieve their employment ambitions
Joined-up services	Working together to ensure joined-up public services for persons with disabilities
Housing	People with disabilities are supported to live an independent life in a home of their choosing in their community.
Transport and accessible places	Supporting people with disabilities to live a fulfilled life and enable them to participate fully in the activities of their communities
Equality and choice	Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens.
Health and Wellbeing	People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being.
Personal-centred disability services	Supporting people with disabilities to live a fulfilled life and enable them to participate fully in the activities of their communities.
(Adopted from Department of Justice and Law Reform, 2017)	

The Strategy sets out key actions under each theme, the objective and indicates the relevant government department(s) responsible along with the timeframe for delivery (Department of Justice and Law Reform, 2017).

The strategy is a positive and ambitious consultative document. It encourages participation in physical activities. There are two concerns with the strategy. Firstly, it does not indicate when all the themes are going to be achieved. Secondly, it does not address the gender inequalities that is associated with females with disabilities participating in physical activities. Lunn and Layte, (2008) looking at comparisons of active participation by males and females, discovered that participation among females displayed a more consistent fall for individual sports. They noted that female involvement in team sports lagged well behind their male counterparts. It was hoped that the Disability Act, of 2005 would provide a policy framework for access to all areas of human participation in society. Although, it highlighted the specific areas to be addressed in each government department, accessibility is still an issue.

Looking at participation in physical activities for people with disabilities in Ireland, the 2006 Quarterly National Household Survey (QNHS), the Irish Sports Monitor (ISM 2007 – 2015), agreed on the following emerging themes in adults (Sport Ireland, 2015):

> *Among adults, individuals with disabilities are significantly less likely to participate in sport and exercise than those without disabilities. The QNHS recorded that 38% of adults with disabilities participated in sport and exercise compared to 66% of those without disabilities.*

Yet, it was reported by (ISM 2013) that persons with disabilities have similar motivations to those without disabilities for taking part in sport and physical activity, (Sport Ireland, 2015) states that individuals with a disability:

> *Are significantly more likely to be sedentary and less likely to be highly active than people without disabilities. In the 2015 ISM, 23% of individuals with a limiting disability were sedentary and 20% were highly active compared to 10% and 32% respectively of those without a disability.*

The complexities of disabilities and the provision of its multi-layered services, benefits and initiatives, makes the effectiveness of social policy assessments very difficult, (Roulstone and Prideaux, 2012: 139). This validates the need for comprehensive policies that address the barriers that restrict participation in physical activities for people with disabilities. This consequently should help in devising the interventions that can increase the participation in their communities.

2.4 Quality of life and Benefits of participation in physical activities.

The benefits of participating in physical activities cannot be underestimated. Sport Ireland on their policy on participation for people with disabilities (Sport Ireland, 2015) notes:

> *There is a substantial body of research evidence demonstrating that being physically active is beneficial to individuals in terms of their physical and mental health, well-being, cognitive function, increased longevity, etc.*

According to Cleland (2014: 68) increasing physical activity can improve health, reduce the risk of chronic disease and mortality and improve life expectancy. Physical activity was noted to provide benefits such as improved balance, stride length, motor sequencing and performance of activities of daily living (Faulk, 2014:19). Writing about the benefits of physical activities in children, Shields and Synnot (2012: 989) stated that physical activity is integral to a child's

health, fitness and well-being and regular participation in physical activity enhances body composition, skeletal health, and contributes to the prevention or delay of chronic disease. They conclude that participation in physical activity improves several aspects of psychological health including self-esteem and promotes social contacts and friendships. Whereas the later benefits are noted in children, they are equally applicable to adults with disabilities.

Community social work seeks to, support, enable and underpin informal community relationships, (Holman, 1997). Therefore, physical participation would seek to support and promote informal relationships through participation in physical activity. Especially in communities as observed by Cork Sports partnership, (2018) sport and physical activity are central to the fabric of life in Ireland. People with disabilities have a right to be active within their local communities. This is vital for adults with disabilities in improving their quality of life and wellbeing.

It has been documented that physical activity contribute to the quality of life for people with disabilities in terms of well-being and social recognition (Zabriskie & al, 2005) and to overcome inactivity among young people with disabilities (Dugas & Point, 2014; Stidder & Hayes, 2013). This was evidenced in people with intellectual disabilities. However, there is little empirical research on the specific benefits of participation in physical activity and to what extent these benefits occur (Carbó-Carreté, 2016). Assessing whether outdoor environment mattered for psychological restoration gained through running, Bodin and Hartig (2003:141) concluded that physical activity improved psychological wellness, and enhanced the benefits when activities were performed outdoors. However, adults with disabilities are presented with challenges such as accessibility to be able to participate in outdoor activities (Chadwick, Cuddy, Kusel, & Taylor, 2005; Kinavey, 2007, cited in Dorsh, (2016:155).

Individuals with disabilities can benefit from physically active lifestyles, however, they are restricted for a proper inclusion. Therefore, there is a need to have recreational and physical facilities that can be accessed by people with disabilities to increase their participation.

Kim, *et al*. (2018:201), looking at the effects of participation in leisure activities noted that Individuals with physical disabilities experience various challenges such as limited income. This can result into a risk of social isolation, poorer educational outcomes, lower employment, and less engagement in physical activities than the general population, (Shirazipour *et al*, 2017); Turner & Turner, (2004). From a social and psychological perspective on the value of physical activities, individuals with physical disabilities report low self-esteem and tend to

develop a negative self-concept and self-image (Arbour *et al*, 2007; McCaughey & Strohmer, 2005). In addition, individuals with physical disabilities report high levels of psychological distress, such as depression, isolation, or anxiety (Barg *et al*, 2010; Lude *et al*, 2005).

These are some of the social and psychological problems this study will explore. The understanding of the issues associated with non-involvement in physical activities, can help social work to advocate for adults with disabilities. Therefore, in this study I want to explore participation in physical activity on a personal level and their community.

2.5 Affordability and Availability

Researchers assert that participation in leisure activities is a twofold dimension: affordability and availability (Raymore, 2002:37). These are the two determinants for adults with disabilities in taking part in physical activities. Raymore described them as facilitators to participation in leisure activities and constraints to participation in leisure activities. Raymore (2002:37) concluded that:

> *Participation should be viewed in an ecological perspective where the individual's environment is understood in what facilitates or restrains him from leisure participation*

This enables us to understand the challenges in society for adults with disabilities in finding the facilities which are affordable and readily available.

