



Disability Research Series **3**

Promoting the Participation of People with Disabilities in Physical Activity and Sport in Ireland

Disability Research Series **03**

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The many professionals with and without disabilities from the world of sport, leisure, physical education, teaching and training

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Foreword

The United Nations has proclaimed 2005 as the International Year of Sport and Physical Education, a year to accelerate action towards ensuring that everyone, regardless of gender, race or ability, has the opportunity to enjoy quality participation in physical activity and sport.

The 1993 United Nations' *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* declares that member states should take measures to ensure that persons with disabilities have equal opportunities for recreation and sports.

The Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities contains an article dealing with the participation of people with disabilities in cultural life, recreation, leisure and sport (The UN Assembly resolution 56/108 of 19th Dec 2001 established an Ad Hoc Committee to consider proposals for this Convention. The sixth session of the AD Hoc Committee took place from 1st to 12th August 2005).

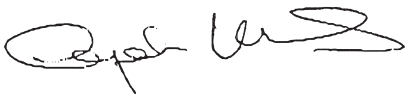
Article 31 of the UN Convention on the Rights of the Child, signed in 1989, and ratified in 1992, recognises “the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.”

The Irish National Children's Strategy (2001) states that children will have access to play, sport, recreation and cultural activities to enrich their experience of childhood (objective L) and that children with a disability will be entitled to the service they need to achieve their full potential (objective J). The Report of the Commission on the Status of People with Disabilities (1996) makes nine recommendations regarding sports, leisure and recreation for people with disabilities.

This report highlights issues that need to be addressed if everyone is to attain their potential in and through physical activity/sport. It outlines how participation can be increased and, critically, how to ensure that people with disabilities experience quality physical activity/sport. The report highlights the need for all stakeholders to work across structures and organisations in order to formulate and implement strategies that will ensure quality experiences in sport/physical activity for people with disabilities. Appropriate national structures and programmes have to be developed. In addition to the competitive aspects of sport, the social, personal, fun and health aspects of

physical activity should be promoted. Physical activity for everyone requires emphasis on all users having equitable access to community facilities. Community facilities must be sufficiently diverse to attract everyone. Efforts are required to promote widespread interest and participation in physical activity. Continued attention must be given to school PE curricula to ensure the development of comprehensive programmes of the highest possible quality for all young people.

I would like to acknowledge the leadership of those in Ireland who are committed to increasing the quality and quantity of physical activity opportunities for people with disabilities. Their proactive attitude enables them to move beyond the obstacles in order to find and implement adequate solutions. They lead the way. May everyone follow their lead.

A handwritten signature in black ink, appearing to read 'Angela Kerins', written in a cursive style.

Angela Kerins
Chairperson
National Disability Authority

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Executive Summary

Executive Summary

There is a need to develop appropriate opportunities for people with disabilities throughout their life course. The provision of access for people with disabilities to quality physical activity and sporting opportunities must be addressed on an equal basis with those of their non-disabled peers. The access of people with disabilities to physical exercise, through recreational and competitive sport and physical education curricula, must be planned for and incorporated into all structures, strategies and programmes. These include community facilities, leisure and sporting venues; national, regional and local strategies and public awareness campaigns; physical activity and sports programmes in schools and in the community.

Barriers that contribute to low levels of participation in physical activity and sport by people with disabilities in Ireland include the following: poor physical education (PE) provision in schools; negative school experiences; low expectations from teachers, families and peers; lack of knowledge of what is available; lack of information and expertise; poor community facilities and lack of access to facilities and programmes; ad hoc structures and approaches; transport difficulties; lack of coverage of a wide range of sports in the media; lack of experience of the benefits of physical activity; untrained staff and lack of accessible facilities; lack of companions who can facilitate/assist people with disabilities to access facilities and programmes when required; inadequate sponsorship and coaching; and a lack of a culture of general participation in physical exercise and sport in Ireland (*“we are becoming a spectator nation”*). Only coordinated and concerted efforts will be successful in addressing this complex range of barriers.

From the empirical research for this study five main factors emerged as essential if quality experiences in physical exercise and sport are to be had by people with disabilities. These are stronger leadership; improved and inclusive community facilities including playgrounds; the provision of adequate PE and physical activity experiences in the school and in the community; adequate and accessible information services; and comprehensive education, training and coaching programmes that provide PE teachers, coaches, trainers and managers with the required inclusive PE, sport and physical activity training and expertise.

While there have been welcome developments in the area of sport and active leisure in Ireland including an increase in funding for sport and active leisure, the importance of leadership to spearhead the construction of appropriate structures and processes

cannot be overstated. Participants in this study, including people involved in sports and physical exercise provision, people with disabilities and parents of children with disabilities, considered the issue of leadership to be a crucial one. It is perceived that Government Departments, the Irish Sports Council, governing bodies of sports and other relevant organisations could be more strategic in promoting co-ordination, access and equity and improving physical activity experiences for all.

Ireland has much to learn from the success of umbrella organisations for disability sports in other countries such as the Federation of Disability Sport Wales (FDSW) in Wales, the English Federation of Disability Sport (EFDS) in England and the Australian Sports Commissions Disability Sports Unit (DSU). In these initiatives, while each group retains its identity, united they have a more powerful voice to lobby for funding and support. The success following on the changes spearheaded by these new organisations and structures is impressive. The development of more organised approaches to sport and physical activity equity has led to improvements, in some cases, dramatic, in terms of participation, quality experiences and achievement. The increase in participation together with success at the level of competitive swimming in Wales for people with disabilities after the implementation of a community and competitive swimming programme is a striking example.

While the approaches are diverse in different countries, all involve stronger leadership and improved co-ordination at a national level. In Wales development of structures has been through local authorities that have taken ownership of ensuring sports equity. In Australia the National Sports Body has a Disability Sports Unit (DSU). The DSU provides practical assistance and a national network of disability education and support personnel who work with National Sports Organisations and other sports providers. Adequate leadership at a national level leads to a cultivation of the culture and required conditions that supports equality of opportunity in the field of physical activity, active leisure and sport. This has facilitated the development of effective partnerships and mobilised the necessary resources. In Ireland there is a need for a united front among organisations and service providers in order to achieve quality experiences and sports equity for all. More co-operation between the various sectors and groups involved in the development and delivery of sport and physical exercise opportunities should be a prominent goal.

How to ensure physical literacy was another key issue flagged by people with disabilities, parents, and teachers and by professionals involved in the provision of physical activity and sports programmes. Physical literacy is defined as developing the

fundamentals of movement through appropriate opportunities and environments for learning and attainment (Bickerton, 2005 citing Stafford, 1995). Understanding that physical literacy is taught, rather than just developing naturally, is central to understanding that sporting ability is controllable rather than pre-determined (Bickerton, 1995). See Appendix 3 for an exploration of the concept of physical literacy. The PE curricula should continue to be modified and the impact and outcome of modifications monitored until PE is of sufficient quality and quantity to ensure that everyone acquires physical literacy.

The education and training of professionals involved is an important related issue. Once people are educated and trained appropriately, inclusive PE is more likely to happen because the professionals will have acquired the skills to organise, modify and adapt curricula appropriately to meet individual need. The opinion was voiced by both parents and teachers that the ongoing in-service training in the primary schools as part of the implementation of the new primary school PE curricula is unlikely in itself to address all the gaps in current PE provision. Until the personnel delivering PE are adequately trained and professionally prepared at both undergraduate and postgraduate level to provide inclusive PE, programmes in schools that will ensure the physical literacy of children and young adults cannot become a reality.

More effective use of the comprehensive National Council for Curriculum and Assessment (NCCA) Draft Guidelines for teachers of students with learning difficulties (2002) would be beneficial. This might be done through the provision of training for teachers on the guidelines. This could be carried out in a number of ways including e.g. a visiting service to train management and staff on their use. Guidelines for teachers of students with physical and sensory disabilities would also be useful.