Coyle and Kinney (1990) cited in Burn, (2016:156) gives a general characteristic of adults with disabilities. Although it is a general description, the points made are worthy noting in relation to affordability and availability. They observed that a typical adult who has a physical disability is single, lives with members of his or her immediate family, and resides in an urban environment. Tareque, (2014,) has the same observation, persons without disabilities, are reported to have lower educational attainment, lower employment rates, and lower wages when employed. This is confirmed in Ireland, according to CSO Census figures of 2016 as shown in the following figure.

Figure. 2 Health, Disability and Career census 2016

Category	% of people with disabilities	% of the general population
Education	13.7% had completed no higher than primary education. 37.0% had completed third level education	4.2% of the general population. 53.4% had completed third level education
Employment	22.3% were at work	53.4% of the overall population
Labour Force	30.2% participation	61.4% for the overall population
Unemployment	26.3% were unemployed	12.9% were unemployed
		(Adopted from the CSO, 2017)

These observations suggest a limited disposable income to spend on physical activities. Affordability and availability need to be considered when examining participation in physical activities and the infrastructure and opportunities available.

2.6 Funding as a facilitator to participation

It is vital to address funding when discussing participation for adults with disabilities. Poverty and lack of adequate funding from the government, pose numerous challenges for participation in physical activities. Funding facilitates improvements to the services and the wider network of support available. In the past funding for disability activities was restricted to medical needs only according to Fleming (2019). However, the importance of social care needs, such as keeping active and socialising, has been recognised (Malley *et al*., 2012:21). There is an international requirement for people with a disability to live autonomous, self-determined lives whereby they are empowered and as independent as possible, choosing their supports and self-directing their lives (Perreault & Vallerand, 2007; Saebu *et al*, 2013). There is a need for government policies to align funding with this international policy in the provision of the necessary funding to facilitate adults with disabilities to participate in physical activities.

The benefits of individualised funding as a facilitator to social integration and community participation were cited to be remarkable (Fleming 2019). In Ireland, there has been a progress towards engaging with local communities to increase participation. However, funding is availed to leisure facilities to accommodate the person with disabilities rather than given to the individual. The Core funding provided towards the cost of employing Local Sports Partnership staff and developing the partnerships and innovative local initiatives is encouraging. So too, is the programme funding towards specific, high priority, targeted initiatives identified and

promoted by the Local Sports Partnership. For example, the Cork Sports Partnership launched its Sports Inclusion Disability Programme (SIDP) in April 2008 and appointed Sports Inclusion Disability officer (SIDO) with the aim of increasing the participation of people with disabilities in sport, fitness and physical activity (Cork Sports Partnership, 2018).

Funding is often advocated for adults with a disability due to their specific needs. One of the benefits for adequate funding is the autonomy for self-determination, freedom, independence, liberty of choice and action (Collopy, 1988, cited in Power, 2006) which enhances the quality of life.

Community integration is of interest to me in this scope of my research. It confirms the need for adequate funding for adults with disabilities to partake in physical activities in their own communities. This can reduce the isolation and marginalisation which is often felt by individuals within their own communities. Article 19 of (UNCRPD, 2006) advocates for independent living, community services, personal assistance and, a reduction in the institutionalisation of individuals with disabilities. Therefore, there is a need for a coordinated approach in the provision of funding for physical activities for adults with disabilities. The leisure facilities, disability organisations and government to bridge the gap which prevent participation in physical activities.

Discussing sustainable participation as their objective, Sports disability inclusion programme under Cork Local Sports Partnership, aim to support sustainable sport and physical activity participation opportunities. Through the provision of quality initiatives, engaging with the existing clubs and the wider community. This should have both measurable and positive outcomes for adults with disabilities if a sustainable participation is to be achieved.

2.7 Promote Individual Classification of Functioning and minimize the negative attitudes

People have different abilities. However, personal and environmental factors provide a more realistic assessment of what an individual can really do or a potential to achieve certain functioning according to Saleeby (2012:217). It is imperative therefore, to start using the internationally acceptable standardisation of individuals' functioning to increase participation in physical activities according to ones' ability. This individual classification of functioning (ICF) promotes capabilities and opportunities as opposed to outcomes and achievements (Saleeby, 2012:218). The ICF is the international classification of functioning, disability and health according to (WHO, 2001). It provides a standard and a framework to describe health conditions and identifies ways of intervening to improve the life situations of individuals with disabilities, (Saleeby, 2012: 218).

To minimize the negative attitudes towards disability in leisure activities, Balley-Ranger, (2006) suggest mixed participation where people with disabilities pairs up with able-bodied counterparts. This helps able-bodied people to become aware and understand people with disabilities (Wilhite & Shank, 2009) this approach to participation in physical activities can take away the indifference and overprotection attitude associated with disabilities.

2.8 Lack of Consultation and Involvement

Consultation in all matters affecting people with disabilities has always been advocated by individuals and groups working for people with disabilities. In its declaration of the rights of people with disabilities, the UNCRPD (2007) cherishes a society that respects the choices and needs of people with disabilities. It calls for participation in decisions that affect them and the availability of structured support services. Where this consultation it has taken place has yielded fruit as in the drafting of the disability inclusion strategy 2017-2020- where all government worked with groups to draft the eight themes for lines of action. Where this approach to consultation has been implemented, it appears to be essential for the understanding of the concepts which disable people for social participation and deprive or hinder their inherent human rights.

2.9 The gaps in the Literature that necessitates this study

The literature consulted showed the barriers to participation in physical activities for people with disabilities. However, it is imperative to look at other external facilitators that can encourage people with disabilities to participate in physical activities. Writing in relation to children, Shields and Synnott (2016) noted that barriers to participation in physical activity have been studied more comprehensively than the facilitators to participation. This requires a comprehensive analysis of the external facilitators for adults with disabilities. There is little knowledge about the needs of people with disabilities. Knowledge about their preferences, fear, parental behaviour, negative attitudes to disability, inadequate facilities, lack of transport, lack of programmes and staff capacity, and cost are among the facilitators which were cited by Shields and Synnott in children's participation in physical activities.

Their analysis is based on children however, these facilitators needs to be examined in the context of adults with physical disabilities. The external facilitators that were reported to have some influence in participation in children included: a child's desire to be fit and active, involvement of peers, family support, close and accessible facilities, opportunities sensitive to the needs of children with disability, skilled staff and information dissemination were noted by Shields and Synnott (2016).

Figure. 3 Determinants of leisure participation for children with disabilities.

Personality	**Family**	**Environment**
• Age • Gender • Desire to be fit • Involvement of Peers	• Parental Support • Family support • Lack of support • Cost	• Inaccessible facilities • Welcoming providers • Inclusive providers • Adoptable approaches • Skilled staff • Opportunities sensitive to needs
(Adopted from Shields and Synnott, 2016)		

Concluding their findings of physical barriers in children, Shields and Synnott (2012:989) suggest that understanding the barriers and facilitators of physical activities for children with disability, assist us in communities to design effective and efficient interventions to promote participation. This relates to the rationale of this research; which is to define interventions that can improve the quality of life for adults with disabilities through participation in physical activities.