Increasing knowledge about the range of factors that affect people with disabilities participating in physical activity and sport can be used to develop inclusive physical activity and sports programmes. A multi-agency approach is required. Interventions that promote and facilitate physical activity and sport by tackling the whole range of factors involved necessitates multi-agency involvement including the Departments of Education and Science; Arts, Sport and Tourism; Health and Children; Transport and the Environment together with other relevant departments and public and private agencies. Simply ensuring that adults and children with disabilities can attend the same facilities as non-disabled people is not sufficient in itself to guarantee inclusion. Staff knowledge, attitudes and training for example are very important, as is the requisite assistance throughout the activities.

In summary, the importance of sport and physical activity must be underlined by strategic action at national, regional and local level. Social commitment and an appreciation of the benefits to society of diversity is promoted and fuelled by clear national policy and frameworks and co-ordinated strategic planning. Clear leadership at a national level makes widespread social commitment to equity for everyone more likely. Long-term plans on how to provide adequate school and community facilities and programmes as well as comprehensive PE and sport education and training are crucial. Positive experiences and the acquisition of physical literacy at the early learning stages facilitate positive self-concept with regards physical activity and makes life long interest and participation in physical activity and sport more likely.

The report makes recommendations around a) improving leadership; b) developing frameworks and strategies; c) providing information services, d) developing comprehensive education, training and coaching programmes for teachers and coaches and e) providing improved and inclusive community facilities including playgrounds.

Recommendations include the following:

- A National Framework for inclusive physical activity and sport should be developed by a multi-agency working group that plan and promote cross-disciplinary planning and collaboration in the field of physical activity and sport.
- National, regional and local public awareness campaigns around physical activity should reflect the diversity of the population and address the simple and broad opportunities that exist for physical activity.
- The media should be more inclusive by developing strategies that allot space to a diversity of sports and should portray images of children and adults with a disability in publicity material regarding sport and physical activity.
- Ensuring effective implementation of the comprehensive NCCA draft guidelines for teachers of students with learning difficulties (NCCA, 2002) is critical. Teacher training on the use of the guidelines should be introduced.
- Guidelines for teachers of students with physical disabilities would be useful.
- The potentially important role for Special Needs Assistants in ensuring that children with disabilities experience quality physical education in school and how best to manage the relationship between Special Needs Assistants and teachers are important areas for future research.

- Mandatory modules on inclusive/adapted physical activity (APA) should be introduced into all pertinent third level courses.
- The Irish Adapted Physical Activity Alliance (IAPAA) and other relevant bodies should be supported in the development of Inclusive/Adapted Physical Activity as an academic discipline in Ireland.
- Disability Awareness Modules should be included in the education and training of those who deliver Irish Sports Council recreation programmes.
- Disability Awareness Training should be provided/available for staff in childcare and leisure and play settings.
- A nationwide volunteering service for sport and physical activity for people with disabilities should be developed. This could be through the Local Sports Partnerships (LSPs).
- People with a disability could be recruited for training and employment in the field of leisure and sports.



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Chapter 1

Introduction

1.1 Background

This preliminary research was undertaken with the purpose of informing a wide audience on current provision of sport and physical activity opportunities for people with disabilities and on how participation in quality experiences might be increased.

There are people with disabilities who have had little or no experience of physical activity or exercise. They need, first of all, to develop their motor skills through adapted physical activity programmes and through physiotherapy where indicated. Other people with disabilities do not have the opportunity to participate in active leisure pursuits and sports that suit and appeal to them. They have had little or no opportunity to engage in physical exercise and sport with others and enjoy their social aspects. In school and in college the experience of children and young adults with disabilities are not always quality ones. Everyone with a disability, including athletes with a disability, need to be adequately catered for and their potential recognised, respected and nurtured.

Central to conducting research in the field of physical activity and sport is a clarification of important words and terms. Sport is often considered as physical activities that are engaged in for competition/ excellence and/or pleasure and that have defined rules and scoring systems. The European Sport's Charter (Council of Europe, 1992) defines sport as all forms of physical activity, which through casual or organised participation, aim at expressing or improving physical fitness and mental well being, forming social relationships or obtaining results in competition at all levels. Exercise is defined as purposeful physical activity, which is often structured, and pursued for health and fitness benefits. Physical activity is defined as all forms of bodily movement which use energy including such tasks as housework and gardening (Council of Europe, 1992). In this report sport and physical exercise are used inter-changeably. In appendix 3, other pertinent terms and concepts are discussed including physical literacy, "elite" athletes, inclusive or adapted physical education/activity and independence, participation, inclusion and interdependence.

The enormous benefits of physical exercise have been recognised but they need to be more widely experienced. The pleasure and enjoyment that comes from physical exercise and sport can be sufficient reasons in themselves for participation. However, taking a more functional view, a whole range of benefits and reasons for participation can be enumerated and these are addressed in the report.

A Department of Education document, *The Economic Impact of Sport in Ireland* (2004), cites frequently suggested reasons for participation in sport: participation for health, for achievement, for social experience, for excitement, for compensation and for play. Chawla (1994) summarises some of the benefits of physical activity for people with disabilities: “Sport instills self discipline, a competitive spirit, and comradeship. Its value in promoting health, physical strength, endurance, social integration, and psychological wellbeing is of little doubt. It is not difficult to understand why sport is so important for the wellbeing of people with disability.”

Participation in physical activity has a role to play in personal development. It improves physiological and mental functioning and gives rise to feelings of physical, psychological and social competence. It is hugely enjoyable and can increase a person's resistance to stress. Through physical exercise and sport people can learn values and habits such as perseverance, constancy and competitiveness, fair play and sportsmanship. Sport can play a role in facilitating social participation, friendship and inclusion. It can be important in generating goodwill within and between diverse groups, places and countries. It is thought that physical exercise and sport can be used to contribute to a range of societal goals such as increasing community regeneration and social capital and reducing truancy and youth crime.

Positive effects of physical activity in persons with learning and physical and sensory disability that have been demonstrated include improvements in general health, physical fitness, bone metabolism and increased functional independence. There is also increased mobility and a reduction in chronic disease and secondary complications. Physical activity also has a mitigating effect on challenging behaviour (Moon et al, 1982; Nishiyama et al, 1986; Lancioni et al, 1994 and 1998; Washburn et al, 2002; Nary et al, 2000 cited by Boland, 2005).

Physical exercise is important in maintaining fitness for daily living, reducing functional limitations, facilitating independent living and preventing, delaying and reducing chronic illnesses and secondary conditions (Fentem, 1994). In people who have acquired a disability, participation in sport/physical exercise can help them come to terms with their disability, regain self-esteem and social integration (Chawla, 1994).

Physical activity is part of the antidote to the global burden of obesity and to chronic diseases such as cardiovascular disease and diabetes. As the economic and social impact of a sedentary lifestyle and obesity becomes more apparent, efforts are being made around the globe to increase participation in physical exercise and sport. It is important that these initiatives become catch-up ones for people with disabilities rather

than a time when the gap widens between them and their non-disabled peers in terms of participation in physical exercise and sport.

The Technical Advisory Group (TAG) of the National Coaching and Training Centre (NCTC), in a consultation paper, *Building Pathways in Irish Sport (2002)*, cite some of the Irish documents that highlight the potential role for sport and physical activity in Ireland. These include *Targeting Sporting Change in Ireland* (Dept of Education, 1997), *Programme for Prosperity and Fairness* (Govt of Ireland, 2000), *A Health System for You* (Dept of Health, 2001), *Sport for Life* (Irish Sports Council, 2003) and *Youth Sport in Ireland* (Connor, 2003).

From an economic viewpoint the sport and leisure industry is increasing in importance in Ireland. In the sports strategy of the Department of Education (1997), *Targeting Sporting Change in Ireland*, participation in sport is identified as contributing to the physical and mental wellbeing of the nation. It is also identified as being capable of playing a significant role in tackling social and economic disadvantage. *Sport and Active Recreation in Wales* (2003) sets out an ambitious strategy for increasing participation in physical activity that should, simultaneously, improve the economy, improve health and wellbeing, increase social capital and make a mark internationally in terms of excellence in sport.