The barriers and facilitators determine the level of physical activity that adults with disability can undertake. Discussing youth participation, Longo, Badia and Orgaz (2013:319), asserted that personal and environmental factors have a greater impact on their participation than family environment. They viewed the level of participation because of interrelations between the person and their environment (societal, social environment). Thus, the elements of policies and regulations affect access to leisure. In addition, the social environment can encourage or hinder one's participation. The personal factors should be considered too. Factors such as age, gender, motor and social skills can be a source of motivation. The personal interest in a healthy lifestyle and interest in physical activities should not be overlooked as contributing factors to participation in physical activities.

2.10 Conclusion

The literature has shown that currently we know more about the barriers to physical activity than the facilitators to participation. Knowing what hinders participation provides the opportunity to modify and improve available programmes for people with disabilities. Lack of participation in physical activities in case of children, Shields and Synnott attributed it to the complex and multifactorial nature of their disabilities. This should be considered in adults with disabilities in examining their lack of participation in physical activities.

I have explored some of the factors that individuals with disabilities perceives as facilitators. The benefit of physical activity for adults with disabilities such as good health and well-being have been discussed. Therefore, future research should focus on how to address these barriers to enable increased participation in physical activities for adults with disabilities.

Chapter Three Methodology

3.1 Introduction

This chapter introduces the methodologies and methods that were employed in completing this study. The study followed a systematic approach adopted by the researcher to give a compressive analysis of the topic and get maximum results. A quantitative approach was contemplated during the initial scoping exercise of the research topic. However, a qualitative approach was deemed to be most appropriate considering my research question and objective.

3.2 Epistemology

We all hold beliefs and knowledge of what knowledge and knowing is all about. The theories and beliefs we hold are activated when we start learning and knowing about something (Hofer & Pintrich, 2002). This knowledge is often informed by our own culture and groups that we identify with. According to Swaine (2003), our reflection and social relationships they come from a set of institutional arrangements imposed on by society. Therefore, we need to interrogate what we know and how we know it to make meaning of what we are finding out. Bermúdez, (2006:299) states that;

> *When we think about knowledge we should not do so in atomistic terms. By asking, for example, what we need to add to a true belief for it to count as knowledge. Rather, we need to think about knowledge in terms of the capacities that give rise to true beliefs.*

With this understanding, we start to question the beliefs and what engenders the truth of knowledge. Beliefs and theories are general one concludes. They are likely to vary according to the subject matter (Hofer& Pintrich, 2002:11). In the context of knowing about this study, therefore, I examined disability from a constructivism/critical lens to be able to understand it better and how it is perceived in society.

3.4 Ontology/Theoretical Underpinnings

3.4.1 Constructionism

The constructionist approach to the topic and how the social world sees disability gave me a better understanding of this topic. It maintains that disability is not the person's impairment. Rather how participating within the world we reproduce the ways of thinking and looking at the person with disability. It argues that the individual's impairment is worsened by society's structural barriers that disables a person with a physical impairment. Constructionism states that the person's environment has a huge impact on the experience of the individual. In this study I tried to understand the experiences of people with disabilities about their levels of participation in the physical activities. There are certain things that are considered right or

wrong, appropriate or inappropriate, natural or unnatural, normal or abnormal. These are presented to us as facts, yet these are our perceptions and reflections of looking at the world in a certain way (Swaine, 2003). Therefore, I thought to understand the participants' view of what is going on in their life and environment.

I tried to find out how adults with disabilities view physical activities and whether they think society understands their impairments, needs and whether it is doing enough to empower and enable them to participate in physical activities.

From the constructionist approach, we conclude that people with disabilities are well able to participate in all aspects of life including physical activities, as observed too by Fitzgerald & Jobling, (2009). They maintain that inclusion can represent a view of equal opportunity, a focus on social justice for all. Emphasis on individual's sense of belonging and acceptance is what needs to be encouraged rather than their disability. The resilience within people with disabilities enables them to move away from victimisation that is often associated with people with disabilities. This means that they are not seeking pity from society but rather opportunities for full participation in all spheres of society, the constructionists conclude.

3.4.2 Critical Perspective

I examined the structures that cause the inequalities for people with disabilities through the critical perspective. Through this lens I scrutinised the barriers that society creates for people with disabilities. The preamble of the Convention on the rights of people with disabilities, according to Flynn, (2011:18) states that:

> *Disability is an evolving concept and (it) results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full participation on equal basis with others*.

With this assertion, it can be deduced that there is no political will to address the barriers that hinder people with disabilities to participation in physical activities. For example, accessibility is a key issue for people with disabilities to full participation in physical activities. Most leisure facilities are not accessible and often isolated. Therefore, emphasis should be put on changing the structures to empower people with disabilities. Changing social structures, requires political will which is very slow to come in Irish context. For example, Ireland signed to the UNCRPD in 2007, however, it was not ratified into domestic law until 2018.

Human beings are interdependent. We are surrounded by systems that we create to live in harmony. Such systems, however, are not complete and perfect. They create inequalities that ignore the minorities in society such as adults with disabilities. Disability should be viewed in a social model by policy makers. The model seeks to locate the source of "difficulty" in a person's environment (Shakespeare, 2006; Smart & Smart, 2006). Therefore, the critical perspective views society as a main protagonist in imposing barriers and constraints on top of the presentation of a diagnosable condition that people with disabilities may be experiencing, according to UPIAS, (1975).

Oliver and Barnes, (2012), identified disability as an oppressive social relationship where society responds – or fails to respond – to the needs of adults with impairments. They observe that:

> *Society fails to include people with impairments, and through its provision of segregated environments and institutions such as residential homes, day centres and 'special' schools, it has consciously organised itself to exclude people with impairments from ordinary life.*

From the critical lens therefore, disability needs to cease as something that people 'have' but be understood instead as something 'done to' people. People have impairments but are not 'disabled people'. The structures need to change and remove those barriers which have excluded people with disabilities from participating as equals in everyday community life.

The supporters of the social model of disability have long maintained that the problems faced by people with disabilities lie within society's systems and structures. We need to change and overcome the barriers within those systems. We need to take a broad approach to issues facing people with disabilities especially in public policy.

According to Oliver, (1994:12),

> *The enhancement of the lives of people with disabilities which is controlled by professionals without seriously addressing the disabling society in which they live merely widens the gap of normal/abnormal dichotomy*.

The critical understanding of disability is not calling for normalisation of people with disabilities. Rather, it invites society to adapt to the needs of people with disabilities to accommodate them in all spheres of life. it seeks a broad reform of all societal systems to empower people with disabilities.

3.6 Research Design - Method and Methodology

A method shows us a technique of how something is carried out. It can refer to the tool for collecting or analysing data such as interviews or survey. Methods usually are specific and applied in specific way, (Braun and Clarke, 2013:31) This study took a qualitative method of semi-structured interviews of seven participants. They were adult male and female of acquired and congenital disabilities some did participate in physical activities whereas some did not.

A Methodology refers to a framework that the research was conducted within. It involves, *the set of ideas, theory or philosophy that surrounds, encompasses and literally holds together a research project,* Carey (2012:83). Therefore, to give a rich data to the research, all the participants were selected randomly by the liaison person. The participants were not known to me to avoid influencing the research outcomes. Semi-structured interviews were considered to give in-depth insight of the subject. These interviews were recorded through an IC recorder. I conducted the interviews because I was the main researcher. My role was to interview the participants, collect the data and analyse it to establish the research findings. The participants were selected randomly by the liaison person who works with IWA-Sport. My communication skills helped me to ask closed and open-ended questions during the interviews. These skills helped me to either get more information or clarify the information from the participants. The interviews were carried out in places familiar to the participants either in their homes or in the outreach resource centre. Still, this created some apprehension on both the researcher and the research participants because we were all meeting for the first time.

The participants were given the information sheet about the study (Appendix A). They were asked to read and familiarise themselves with the purpose of the research and only if they were happy, then they were asked to participate in the study. Upon agreeing to take part in the research, they were asked to sign a consent form (Appendix B). The participants were given six structured questions before hand (Appendix C) and (Appendix D) if they were involved or not involved in physical activities respectively. The questions aimed at answering the research questions and they changed slightly during the interviews depending on whether the participants were involved in physical activities. The interviews varied in duration depending on the participant. Some were short about 20minutes, yet others lasted for slightly over 40minutes.

Figure. 4 Research participants.

Congenital Disabilities	Acquired Disabilities	Total No.
3	4	7

Male	Female	Total No.
4	3	7

Breakdown of Female Participants

Congenital Disabilities	Acquired Disabilities	Total No.
1	2	3

Breakdown of Male Participants

Congenital Disabilities	Acquired Disabilities	Total No.
2	2	4

3.7 Ethical Considerations

The research was completed by carrying out interviews directly with adults with disabilities all wheelchair users some involved in physical activities and others not. On the outset of this research, I did envisage some ethical issues in this CARL project. Paul Ryan played a great role from IWA-Sport perspective, in making sure that the study met all the ethical requirements and it was of value to IWA-Sport and its members. I discussed the study with the college MSW Research Ethics Committee. I completed the application and submitted it for approval. However, it did not receive the approval straight away. There were several correspondences through phone calls and emails via my tutor. After addressing all the ethical concerns, I was finally granted permission to proceed with this research. I discussed the project with IWA-Sport again to map out the next steps for the research. IWA-Sport were very supportive, and they were happy to facilitate me in identifying the research participants. Given the breadth of disability, the study only included adults with physical disabilities. The following ethical issues were considered and addressed before the study commenced:

Consent

Informed Consent was gained from the participants before they could take part in the research. The purpose of the study was explained to the participants and participation was voluntary. They were advised the option of withdrawing from the study at any time. The participants were provided in person with an Information Sheet when I was obtaining the consent.

Data protection:

The safest form of data protection was used. The data was stored using college's google hard drive. Participants' data was only used for the research purposes. The information was only for research purposes for the fulfilment of the award of a Master of Social Work. Thereafter all information held about the participants would be destroyed after a period of 10 years.

Confidentiality:

The data which was collected from the individuals was anonymised to protect their identity. The interviewees were assigned a unique abbreviation e.g. (I1, I2, I3, etc) denoting Interviewee 1, interviewee 2, interviewee 3 etc for only data analysis purposes. Nowhere in the final research report are participants identified in anyway.

If any problems did arise:

The participants were advised to contact their GP or other support services (contact details of two national support services - the Samaritans and Pieta House – were included) in case of any distressing issues which might have arisen for them.

3.8 Reflexive Positioning and Ethical considerations

I have worked with IWA for a long time and I was aware of the lack of participation in physical activities by most clients. According to Tan and Moghaddam (1995) reflexive positioning is the 'process by which persons position themselves privately in internal discourse' Therefore, I was aware of my capacity in the IWA as an employee and how this knowledge could influence and bias the research outcomes. I, therefore, chose to interview the clients with disabilities and get their understanding and experiences of participation in physical activities. On the outset I designed the questions in a more objective way to minimize subjectivity as possible.

3.9 Data Analysis

Knowledge is grounded in data. It's through analysing this that we make meaning and answer questions in social sciences (Braun and Clarke, 2012:33). My data analysis followed a thematic analysis which according to Carey (2012:222) focuses on:

> *Identifying themes and patterns regarding individual or, more often, group attitudes, behaviour or value… the essence of the approach is to collect data and then allow patterns of experience/attitudes to emerge from the data.*

Following Carey's assertion, all interviews were listened to and transcribed. I read the transcripts and the emerging themes were identified. They were grouped into main themes and were further categorised into sub-themes for further analysis as shown in Figure six (Appendix E).

3.10 Research Limitations

The research was a ten thousand words piece of work completed within a short time. Therefore, it could not cover all the areas and aspects that I wanted to cover. However, it captures significantly the key issues of the study and creates an opportunity for further research.

I interviewed a small group of people who covered a small urban area. This does not represent a regional or national finding and doesn't include rural areas for comparison.

I intended to interview only people who had participated in physical activities. However, during the interview process three participants were not involved in any physical activities. This changed the questions during the interviews even though it enriched the findings.