The Department of Culture, Arts and Leisure (DCAL) in England, in its Corporate Strategy, emphasised increasing participation in culture, arts and leisure activities and services. The Department states, "increasing access for disabled and socially disadvantaged people are of particular importance to our areas of responsibility". The Department, in co-operation with District Councils, is developing a strategy for improving health and well being through participation in culture and leisure activities. The aim is to increase health related physical activity by increasing opportunities for participation in sport, especially by young people, women and people with disabilities (www.ofmdfmi.gov.uk/equality).

The report has an executive summary and a number of appendices. The body of the report is divided into five chapters: 1) an introduction; 2) desk research; 3) results of focus groups and interviews; 4) discussion and 5) recommendations.

The report will be of particular interest to people with disabilities. It will also be of interest to individuals and organisations who are involved in the organisation and provision of sport and physical activity and physical education, training and coaching. These include owners, managers and staff of leisure centres, gyms and clubs;

coaching and training bodies; relevant government departments; staff of agencies that provide public and community services or are engaged in community development; disability organisations and also educators/ teachers in pre-school, primary, secondary, third-level and adult education. In third level institutions, educators and lecturers, in the fields of education, leisure and sport management, physical education and the health sciences, may be particularly interested.

1.2 Research aims and objectives

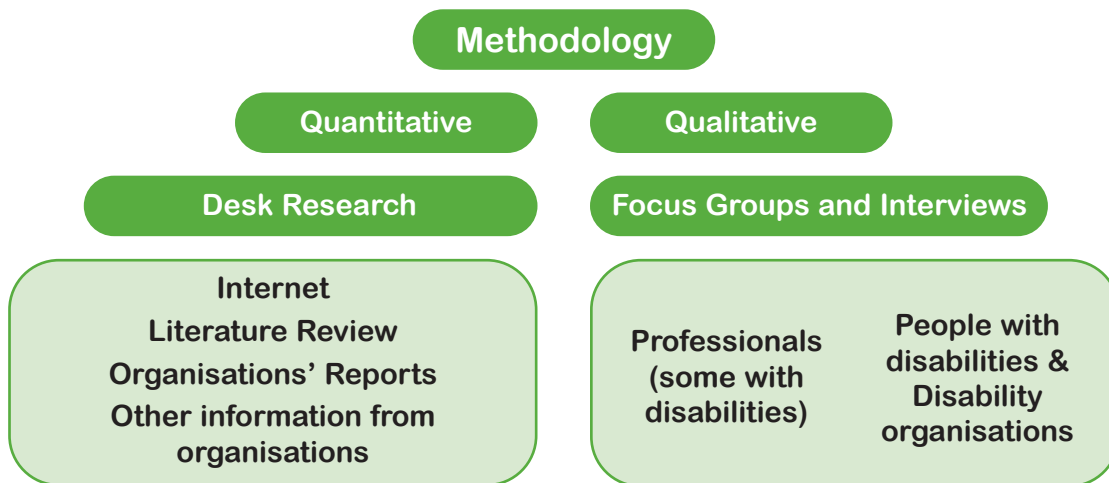
The aim of the research is to make recommendations as to how participation in quality physical exercise and sport can be made a reality for people with disabilities. The following elements have been examined:

- The infrastructure at community and school level underpinning the delivery of sports and physical activity programmes in Ireland.
- The important role that physical activity and sport has for the individual and for society.
- The factors, barriers and incentives, which influence participation in physical activity and how they vary at different stages of a person's life. (It is important to identify the personal, social, environmental and economic factors, which impact on whether or not people with disabilities engage in physical exercise and sport. Only then can comprehensive recommendations be made on how barriers can be overcome and incentives introduced or increased).
- Action that must be taken if people with disabilities are to have the opportunity to participate in quality sport and active leisure activities of their choice.
- Best practice in Ireland and elsewhere in achieving quality in physical activity and sports.
- Ways that people, organisations and institutions, including government departments, can plan strategically and work together to ensure that everybody becomes and remains active.

1.3 Methodology

The research consisted of the following elements: desk research including a review of the international literature, focus groups and interviews and discussions with key informants from disability organisations, education and training bodies and national and local statutory and voluntary agencies. The interviews, desk research and focus groups were conducted seeking discussion around a number of topics and questions (see Appendix 1).

An overview of the methodology is provided below in diagram form.



The Literature Review was conducted using the search engines Infotrac and Science Direct and by reviewing the literature in the libraries of the National Disability Authority (NDA) and University College Dublin (UCD). An internet search was carried out using the search engines Google Scholar and Ask Jeeves.

Individual interviews were conducted by phone and face to face. For the focus groups an explanatory letter and consent form (see appendix 2) were distributed and informed consent was obtained from those who volunteered to participate. Interviews were held with individuals from educational institutions, National Governing Bodies of Sport (NGBs) and agencies involved in leisure and sport provision and regulation.

Individual interviews and focus groups focused on the reasons for participating/ not participating in physical exercise and sport, barriers and incentives to participation, good and bad experiences at different stages of the life course, role models and opinions and suggestions regarding improving physical exercise and sport experiences. In the focus groups and individual interviews efforts were made to include people with disabilities from diverse backgrounds and circumstances, different parts of the country and with varying experiences and levels of participation in physical exercise.

Participants were adults including parents of children with disabilities (age range 20 to 75 years). Both men and women were involved. They had a range of physical, sensory and intellectual disabilities and mental health difficulties. People with both acquired disability and disability from birth participated in the study.

Parents of children with disabilities, adults with disabilities living at home, adults living in residential settings together with “elite” athletes took part in the study. (Webster's Online Dictionary defines elite as "the best of a class." See Appendix 3 for an exploration of the meaning of the word “elite” in the field of sport.)

In one focus group with parents their children were also present and although direct questions were put to the children they did not participate in the dialogue of the focus group.

For some of the middle aged and older adults participating in adapted physical activity programmes, it was the first time they had engaged in regular physical exercise. With these participants, and again with the participants of another focus group of parents whose children had recently had the opportunity to participate in adapted physical activity programmes, they were able to contrast prior and current experiences of physical exercise. Ten top Irish athletes with disabilities were individually interviewed.