3.11 Conclusion

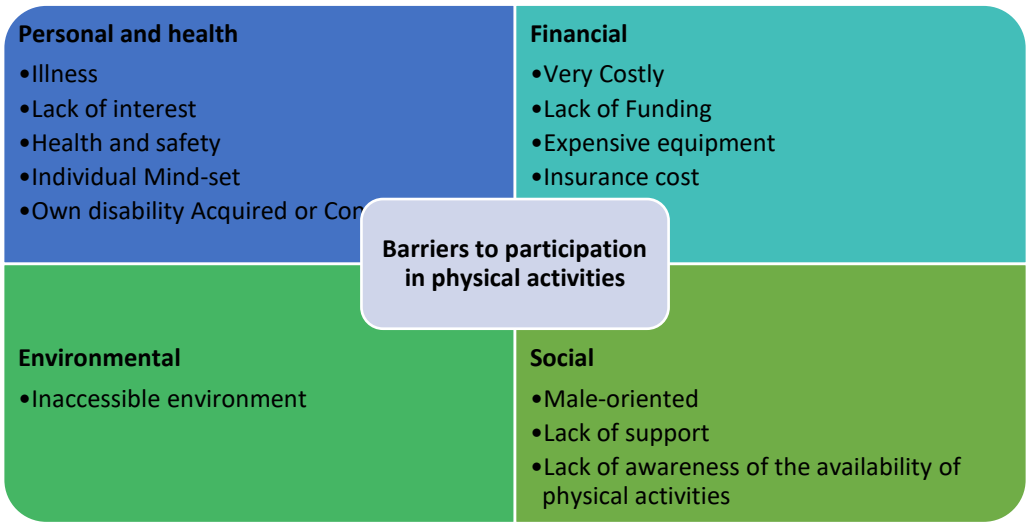
In this chapter I have shown a descriptive step by step process that was followed when I was carrying out this research. The data collection helped me to learn from the experiences of the research participants and connected with the subject content of the topic. The participants were happy to meet me and take part in the research from the outset. However, there was some intrusion on their privacy, abilities and lifestyles. This might have caused some apprehension on the part of the participants and me as I remained guarded in what I asked at times.

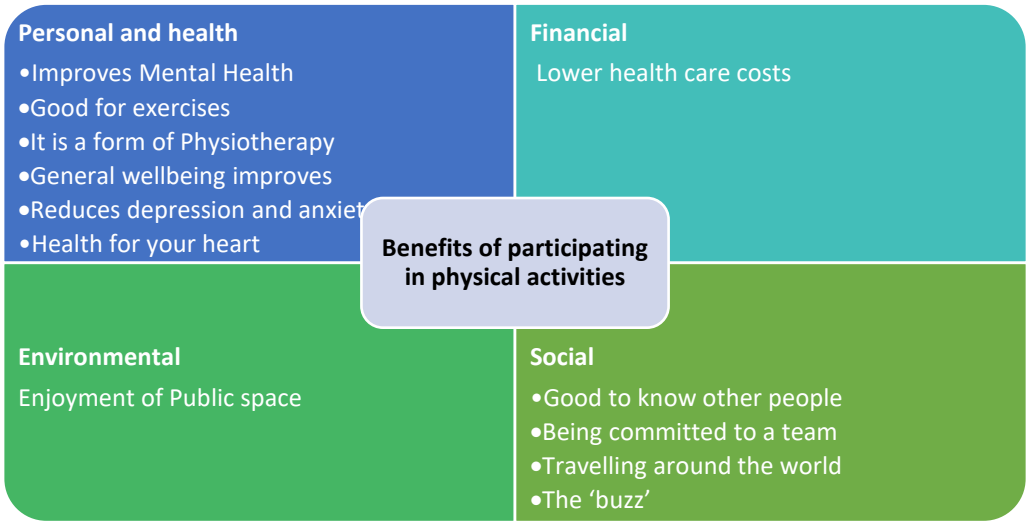
Chapter Four Findings

4.1 Introduction

This chapter introduces the findings of this study. It focuses on the data from the semi-structured interviews and their analysis. It presents the emerging themes from the research questions that I set out to explore. These findings are in figure five (interviewee responses) in (Appendix E).

Below are the general themes that emerged in the data analysis of the interviews:







4.3 Barriers to Participation

The participants agreed that although people with disabilities might have a desire to participate in physical activities, there are barriers that prohibit them. These were categorized as personal and health, Environmental and Social as noted by Burns (2016:156) that:

> *Persons with disabilities are generally presented with more challenges than those without disabilities regarding physical pursuits and facilities. Some of these challenges include, access to facilities and equipment, the need for individualized services, and the availability of leisure education.*

4.3.1 Personal and health limitations

These included individual illness, mind-set and health and safety. However, the disability being either acquired or congenital is a big determinant for one's participation in physical activities. As noted by one interviewee I5 who had played rugby all his life prior to his injury and was determined to get back to play his rugby:

"I had good association with the sport, and I wanted to keep playing rugby…I wanted to keep it up" (I5)

4.3.2 Financial barriers

The expensive nature of adapted equipment, lack of funding, insurance requirements make the participation in physical activities very expensive. Most places are inaccessible, and you need to book them in advance to avail of their services. The high risks attached to people with disabilities creates a barrier for them to participate in physical activities. The lack of funding from the government means that adults with disabilities are left relying on volunteers to help

them to take part. The human resource of personal assistants is costly and based on contact hours which is very restrictive.

4.3.3 Environmental barriers

All research participants identified the environment around them as being a huge factor in preventing them in taking part in physical activities. They cited the inaccessible gyms and leisure activities. Unfortunately, this extends to their social life where they think ahead of accessible places to go.

4.3.4 Social barriers

The participants were asked if they think that Irish society facilitates people with disabilities to participate in physical activities. This was linked to social understanding of the needs of adults with disabilities. Although they agreed that strides had been made, they did not go far enough to support people with disabilities.

They identified the lack of support available to them, the lack of awareness of availability of physical activities as some of the social barriers. However, gender inequity emerged as another social hinderance. Females are not considered to participate in physical activities, even the facilities are male oriented as observed by interviewee I2:

"Because mainly males come to gyms perhaps which is wrong because their males in wheelchairs and females in wheelchairs as well" (I2)

From this research therefore, it emerged that the barriers are personal and health, environmental, financial and social. They act as a disincentive to participation in physical activities for adults with disabilities.

4.4 Benefits of Participating in Physical Activities

Increasing physical activity can improve one's wellbeing, can reduce the risk of diseases and can increase life expectancy (Cleland, 2014). This research, therefore, sought out to find whether people with disabilities were aware of such benefits of participating in physical activities. I assumed that they were not aware of these benefits, hence little or no participation in physical activities. However, this was not the case. All the interviewees were aware of the benefits which were clustered into personal and health and social themes.

4.4.1 Personal and Health

All the interviewees agreed that participating in physical activities improves one's mental health and encourages the general wellbeing of an individual. They reported that physical activities improve the health of one's heart and encourages exercises on a regular basis. They

reported that participation in physical activities reduces one's depression and anxiety if he/she took part rather than staying in the house. Interviewee I1 talking about being out even if it meant going around the shopping centre said that:

"If you do not go out it does affect you socially. You can be withdrawn and then anxiety can sink in" (I1).

It was interesting to note that some interviewees saw participating in physical activities as a form of physiotherapy. Yet, another interviewee noted that his independence had improved significantly as opposed to before participating in physical activities. He stated that:

"I am a lot more independent now. Before, say; when I was younger, as a teenager I depended on my mom a lot wherever but since I started sport and after seeing other people, I am like if he can do that I can also do it".

These were some of the benefits on a personal level as articulated by the interviewees.

4.4.2 Social Connections

The Interviewees discussed the social aspects of participating in physical activities. Zabriskie &AL, (2005) discussing physical activities in young people suggested that they contribute to the quality of life in terms of well-being and social recognition. It was mentioned by the participants that, when you participate in physical activities, you get to know other people very well. You get the opportunity to travel to other places. The sheer commitment to a team is a very special relationship and it is good to go out and break the monotony of a daily routine. Interviewee I6 added that, the 'buzz' you get out of participating in physical activities cannot be underestimated. In his words:

"Definitely I feel a lot fitter and healthier over all. Like any other sport you feel the buzz". (I6)

The connection with other people both people with disabilities and able-bodied increased. Therefore, participation in physical activities should be encouraged. From social work perspective this would break the monotony of the same routine that often typifies the daily life of people with disabilities and improves the quality of life for adults with disabilities.

4.5 Enablers and Determinants of Increased Participation in physical activities

At the outset of the research in consultation with IWA-Sport, there was a desire to increase the number of adults with disabilities participating in their services. Two questions were included aiming at what could enable them to participate in physical activities and what IWA-Sport

could do to increase that participation. The responses were grouped in three main themes: personal and health, environmental and societal contribution.

4.5.1 Personal and Health

The research participants asked for less strenuous activities where people cannot engage in highly physical activities due to personal health. A need to treat people equally whether disabled or not because adults with disabilities can fully participate in physical activities. However, the differential interest in acquired and congenital disabilities was evident when it came to participation in physical activities. People with acquired disabilities were more interested in continuing with physical activities after their injury and mind-set was alluded to as a determinant to continuing with physical activities.

It was suggested the mind-set of people with disabilities should change and see themselves as individuals who can participate in physical activities. Interviewee I7 when asked to comment on the low participation in IWA-Sport services stated:

"I just think it's about people themselves. Like a lot of people with disabilities they might think that am disabled am not doing anything else. It is a mind-set…I think it's not on IWA side but it's on the individual side of their mind set". (I7)

4.5.2 Environmental Factors

The structural barriers are still prevalent for people with disabilities. This is embedded in the ethos and culture of society which still treats disability as a personal tragedy (Yuen, 2007). It sees disability as a 'disease' and any intervention is therapeutic in nature. We need to move to a social model which focuses on more reflective and empowering perspectives (Yuen, 2007) which values the unique abilities of the individual. All participants agreed that accessibility is an obstacle to their participation in physical activities. Gyms are not adopted to accommodate adults with disabilities. Accessibility to public transport is still a problem in isolated areas, interviewee I4 observed:

"I am kind of lucky because I can drive to trainings and take part in training, yet it is a very big obstacle for others". (I4)

Interviewee I2 recognised the need for physical activities and called for specialised gyms equipped with personal trainers:

"We are in chairs 24/7 sitting down, a lot of people can put on weight even though you eat well. But for us the gym could be helpful to work out". (I2)

Environmentally accessible public places and specialised gyms would encourage people to take part in physical activities.

4.5.3 Society Awareness

Participants believed that there is a lack of awareness of disability and physical participation. Society's view of disability is still limited and backward. Interviewee I6 commented:

"People's idea of what disability is still backward. Oh, you are disabled so you should sit down in a room and do nothing you should be wrapped in cotton wool and be left there". (I6)

They felt that people with disabilities are treated differently. Another interviewee talked about how disability does not mean inability. Yet, people with disabilities feel that there is a negative attitude towards them. While discussing the national campaign to increase women's participation in sport by the year 2020 during the interview, Interviewee I6 commented:

"Women's sport is a minority, but disability sport is even more so a minority. We need to encourage participation but most of the time we are pushed away saying they are disabled don't worry about them. Don't' worry about them". (I6).

Therefore, there is a lack of interest and not having a chance to exercise their ability. There is little known about physical activities for adults with disabilities in the media. There are no campaigns to increase participation. Yet, in many cases individuals with disabilities are participating in as many physical activities as their able-bodied counter parts. The interviewees advocated for more inclusion in all spheres of life including physical activities.

Chapter Five Conclusion and Recommendations

5.1 Introduction

This chapter introduces the conclusions and recommendations of my study. At the outset of this study, I wanted to find out whether people with disabilities were aware of the relationship between physical activity and wellbeing and what were the limitations in their participation in physical activities. I wanted also to find out the extent society was facilitating and contributing to the participation in physical activity for adults with disabilities. Based on my findings, the following are the conclusions and recommendations of this study.

5.2 Conclusions

During this research I found out that there are many physical activities that people with disabilities can and did participate in. These included but not limited to wheelchair rugby, wheelchair basketball, table tennis, sailing, football, mixed rugby, triathlons, archery, bowling, walks, swimming, road racing hand bikes among others. These were confirmed to me by attending an exhibition of inclusive sports held in the Mardyke Arena, organised by Cork Local Sports Partnership.

The services of IWA-Sports were well known to all participants. They were happy to recommend them to other people. The role of Paul (Liaison person for this study) was articulated by all participants who were engaged in physical activities. I asked the participants if they knew of the services of IWA-Sport and why there are not so many people using them. The answers varied. But 4 out of 7 participants representing 70% agreed that the degree of one's participation in physical activities depended on one's interest and mind-set. They stated that if one has the interest, then they should be participating.

The barriers were cited by the research participants as a major hindrance to participation in physical activities. The inaccessible gym facilities, the health and safety risk which is assumed to pose by adults with disabilities, the high cost of insurances, lack of adequate funding, lack of personal assistants and the expensive cost of equipment are some examples of the barriers to participation in physical activities for adults with disabilities.

There was a big discrepancy in participation between men and women. All women interviewees were not involved in physical activities. They cited some of the facilities being mainly male-oriented and this discouraged them. This lack of involvement is reflected in the low numbers of women using IWA-Sport physical activities and the national picture of less women involved in physical activities.

One's family was discussed as could be a supporter of participation in physical activities or as a hinderance. This depended on whether the individual's family is involved in sports/physical activities or not. It was observed too by some interviewees that some families can be over protective rather than being supportive of participation in physical activities. The family's infrastructure was also cited as another determinant to one's participation in physical activities. The infrastructure meant the ability to provide the resources such as transport, ability to pay for the activities and the geographical location.

5.3 Recommendations

In this research I have explored the participation in physical activities for adults with disabilities on their wellbeing. Both the findings and conclusions have been an education from a social work perspective.