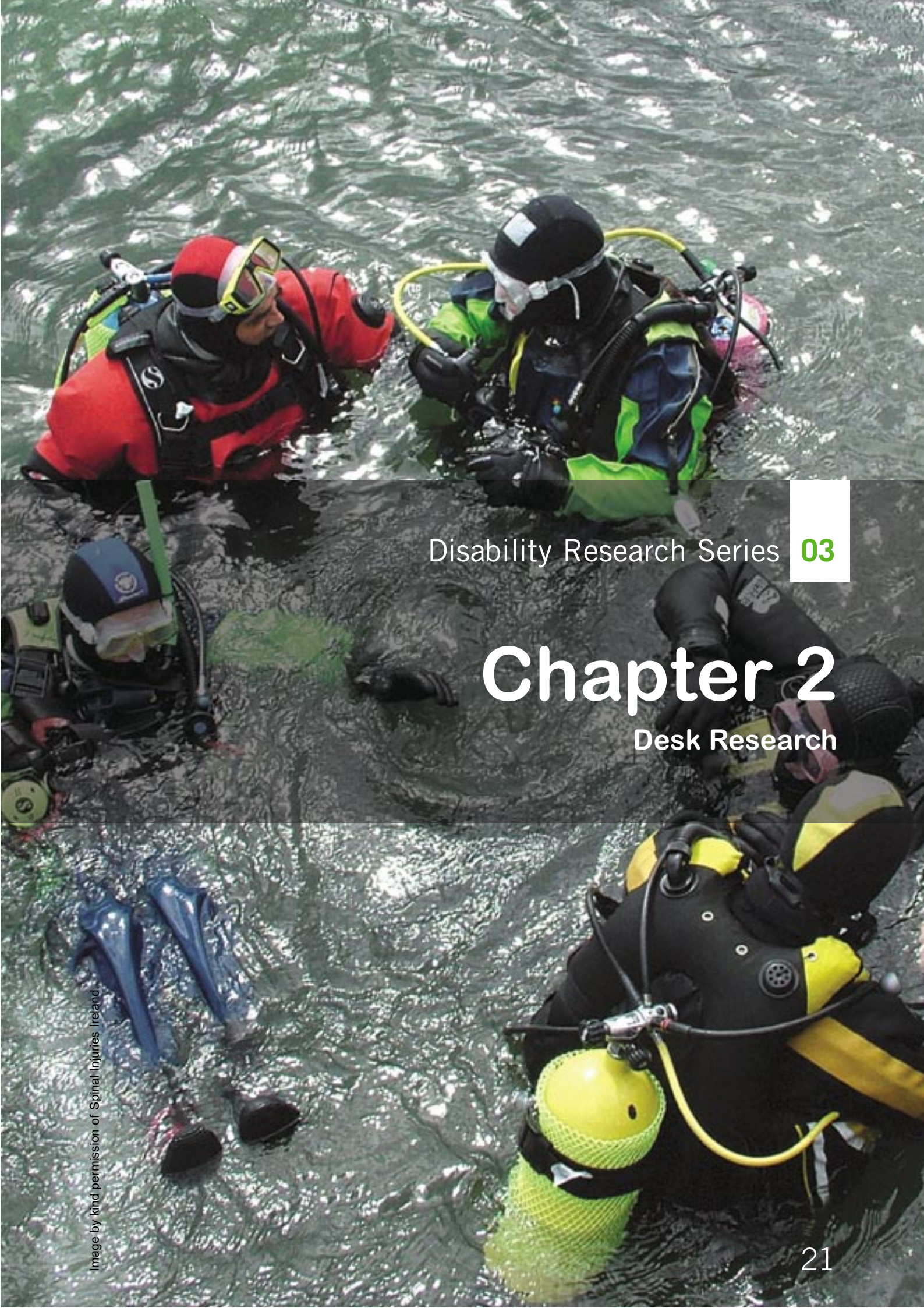
Individuals and focus groups were established through contact with organisations providing services to people with disabilities. These included National Governing Bodies of Sport (NGBs) such as Irish Wheelchair Association Sport (IWA), the Centre for Independent Living (CIL), the Health Service Executive (HSE), local branches of the National Training and Development Institute (NTDI), now renamed the National Learning Network (LAN), the Down's Syndrome Association and providers of adapted physical activity programmes for people with disabilities. Individuals were also accessed through professionals, with and without disabilities, working in the area of sport, leisure and education. Written explanations of the study were circulated and written consent was obtained from respondents (see appendix 2). The focus groups and interviews were taped and transcribed or notes were taken at the time. Later, the opinions, suggestions and experiences collated were grouped under themes.

Focus groups and interviews were conducted with people living in Dublin, Cork, Kerry, Limerick, Galway and Leitrim. These included

1. Children with a wide range of disabilities living at home and their parents (children of both sexes, aged seven to twelve years, with a range of disability including speech impairments, cerebral palsy, autism, and learning difficulties. (Eight parents with eight children) (Focus Group)
2. Parents of young children with an intellectual disability (Eight parents and one child) (Focus group)

3. Adults of both sexes, aged thirty to sixty years, with a range of disabilities including mental health difficulties, epilepsy, intellectual disability and participating in education and training programmes provided by a National Learning Network Centre. Eleven participants. (Focus group)
4. Adults living in a residential setting with physical disabilities, some with multiple disabilities. Adults, of both sexes, had a variety of conditions including multiple sclerosis, spina bifida, polio, intellectual disability and cerebral palsy. Nine participants (Focus Group = seven; individual interviews = two)
5. Adults with visual impairment/blindness living at home (All men, aged twenty eight to seventy three years. Five participants) (Focus group)
6. Adults with a range of disabilities including visual impairment/ blindness, spina bifida and multiple sclerosis living at home (Adults of both sexes, aged from mid-twenties to mid-forties. Five participants) (Focus group)
7. Adults living in community type accommodation (Individuals of both sexes with physical or physical and intellectual disability. Six participants. (Focus group = four persons. Individual interviews = 2 persons).
8. Adults with physical disabilities and their personal assistants Participants had a variety of conditions including muscular dystrophy and Friedrich's ataxia. Six participants. (Focus group = five people Individual interview = one person).
9. Ten international Irish athletes with disabilities
(Ten individual interviews)

After analysing the results of interviews and focus groups and completing the literature review, a draft report was written. This was circulated to lecturers in the field of sport and leisure management, individuals working in sport disability organisations, physiotherapists working in the field of inclusive physical activity, the sport development officer for people with a disability in Dublin City University (DCU), a primary school teacher carrying out in-service training for the Dept of Education and Science on the new primary school curriculum (and who has a background in teaching children with disabilities), people with disabilities and the Department of Arts, Sport and Tourism who forwarded it to the Irish Sports Council for comments. Fourteen reviews of the draft report were received. The suggestions, comments and recommendations made were studied and the report was amended accordingly.



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Chapter 2

Desk Research

Benefits of physical activity and sport

The physical benefits

The benefits of physical activity have been recognised for centuries. Fuller in 1705 (cited by O' Doherty, 1999) stated: *“if some of the benefits accruing from regular physical activity could be procured by any one medicine, then nothing in the world would be held in more esteem than that medicine.”* This report will not attempt to review in depth the benefits of physical exercise. However, it is important to reiterate the incalculable benefits of physical activity, even moderate activity several days of the week (whether through sport or, e.g., walking to work), and to promote an awareness of the wider benefits of exercise and fitness. Everyone should know in theory, and ideally also in practice, that physical exercise influences long-term health status and also general well-being, personal and social development, effectiveness and achievement. The psychological benefits include improved mood, confidence and self-esteem, a reduction of anxiety and depression and an increase in a person's ability to cope with a range of stressors. (There are, needless to say, other crucial factors that contribute to improved mood, confidence and self-esteem such as suitable and satisfying employment, friendships and relationships.)

Even though many people are aware that physical exercise enhances a person's functioning, is an important component of optimal health and is associated with health gains (Pate et al, 1995; Fentem, 1994; Royal College of Physicians, 1992, Department of Health, UK, 1995) it is important that people become more aware of and more knowledgeable about the specific effects of both physical activity and inactivity. Physical inactivity or disuse of the body carries a health risk of the same order as cigarette smoking, high blood pressure and high cholesterol. It leads to premature ageing, chronic disease and numerous impairments e.g. cardio-vascular vulnerability and musculo-skeletal fragility (Frank and Patla, 2003).

Regular physical activity prevents a range of illnesses and reduces the effects of age and the incidence of chronic illness and disease such as coronary heart disease, stroke, diabetes mellitus and colon cancer (Powell et al, 1994 cited by de Ploeg et al, 2004). Muscle and bone pain, shortness of breath, pain, including back pain, fatigue, depression, difficulty with sleeping and weakness can often be improved by physical activity.

The World Health Organisation (WHO) summarises the benefits of regular physical activity. It points out that much of the health gain from activity is obtained through at least 30 minutes of cumulative moderate physical activity every day. “Regular physical

activity reduces the risk of dying prematurely; reduces the risk of dying from heart disease or stroke; reduces the risk of developing ear disease, colon cancer and type 2 diabetes; help to prevent/reduce hypertension; helps control weight and lower the risk of becoming obese; help to prevent reduce osteoporosis, reduce the risk of hip fracture in women; reduces the risk of developing lower back pain; can help in the management of painful conditions like back pain and knee pain; help build and maintain healthy bones, muscles, and joints and makes people with chronic disabling conditions improve their stamina; promotes psychological well-being, reduces stress, anxiety and depression; helps prevent or control risky behaviours, especially among children and young people (WHO, 2004)

After regular exercise people of any age can work harder, longer and with less effort than previously and there is a reduced sense of effort for any given task. This is true for everyone and for all age groups (Fentem, 1994). Physical fitness is particularly important in the face of periods of immobilisation, hospitalisation or serious health problems. It contributes to the maintenance of functioning and prevents the development of new functional limitations (Fentem, 1994). Being overweight, particularly in people with mobility impairments can affect their functional ability and independence and increase the likelihood that they develop associated complications such as pressure sores. Thus physical activity can be important in maintaining health and, simultaneously, making financial savings.

Each component of physical fitness including balance/ co-ordination, muscle strength, reaction time, visual acuity, power, body composition and cardiovascular and muscular endurance can be defined on a continuum ranging from low to high fitness levels. However, it is generally accepted that moderate physical activity e.g. brisk walking or its equivalent for 30 minutes most days of the week will improve health and quality of life. The American College of Sports Medicine, the Centre for Disease Control and Prevention (CDC), the President's Council on Physical Fitness and Sports in the USA and similar bodies in many other countries have all endorsed this goal. They have adopted the following recommendation as an international standard guideline: *“The minimum levels of recommended physical activity are an accumulated 30 minutes of moderate intensity physical activity over the course of most days of the week. In terms of measurable physical health the target is to take enough regular exercise to improve or maintain stamina, to strengthen muscles, and to improve or maintain the range of joint movement “* (Royal College of Physicians Guidelines, 1989).

There are also many, including government departments, who emphasise active living as a concept that stresses moderate activities for all such as walking on a daily basis.

This concept highlights physical activity as an enjoyable and natural part of everyday life rather than as working out or doing sport for the sake of fitness. The concept of active living supports the priorities of a healthy community such as equity, diversity, personal choice and the appreciation and protection of the natural environment (Green and Gold Inc, 2001).

Larger health status differences among people with disabilities have been noted between exercisers and non-exercisers compared to their non-disabled counterparts. The health status differences between people with and without disabilities have been shown to be smaller for people who exercise (www.ncpad.com). The suggested relationship between physical activity and health status among people with disabilities should be further tested and explored.

Some people with disabilities can be less active due to their functional limitations. Expectations of inactivity on their own part and that of others may compound their inactivity. Attitudinal, social and physical access barriers as well as the prevailing trend to live a sedentary lifestyle may also increase the likelihood of physical inactivity. Inactivity can exacerbate conditions that people with disabilities have and can precipitate secondary conditions to which they are prone (e.g. kidney failure, obesity). Inactivity can also lead to an increase in dependence on others, a decrease in social interactions and the development of symptoms such as fatigue, depression, low functional capacity, obesity and pressure sores.

Physically active wheelchair users have a lower rate of absence from work and fewer hospital admissions than inactive colleagues. Wheelchair athletes have fewer pressure sores and kidney complications than sedentary wheelchair users. Joint contractures can be prevented in children who walk rather than use a wheelchair. Exercise in the upright position reduces calcium loss after a spinal cord injury and exercise that improves muscle strength brings confidence in negotiating steps and other barriers. Both motor skills and the speed at which manual work is performed improve in people with intellectual impairment who exercise (Fentem, 1994).

The positive effects of physical activity in persons with learning and physical and sensory disability include improvements in general health, physical fitness, bone metabolism and increased functional independence. There is also increased mobility and a reduction in chronic disease and secondary complications. Physical activity also has a mitigating effect on challenging behaviour (Moon et al, 1982; Nishiyama et al, 1986; Lancioni et al, 1994 and 1998; Washburn et al, 2002; Nary et al, 2000 cited by Boland, 2005). Physical exercise is important in maintaining fitness for daily living,

reducing functional limitations, facilitating independent living and preventing, delaying and reducing chronic illnesses and secondary conditions (Fentem, 1994).

“Sport is increasingly being used as treatment complementing the conventional methods of physiotherapy. It helps to develop strength, coordination, and endurance. Some sports develop selected groups of muscles - for example, weight lifting and archery help to strengthen the arm muscles of paraplegic patients, enabling them to gain independence in self care activities. Wheelchair sports such as basketball helps develop co-ordination as the disabled person has to propel the wheelchair and learn to pass, catch, and intercept the ball. Swimming is generally accepted as a valuable form of exercise and treatment. Over recent years it has become the most popular sport. When someone is immersed in water, mouth and nose above the surface while breathing, the buoyancy of the water allows limbs to move freely within that person's abilities” (Chawla, 1994, p.1501).

A wide variety of sports can be enjoyed by people with disabilities and can be of benefit. For example, horse riding can be beneficial to people with disabilities including people with learning difficulties, whose confidence, coordination, and communication skills can be improved (Peacock, 1994). Some people with intellectual disability, notably persons with Down's Syndrome, have low Vitamin D levels and are at risk of bone disease with an increased prevalence of osteoporosis (Centre et al, 1998, Wagemens et al, 1998 cited by Boland, 2005). Thus, physical activity may yield particular benefits for them by decreasing the risk of osteoporosis.

The social and psychological benefits

Participation in sport has a number of social benefits. People establish friendships and social networks from which collective identities can be forged. Participation facilitates social integration, can bridge cultural difficulties and pave the way to employment. Participation in sport with diverse others can overcome prejudice and discrimination (on the grounds of ethnicity, social background or disability, for example) and can play a role in achieving an inclusive society. Through sport people (usually¹) learn the tenets of fair play, teamwork and solidarity and can become more aware of the problems that exist for people with disabilities ([http:// europa.eu.int](http://europa.eu.int)).

1. One cannot take for granted that participation in sport will achieve the development of values such as sportsmanship etc. Clubs, programmes etc need to promote and cultivate such values. For example, the IRFU have rules and regulations that include opposing teams sitting down together following matches. In this way players learn to leave aggression behind on the playing field etc.

2005 was launched as the International Year of Sport and Physical Education by the United Nations, the Secretary-General, Kofi Annan said that *“sport is a universal language and a good vehicle for promoting education, health, development and peace”* (<http://www.un.org/apps/news/story.asp>). At the same event, Adolf Ogi, the UN Secretary-General's Special Adviser on Sport for Peace and Development said that we need this international year *“to spread the message that sport offers values to the younger generation”* (www.un.org/apps/news/story.asp). These words echo those of Viviane Redding, member of the Commission with responsibility for Education and Culture, who has stated *“Sport can help to improve education and pave the way for integration. Accordingly, it can and must be made an integral part of the process of building up European citizenship ...”* (<http://europa.eu.int>).

In people who have acquired a disability, participation in sport/physical exercise can help them come to terms with their disability, regain self-esteem and social integration (Chawla, 1994). Persons with learning difficulties appear to gain significant mental, social, spiritual and physical benefits from sport and leisure activities (Chawla, 1994). Weiss et al (2003) reviewed studies that demonstrated the importance of social participation for the self-concept (self-esteem, self-regard, self-worth) of persons with intellectual disabilities. Weiss et al (2003) citing Sherrill (1993) define self-concept *“as the perception and evaluation of the self, and includes the beliefs, feelings, and intentions that a person holds in regard to self”*. Edgerton et al (1984) and Landesman-Dwyer et al (1984) showed that individuals with developmental disabilities attribute greater life satisfaction to the presence of family and friends and active social lives than persons without a disability. Thus, while social participation and friendship are important in the lives of everyone they may have particular significance for the self-concept of individuals with intellectual disabilities.

A thought-provoking study by Fujiura et al (1997) on the relationship of excess weight to diet and activity in persons with Down's syndrome found that diet and activity were not predictors of Body Mass Index (BMI) as in the general population. While dietary indices (K-calories, cholesterol, saturated fat) were relatively unimportant in predicting BMI, interestingly, the pattern of friendship and access to recreation and social opportunities co-varied with BMI. These results suggest that the factors influencing BMI are much more complex than one might expect, in this population at least, and illustrates well how crucial the whole context of a person's life is for health status, well being and quality of life. While Fujiura et al (1997) consider that the results do not imply that friendships and social interaction are the panaceas for good health they do indicate that *“simple proscriptive recommendations, such as “eat less saturated fat” and “exercise more” may represent quite incomplete portraits of effective health*

promotion strategies". The social and friendship benefits of exercise and sport may be particularly important in this population.