The benefits of physical activities were articulated by all the research participants and agreed on the importance of regular participation would improve one's mental health. It would increase the connection and socialisation with others. Meeting new people, being healthier, bringing out one's competitive nature, opportunities of travelling to other places, and the actual buzz were examples of what physical activities would engender if one took part. Therefore, this research recommends the following:

5.3.1 Increase Awareness

The benefits of participating in physical activities were articulated by all research participants. They wanted to participate in physical activities, however, there is a lack of awareness of the available activities for adults with disabilities. Sports Inclusion Disability Programme aims to provide information and promote opportunities for people with disabilities in participation in sustainable sport and physical activity at local, regional and national level, (Cork Sports Partnership, 2018). But, there is a need to engage with the public and increase a dissemination of the information and creating awareness to all people with disabilities. A campaign for awareness like that of the national women's participation in sports (Women 20/20 campaign) must be launched. This can be done using national media through advertising on national television, radio and using social media like Facebook to get to a wider audience.

5.3.2 Schools and Local Partnerships

The work of IWA-Sport's in linking people with disabilities to physical activities was commended. However, there is still a gap of connecting adults with disabilities to its services to increase participation. Schools and local partnerships were identified as some of the platforms that could encourage participation. It was suggested by participants that pathways

such as schools and local partnerships could be the linkages that would enable adults with disability to embrace physical activities and encourage local communities to take an active role. It was noted by one interviewee (I7) how a local IWA-Sport school summer camp gave him the interest in physical activities and now he is participating most of his time. This should be fostered and encouraged from a young age.

5.3.3 The Social approach of All-inclusive Physical Activities

This emerged as an option of physical activities engagement for adults with disabilities. At present there is an all-inclusive GAA, where hurling is played and there is an all-inclusive rugby played together with able-bodied people for social connections in Sunday's Well. This should be encouraged and fostered in more local communities. There should be creative ways of mixed physical activities to attract the interest of the population. The advantage of this approach is twofold. It will increase the participation of people with disabilities in physical activities and will take away the isolation and negative attitudes society has about the abilities of adults with disabilities.

5.3.4 Exercise as Physiotherapy

Participation in physical activities was considered a form of physiotherapy by the participants. 'It is another form of exercise' explained by one of the interviewees. This is therapy with peers while having fun. It does not have to be separate from the physiotherapies which people with disabilities often tend to receive. The IWA-Sport should take this opportunity to rigorously incorporate physical activities in their junior academy for boys and girls on an equal basis. It would benefit them physically and would increase the interest in physical activities once done with peers.

5.3.5 Increased Funding

Local partnerships are positive models for increasing participation. They work with leisure facilities to facilitate participation. It was deplorable to learn the cost of the equipment. Little subsidies and grants are available from government to support individual adults with disabilities to participate in physical activities. The risks associated with inactivity are known by the Department of Health. It states that there is a strong evidence that support multiple benefits of physical activity to health and wellbeing (Slater & Meade, 2004). Physical activity is also a preventative factor for many non-communicable diseases. Therefore, there is a need to increase individualised funding to assist in purchase of equipment and assist in access to leisure facilities.

5.3.6 The Divide between Rural and Urban

There is a need to explore the divide between urban and rural. It was observed by one interviewee that cities tend to be saturated with hospitals, universities and access to public transport. As such adults with disabilities tend to use rehabilitation services in hospitals facilities for physical activities. This research recommends a further study about this gap and how it affects adults with disabilities in rural areas.

5.3.7 Women Participation

Ways of encouraging women to participate in physical activities should be devised. The women in the interviews felt that the facilities were geared towards males and were happy to participate as spectators. The national campaign of 'women 20/20' should incorporate adult women with disabilities. IWA-Sport need to link up with local sports partnerships with plans aimed specifically for increasing women's participation in physical activities.

5.4 Value to Social Work

Social connection and the mental wellbeing were cited as some of the benefits of people getting involved in physical activities. Social work endeavours to address the inequalities in society and advocates for social justice. Social workers, therefore, need to think outside the box and use physical activities as a medium of inclusion. There are many challenges in trying to address this. However, we can take an active role through advocating for a holistic approach in designing personal centred interventions for adults with disabilities, (Yuen, 2007). Therefore, this study provides social workers with the opportunity to know the benefits and challenges of adults with disabilities in participation in physical activities in addressing social isolation. Physical activities can assist in addressing the mental wellbeing of adults with disabilities through active involvement in their communities. In the recent exhibition of inclusive sports, organised by Cork Local sports partnership, there were a myriad of sports, games and physical activities that individuals with physical disabilities could partake in. If social workers were more aware of these opportunities, they could play their part in improving the quality of life and wellbeing of adults with disabilities.

5.5 A Reflective piece on the research process

The project

This has been a very satisfying piece of work. I have enjoyed working with all the people I have worked with on this project. The collaborative work of IWA-Sport enabled this study to be completed on time through their support and encouragement. They embraced this CARL initiative with open arms and I hope this collaboration will continue in the future. I want to

commend, my liaison person Paul Ryan. I was touched by his resilience, and enthusiasm throughout this project. He is knowledgeable, determined and a strong leader. Being around him helped me to be enthused for the entire research project.

Having several people working with me on this project was very guiding and helpful. However, at times I felt they had different expectations. This created some anxiety and some frustrations for me during the research process.

The 'Journey'

The research journey was a mixture of emotions. Some exciting while others frustrating. I was moved by the stories told by the research participants and I felt so privileged for them to share such personal stories with me. However, the journey had some frustrations, too. This happened when I could not get my phone calls answered or my messages returned from some of the research participants. I felt I was a bother to them for asking them to take part in the study. I was aware that the participants were volunteering their time and there was no financial benefit for them. This grounded me and helped me to move at their pace.

My liaison person, experienced multiple bereavements during the time of this research. This created a 'vacuum' for me and the research participants. The study had not been explained in detail to the participants prior to meeting with me. However, I took time to explain the purpose of the study before the interviews commenced. The bereavement created a time loss. The sensitivity I have around bereavement, meant I could not contact my liaison person. Because I was aware of the need for his grieving space. This slowed the pace at which the research progressed and created an apprehension as to whether this project could be completed on time.

Research participants

I met all the research participants, and, on the outset, there was a mutual respect on either side. I felt their honesty and it contributed to the study in a most insightful and fruitful way. However, I remained aware of my intrusion on some of the participants on their privacy and lifestyle in their own homes. This awareness left me guarded in what I said and asked during the interviews and might have caused some apprehension on the part of the participants and myself.

Support

The lectures of this module informed my learning and the theory engendered my interest. The lectures became an oasis where I had the opportunity to apply emerging concepts and issues related to my research. Although the concepts and examples used in the class were in many cases not related to my area, I took the opportunity to apply them where appropriate. This helped me to be cognizant of my area of study and be able to link those important discussions of the class to my topic.