Zetlin and Turner (1988) found that the perceived abilities of persons with an intellectual disability to conform socially, to participate in activities, and to have competent interpersonal skills seemed to matter most in how persons' with an intellectual disability evaluated themselves. Schalock et al (1981) investigated the quality of life of adults with developmental disabilities living in the community. They found that, along with the importance of perceived functional skills and autonomy, persons with a developmental disability reported a consistent desire for more friends.

Weiss et al (2003) examined the impact of participating in the Special Olympics (SO) on the self-concept of people with developmental disabilities. They examined the relationships between various SO components - the number of years in the organization and the number of competitions, sports, hours per week training, and medals and ribbons obtained - and participants' self-concepts as well as parental views of participants' self-concepts, and participants' actual competency. They highlight how their study utilizes the most representative sample of Special Olympics participants in research to date, randomly selecting from local chapters across Ontario. They consider that their research offers empirical data to support and encourage the development of theoretical models of how particular physical activity programs can effect psychological and behavioural change beyond improving physical fitness.

Weiss et al (2003) point out that they are the first to report on the components within the programme instrumental in improvement of self-concept. Other studies have supported the hypothesis that involvement in Special Olympics promoted positive self-concept and competence in participants using quasi-experimental pre-post designs and by correlating the length of enrolment in the organization with variables of interest. While the length of time in Special Olympics, the number of medals won, and the number of competitions were related to the participants' sense of general self-worth, only the number of competitions emerged as a significant predictor of self-concept. The more athletes participate in competition, from local to international level events, the more positive their sense of general self-worth. *"While it may be that the better an athlete feels about him/herself, the more competitions they choose to participate in, research has also shown that competition, when combined with peer acceptance, parental support, and a positive coaching style, can lead to improvements in athlete self-esteem"* (Weiss et al, 2003, p.298, citing Hines & Groves, 1989 and Shephard, 1983).

Factors other than competition appear to be important determinants when examining perceptions of other factors such as physical competence and social acceptance. Different aspects of an athlete's experience in Special Olympics are linked to different facets of self-concept. Participants' perception of their physical competence was positively associated with the number of years, sports, competitions, and hours per week. In school-aged and non-disabled children competition has been linked to high self-esteem when it is related to task mastery and not to the desire to outperform peers (Roberts & Treasure, 1992; Tassi, Schneider, & Richard, 2001), a context similar to the competitive spirit espoused by Special Olympics. *"It has been argued that participating in competitions increases an athlete's sense of self-worth because it represents personal effort, the act of doing more than winning, and successfully meeting the challenges of a task"* (Weiss et al, 2003, p. 298 citing Gibbons & Bushakra, 1989; Harter, 1978). *"With success comes confidence, and with confidence comes the sense of self-worth and accomplishment"* (Songster, 1984, p. 75 cited by Weiss et al, 2003, p298). Klein et al (1993), cited by Weiss et al (2003), surveyed the attitudes held towards the Special Olympics (SO) by both parents of Special Olympians, and by experts in the field of developmental disabilities. Most of the experts surveyed felt that the SO was a beneficial program, enhancing the self-esteem, confidence, independence, and socialization of participants, and promoting community understanding of people with disabilities. Parents strongly agreed that the SO was beneficial for social adjustment and life satisfaction and they also considered that it enhanced levels of family support, involvement, cohesiveness, and understanding.

The economic benefits

Eight years ago, in the Strategy of the Dept of Education, *Targeting Sporting Change in Ireland* (1997), the economic benefits of sport in Ireland were outlined. The combined expenditure on sport in Ireland in 1995 was reported as 752.21 million Irish pounds based on data collected during the Sports Strategy Process. Sport related activity generated in excess of 11,000 full and part-time jobs representing more than 8,000 full time equivalent jobs. The inclusion of sport spending on media, travel and tourism raised this figure to 18,200 full time equivalent jobs. The value of voluntary sports work was quantified conservatively at 6.5 million pounds. A report by Delaney and Fahey called "The Social and Economic Value of Sport in Ireland" was published in October 2005. It highlights the levels and patterns of investment in sport with three people volunteering in sport for every four who play regularly and many more taking part in social activities connected with sport. The main social aspects of sport have a combined value of 1.4 billion euro, 1.26% of GNP in 2003. Comparable direct investment through the Department of Arts, Sport and Tourism in 2004 was 122 million euro (www.esri.ie).

Physical activity also has economic benefits in terms of reduced health care costs, increased productivity and healthier physical and social environments (WHO, 2003, Health and Development through Physical Activity and Sport, WHO/NMH/NPH/PAH/03.2).

Participation in physical activity and sport

Participation rates in physical activity

The WHO (2004) estimate that, worldwide, 60% of adults do not engage in levels of physical activity that will benefit their health and that physical inactivity is greater among people with disabilities, women, older adults and those from lower socio-economic groups. There is limited, though growing, descriptive and comparative data on physical activity patterns and participation rates of people with disabilities. Where data exists, people with a disability generally engage in less physical activity than their non-disabled counterparts. This does vary, however, depending on circumstances, incentives, barriers and personal factors. (Where barriers have been significantly dismantled and participation and quality of experience facilitated, participation rates increase).

Sport England, the national sports development agency for England, sent a questionnaire in 1999 to 5,600 disabled children and young people in England and Scotland aged 6 to 16 years (Finch et al, 1999). There was a 50% response rate. The questionnaire was modelled on that used for the young people and sport national 1999 survey so that comparisons could be made. In nearly all contexts, and for all sports, children with a disability did not participate in sport and leisure activities as much as non-disabled children

In another English study the proportion of a sample of young people with intellectual disabilities taking part in sport was considerably lower than in a matched sample of young people in the general population (Flynn et al, 1992). Among those with a learning disability, those with profound and multiple disabilities tend to have the lowest levels of physical activity (Lancioni et al, 2003 cited by Boland) but level of physical activity can also be very low in those with mild or moderate disability (Messent et al, 1999a).

Steele et al (1996) found that 39% of a group of 101 Canadian adolescents with physical disabilities reported that they never exercised compared to 6% of a large national sample. The only activity in which children with physical disabilities outscored their non-disabled peers was in watching TV more than 4 hours per day (39% compared to 13%).

Aitchison (2003) studied leisure patterns of 11 -15 year old people with disabilities in South West England through leisure diaries and focus groups. The main finding was that these children shared many of the same leisure priorities (primarily sedentary) as other children. Information Communication Technology (ICT) was the number one leisure activity for all children. There were differences in both the amount of leisure activity and in the social circumstances of their activity between children with and without disabilities. With the exception of ICT, children with a disability spent less time on all other leisure activities. They did more on their own or with their parents than with friends. In spite of their reduced leisure activity and opportunities for socialising in comparison to their peers, these children and their parents put a very high value on leisure as an opportunity for social interaction.

Modell et al (1997) surveyed the parents of children with developmental disabilities and found that 55% of the sports activities occurred with their families. The top three activities listed (swimming, walking/jogging and bicycling) are individual rather than team-oriented sports.

Rimmer (1999) found that less than 10% of African-American women with physical disabilities participated in any kind of structured physical activity programmes and cites other studies such as Coyle and Santiago (1995), Painter and Blackburn (1988) and Santiago, Coyle and Kinney (1993) that show that physical activity is a missing component in the lives of many people with disabilities. Other research in the US shows that some of the most common leisure activities for people with disabilities are watching television and listening to the radio (Modell et al, 1997) and that many adults with disabilities are socially isolated from their communities (Kaye, 1997). In a study by Sands et al (1994) 80% of people with disabilities had not gone to an athletic club in the past year. In the same study 71% of people with disabilities had not attended any sporting event in the year compared to 43% of people without disabilities.

The U.S. Forest Service conducted a *National Survey on Outdoor Recreation and the Environment* (NSRE) of the U.S. population (Jan. 1994 to April 1995) that included 17,216 Americans over the age of 15 and 1,252 persons in this sample reported a disability (7.7% of the total NSRE sample)². Interestingly, this group of people with disabilities participated in outdoor recreation at rates equal to, or somewhat lower than, people without disabilities. However, in the youngest and oldest age groups, people with disabilities participated at rates equal to, or greater than, people without

2. The most frequently reported disability was a physical impairment and the second largest category was 'illness' including heart conditions, diabetes and cancer.

disabilities. Patterns of participation in outdoor recreation were similar across most activities for people with and without disabilities. Activities with the highest rates of participation among people without disabilities also tended to show the highest rates of participation among people with disabilities (www.ncaonline.org). This may illustrate that, as barriers are eliminated, participation in physical activities by people with disabilities increases. In the United States of America, in the Scandinavian Countries and also in the UK, much more work has been done in removing environmental barriers and facilitating access to the countryside than has been done in Ireland³.

A MRBI Omnibus Survey carried out on the adult Irish population in November 2004 for the NDA, showed that non-disabled respondents were more likely to engage in regular exercise than respondents with disabilities and that taking no exercise was twice as frequent among people with disabilities (survey results, www.nda.ie).

Boland, 2005 (unpublished) carried out a study to assess health behaviours and health promotion needs of people with disabilities attending residential, respite, day service or training facilities in the former East Coast Health Board Area. This study found that one sixth of those with learning disability and a third of those with physical or sensory disability had done no physical activity at all in the last week (425 people participated in this study with physical, sensory and intellectual disabilities). Only 2% of persons with physical/sensory disability participated in sports weekly.

In this study physical activity was classified as strenuous (sweating, out of breath, heart beating faster), moderate (a little out of breath but heart not beating faster) or mild (minimal effort such as gentle walking). Of those with physical/sensory disability 44% did mild physical activity weekly (mainly mobilisation and gentle stretching exercises), 18% carried out moderate physical activity and only 4% did weekly strenuous activity. Of those with learning disability 29% did mild physical activity, 40% carried out moderate physical activity while 15% did weekly strenuous activity. 18% of those with a learning disability and 11% of those with a physical or sensory disability met with WHO physical activity recommendations. In Boland's study in the East Coast Area people with disabilities who were living in residential settings were more likely to reach recommended activity levels. Boland argues that this may be because staff in these residential settings motivate clients to exercise.

3. In the UK, Forestry Enterprise, an agency of the Forestry Commission, manages the public forest estate and in 1998 they had 32 easy access facilities throughout England, Scotland and Wales. Their visitor centres were all fully accessible; three of their four log cabin sites had cabins specially adapted for disabled use and many of their 25 touring and camping sites had disabled facilities. Some of their easy-access walking trails are suitable for wheelchair users and some have been specially developed for blind visitors (Easy Access Guide 1998)

The Local Sports Partnership (LSPs) in Sligo and Donegal together with the North Western Health Board (Action Plan, Dec 2004) explored participation rates in physical activity and barriers to participation through two sports fora and consultation discussions with six groups composed of people from the disability services (learning disability, physical and sensory disability and mental health). All 119 participants in this study were connected to either a NWHB service or a support/advocacy group within their locality. Most of the participants were not members of any specific sports club but more than half were currently partaking in a sporting or physical activity 2-3 times a week through the disability services. Only a small number of participants (8%) undertook and organised activities by themselves. However, more than 50% were partaking in a a sporting or physical activity 2-3 times a week through disability services.

People with disabilities in Ireland participate as part of the general population, in National Studies such as SLAN (1998, 2002) and *HBSC* (1998, 2002). Both of these studies contain a question on disability/chronic illness and a question on physical activity. This facilitates a profile of the physical activity patterns of people with disabilities and/or a chronic illness being extracted from the data (to be published shortly in an NDA Disability Agenda). In most national surveys people resident in institutions including prisons and residential care are not included.

A draft CSO report (2005), which analyses the Statistical Potential of Administrative Records and Survey Data Sources in selected Government Departments, outlines current sources of data on physical activity and sport and this report highlights a number of opportunities for gathering data on physical activity among people with disabilities. It is important that people with disabilities would be identified in these periodic surveys so that participation rates and progress in achieving targets set can be monitored. A National Disability Survey will be carried out in 2006 after the census.

Factors influencing participation

In order to suggest strategies or approaches that will increase participation rates, the environmental, social, psychological and personal factors that increase and decrease (barriers) participation by people with disabilities in sport and physical activity must be identified. It is also important to understand the process of behaviour-change in people with disabilities e.g. how they move from inactivity to activity and vice versa. Barriers and incentives to participation in sport and physical activity exist for all people but people with disabilities often endure additional barriers. In this section the literature review focuses on factors influencing participation of people with disabilities in physical activity.

The Local Sports Partnership in Sligo and Donegal together with the North Western

Health Board (NWHB) explored participation rates in physical activity and barriers to participation (Action Plan, Dec 2004). Two sports fora were held and consultation discussions with six groups composed of people from the different disability services (learning disability, physical and sensory disability and mental health). All 119 participants were connected to either a NWHB service or a support/advocacy group within their locality. The two main barriers to participation identified by participants were a lack of transport and a lack of local facilities (more than 50%).

The Kerry Network of People with disabilities carried out a needs assessment of 104 people with disabilities in County Kerry (2000). Prohibitive factors in this study, discernible across all disabilities and across all social venues and activities (including the pub, disco, gym, cinema, theatre, sports-field, swimming pool or church), included the following: transportation, the absence of a companion or 'company' and negative attitudes towards people with a disability especially in the context of participation in sports.

The NDA commissioned a Market Research Bureau of Ireland (MRBI) survey representative of the adult population in the Republic of Ireland in Nov 2004 to examine the social participation of people with disabilities. The survey covered 500 people with a disability and 809 people without a disability. People with disabilities were significantly more restricted in their social life and in getting out and about than non-disabled people. Taking no exercise was twice as frequent among people with a disability. The results point to accessibility problems rather than health issues as important factors in restricting social participation. Twice as many disabled people as non-disabled people did not drive a car regularly. About 30% of disabled people who could not use public transport said it was because they could not get from their home to the bus stop or access point. Another 30% said it was because they could not physically get on to the bus or train. Looking at these two situations combined, a quarter of disabled respondents reported having neither access to public transport nor to regularly driving a car. This is compared to 5% of the non-disabled (Survey results, NDA website, www.nda.ie).

The consultation paper, *Building Pathways*, written by the Technical Advisory Group (TAG) of the National Coaching and Training Centre (NCTC) in 2002, discusses gaps in the Irish sports system. The paper considers that there is, too often, insufficient acknowledgement of the barriers that exist to participation and achievement.

Citing Duffy et al (2003), TAG highlights the fact that Article 42.3.2 of the Irish Constitution does not contain the word physical. This means that the inclusion of PE at primary and secondary levels is not guaranteed. Physical literacy is inadequate largely because a strong, well-implemented physical education (PE) curriculum in primary

schools in Ireland is missing (Deenihan, 1991; Dept of Education, 1990; McGuinness et al, 1996; Duffy, 1997 as cited by TAG, NCTC, 2002).

Good physical literacy foundations must be laid down at the appropriate moment of the life course. Within the current primary school PE curriculum exposure to basic motor skills is not adequate to promote the required levels of physical literacy to underpin participation, performance, excellence and health objectives. There is an absence of guidelines for parents on the nature, level and number of sports activities that should be undertaken by their children, with or without disabilities, to maximise their physical literacy and sporting potential (TAG, 2002).

The NCTC TAG report considers that in Ireland there can be too much emphasis on competition to the detriment of practice at key phases of the development of children in sport. There can be an inappropriate focus on winning rather than on development. There is, sometimes, an increased pressure on children to specialise too soon resulting in early drop out. (Presumably this emphasis can be on the part of parents, sports bodies, coaches, teachers and, also, as a result of structures that reward primarily competition rather than participation.) A rational system of competition is absent and this inhibits optimal training and performance. Adult competition schedules tend to be superimposed on young players so that they do not spend sufficient time learning and mastering basic sport specific skills (TAG, 2002).