Peers

The consultations I had with fellow students enabled me to realise that this was not a unique experience to me but rather each one of us had our own challenges. The consultations helped me to compare where I was at in the scheme of the research process and I quickly realised that we had similar difficulties although in different ways. This grounded me and enabled me to stay focused until the research was completed.

The 'future'

This research journey has created an appetite for similar endeavours in the future. Knowing what hinders participation in physical activities, provides me with the opportunity to modify and improve available programmes for people with disabilities. I hope my findings will contribute to future research to address the barriers to enable increased participation for adults with disabilities in physical activities.

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Appendix A

INFORMATION SHEET

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Purpose of the Study. As part of the requirements for MSW at UCC, I must carry out a research study. The study is concerned with the effects of participating in recreation activity/physical activity on the well-being of people with disabilities: Looking at the wellbeing as a case study in a group of people with disabilities in Cork City.

What will the study involve? The study will involve talking to you both informal and formally about your disability and discussing your involvements in any physical activities. It will take two to three weeks which this time I will conduct interviews.

Why have you been asked to take part? You have been asked because you fit the participant criteria for this study

Do you have to take part? No! Participation in this study is voluntary. However, if you chose to participate you will be asked to fill out a consent form and you can withdraw from the study at any time even though you had agreed to take part in the study. Where you change your mind to leave the study after collecting the data you need to let me know in two weeks before the data is transcribed, and your data will be destroyed.

Will your participation in the study be kept confidential? Yes, your participation in this study will be anonymous and I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be entirely anonymous.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, available only to me and my research supervisor. It will be securely stored on my laptop which is accessed only through a password. On completion of the project, they will be retained for minimum of a further ten years and then destroyed.

What will happen to the results? The results will be presented in the thesis. They will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on the course. The study may be published on a CARL website and may be used by Irish wheelchair association for improving the service in the sports area.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part in this study. It is possible that talking about your experience in this way may cause some distress.

What if there is a problem? No harm is anticipated but some of the questions are of a personal nature; at the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact The Samaritans on 116123 and or your GP for support.

Who has reviewed this study This study has been approved by the University's Social Research Ethics Committee of UCC to be conducted.

Any further queries? If you need any further information, you can contact me Livingstone Kiwanuka on 0872495148 or email me on 104801768@umail.ucc.ie Or my supervisor Dr. Fiachra O'Suilleabhain, Telephone 0214903072 email: fiachra.osuilleabhain@ucc.ie

If you agree to take part in the study, please sign the consent form overleaf. (Where you cannot write any form of signature you usually use will be enough or the appointed power of attorney is acceptable as long as you agree to it).

Appendix B

CONSENT FORM

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

This consent form is designed with qualitative research in mind. Where quantitative methods are used, issues such as quotations and audio-recording do not arise.

I……agree to participate in Livingstone Kiwanuka's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with [*name*] to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

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

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

Signed: …… Date: ……...

PRINT NAME: ……

Appendix C

Interview questions (Interviewees were already active in physical activities)

1. **Tell me about your participation in physical activities.**

2. **What are the things that enabled you in participating in physical activities?**

3. **What do you see as the benefits of participating in regular physical activities?**

4. **Do you think Irish society facilitate people with disabilities to participate more in physical activities?**

5. **Are you aware of the services of IWA sport?**

    i. **If yes have you used them?**

    ii. **If no, why?**

6. **Do you have anything else you would like to add to this interview?**

Appendix D

Interview questions (Interviewees were not active in physical activities)

1. **Tell me about your participation in physical activities.**

2. **What are the things that prevent you in participating in physical activities?**

3. **What can enable you to participate more in physical activities?**

4. **Are there benefits of participating in regular physical activities?**

5. **Does Irish society facilitate people with disabilities to participate in physical activities?**

6. **Are you aware of the services of IWA sport?**

    i. **If yes have you used them?**

    ii. **If no, why?**

7. **Do you have anything else you would like to add to this interview?**

Appendix E

Figure Five Interviewee responses.

	Participation benefits	Participation Barriers	Participation Enablers
Interviewee 1 (I1)	• It is good to get out to know people • It's good to get out to be social • Helps your mental health	• Inaccessibility • Lack of personal assistant	• Activities that are less strenuous • We need to be treated equally • More inclusion • Accessible public transport
Interviewee 2 (I2)	• Health of the heart • You feel great after the gym • You feel health when you participate in physical activities	• Facilities like gyms are male-oriented • Not sporty myself • Inaccessible facilities	• Specialised gyms • Gym assistants
Interviewee 3 (I3) (Congenital)	• The social aspect to break the monotony	• Accessibility is a major problem • Personal health • I am old	
Interviewee 4 (I4)	• Being part of the team • Team exercise • Social aspect	• Cost • Expensive equipment • Insurance	• Right information for the services • Platforms for different games • Informal support
Interviewee 5 (I5)	• Good for mental health • Exercising your heart rate • It feels great afterwards • Meeting new people • Opportunity to Travel	• Cost of renting the gym • Rugby chairs are expensive • Lack of funding	• Volunteers • Raising awareness • Accessible gyms • Building designing should consider people with disabilities
Interviewee 6 (I6) (Congenital)	• My independence improved • Good for mental health • You feel the buzz • More friends	• Funding • The big investment in equipment • Health and safety • Insurance costs	• Campaigns/awareness is needed • More pathways • Use media for dissemination of information
Interviewee 7 (I7) (congenital)	• Meet friends at trainings • Go away to matches • Physical activity is another form of exercise	• No interest in disability sport by big companies • Mind-set	• More awareness of disability sport

Appendix F

Figure six: Thematic data analysis.

	Personal and health	Financial	Environmental	Social
Barriers to participation in physical activities	• Illness • Lack of interest • Health and safety • Individual Mind-set • Own disability Acquired or Congenital	• Very Costly • Lack of Funding • Expensive equipment • Insurance cost	• Inaccessible environment	• Male-oriented • Lack of support • Lack of awareness of the availability of physical activities
Benefits of participating in physical activities	• Improves Mental Health • Good for exercises • It is form of Physiotherapy • General wellbeing improves • Reduces depression and anxiety • Health for your heart			• Good to know other people • Being committed to a team • Travelling around the world • The 'buzz' • Good to get out and break the monotony
What enables and needs to be done to increase participation in physical activities	• Change of Mind-set • Activities that are not strenuous • Equal treatment		• Accessible places • Adopted gyms	• Raising Awareness • Campaigns and advertisements • Change in attitudes disability does not mean inability • More inclusion • More Pathways