The TAG paper considers that National Governing Bodies of Sport are not proactive enough in providing opportunities for individuals with disabilities to participate in physical activity. Mainstream coaches are often reluctant to engage with players and athletes with disabilities. This can be due to a lack of knowledge on the nature and type of disabilities. There is also a lack of awareness that a coordinated individualised coaching plan can be developed for the person with a disability and administered with competence by the mainstream coach. There is a need for a much stronger focus and investment on the early phases of development, including physical literacy, within coaching and coach education. Coach education programmes are not designed with close enough reference to the phase of development at which the coaches will be operating and adult training programmes are often superimposed on children and male training programmes on women (TAG, 2002).

Due to the shortcomings of player/athlete development during the early phases, many will never reach their optimal performance levels while recruitment and talent development are largely neglected. TAG (2002) recommends the progressive development of integrated pathways in each sport with national coordination and local

implementation. There is a need to map out sport-specific pathways based on a sound model of Long-Term Player/Athlete Development. Unless changes are made to the sport system to encourage participation in training at an early age, the recently established support systems e.g. the International Carding Scheme and Athens enhancement programme will not be able to fulfil their potential (TAG, 2002).

Sport England, the national sports development agency for England, surveyed 2,800 disabled children and young people in England. They found that, in this young population, lack of motivation or desire to take part in sport did not explain the low participation of sport by young disabled people. In this study, the most common barriers to participation in physical activity were having no one to go with, unsuitability of local sports facilities, a lack of money, and health considerations. Young people with a self-care related disability and those with a mobility disability were more likely to cite their disability, or gaps in sports provision as reasons for not participating in sport. Young people with a hearing disability were more likely to cite reasons that were less connected to their disability (Finch et al, 1999).

The UK organisation, *Contact a Family*, carried out a survey in the UK of families' experiences of play and leisure and 1,085 UK parents completed the survey (Shelley, 2002). Just under half were of primary school age and most children had more than one disability with 72% of the children having a learning disability and 62% having communication difficulties. This survey showed that families faced many barriers to participation and were put off even attempting to use many leisure facilities. Public attitudes and practicalities such as long queues and inaccessible transport put parents and children off. In this survey 79% of the children had never been to a football match and 72% had never visited a museum. When families did try to use leisure facilities they often encountered rigid rules and obstacles mainly due to the attitudes of providers and staff at all levels. This was true for children with all kinds of disabilities, physical, learning and sensory.

Mitchell and Sloper (2001) from the Social Policy Research Unit, University of York, reviewed play and leisure services for children with disabilities and their families. They found evidence that older children in particular reported difficulties accessing social and leisure facilities (Watson et al, 1999; Beresford, 2002); that the lack of inclusive activities leads to boredom and loneliness and means that children with disabilities spend more time at home and more time watching television than non-disabled children (Mulderij, 1996).

Unsuitable housing excludes children from everyday play and leisure activities within the home and parents suggest that if mainstream services were more accessible and

they had better housing they would have less need for short-term care (Mitchell et al, 2001 citing Oldman et al, 1998).

Significant differences in habitual physical activity occur depending on the type of disability and activity levels varied with age (Longmuir & Bar-Or, 2000) and are related to both the type of disability and to the barriers to participation that exists with regards different disabilities and to other factors that may compound discrimination and prejudice. Unfriendly and negative attitudes (the absence of inclusive approaches) can create insurmountable barriers to participation for many people with disabilities around the world (Rimmer, 2003 citing Stark, 2001 and Stuifbergen et al, 1990).

In the United States it is estimated that there are 36 million mobility challenged travellers that do not shy away from travel and that are loyal to destinations that are sensitive to their needs (Ray and Ryder, 2003). Evaluation of accessibility shows that there are substantial barriers that impede wheelchair users from undertaking physical activity. In Kansas, for example, it was found that most facilities still had at least one barrier that would impede those with physical disability from using the facilities (Nary et al, 2000 cited by Boland, 2005).

For persons with a learning disability barriers to undertaking physical activity include (a) unclear policy guidelines in residential and day centre facilities, together with (b) resourcing, staffing and transport constraints; (c) participant income and expenditure and (d) limited options for physically active community leisure (Messent et al, 1999b cited by Boland, 2005). Messent et al (2000) also flags the fact that choice by many people with disabilities is not facilitated and so they sometimes cannot chose an active lifestyle.

In a qualitative study on leisure involving 29 older people with a learning disability, lack of self-determination in leisure was a key issue with few opportunities for participants to choose leisure activities (Rogers et al, 1998).

The services viewed most positively by disabled children are those which promote friendships, and offer opportunities to go out into the community, join in with leisure activities, and develop skills in an entertaining setting (Mitchell et al, 2001) Mitchell and Sloper (2001) highlight how participation in inclusive play and leisure services requires a multi-agency approach, involving leisure, education, social services, transport and housing. Inclusion is something that has to be actively supported (Beresford, 2002). A number of factors appear to be important in promoting inclusion (Petrie, et al, 2000 and Thompson et al 2000) including staff knowledge and training, adequate resources and staffing to assist children during activities, suitable environments, such as soft

play facilities, which are barrier free and minimise the effects of differences in children's abilities.

Innovative services in Ireland include those where the participation of people with disabilities in community activities is facilitated. One example of such a service is that provided by Breannán Services (Hospitalier Order of St John of God) in County Kerry and a similar service has now been implemented by COPE Foundation in Cork which provides a range of services for people with intellectual disabilities.

The *Breannán Services* provide day and support programmes and community services. A social and recreational service is part of the community service. This service aims to support the inclusion of people with intellectual disabilities to pursue their interests and hobbies in their individual communities. The service includes a needs assessment, a skills assessment, leisure sampling with the client (who accompanies client as a friend and not as a service provider), independence within the activity with gradual withdrawal of support and monitoring. The type of physical activities engaged in by the 156 adults availing of the service (May 2005) include walking clubs, soccer, swimming, basketball, golf, bowling, aerobics, gym, football and adapted physical activity programme (Personal Communication, Cait O' Leary and presentation at 2nd National APA Conference in Ireland, May 2005). This service illustrates that when access to a wide range of activities is facilitated there is uptake by people with disabilities. Much work needs to be done on illustrating such cases of best practice demonstrating what can be achieved in order to open up access to people with disabilities. Some other examples of best practice are given in Appendix 5.

More studies have been done on the non-disabled population than on the disabled population. It is likely that the factors that influence participation in sport and physical activity generally will also be shown to influence the participation of people with disabilities. Appendix 4 contains a brief review of some of the factors found to influence participation in physical activity through research carried out in the general population. These factors include, for young people, parents' interest in physical activity, parental exercise habits, parental encouragement, social relationships, satisfactory physical activity experiences in school, the local environment, participation in organised sports and playing sport for school. In a study on ethnic minority students in Scotland (Sportscotland, 2001), the factors that influenced participation included (a) the attitudes and expectations of significant others, particularly parents and teachers; (b) cultural traditions including a lack of acceptance of the value of sport, particularly compared to other aspects of life such as earning a living and family commitments; (c) a lack of awareness of others 'like me' participating in sport and (d) a lack of role

models at a higher level; (e) lack of confidence in relation to appearance, communication and ability; (f) lack of awareness of appropriate sporting environments; (g) lack of appropriate facilities or activities; (h) difficulty in accessing information; (i) cost and racial discrimination including overt racial abuse, (j) covert racial abuse or lack of understanding of or sympathy with needs. Other factors included (k) a lack of awareness of the benefits of physical activity, (l) lack of political support for physical activity, (m) insufficient cooperation between sectors and (n) inaccessibility of leisure and sports facilities.

In summary, there are a number of important barriers to participation in physical activity in Ireland. The importance of physical activity experiences during the key years of a child's life in terms of developing physical literacy and pursuing lifelong participation in physical activity draws attention to the centrality of ensuring adequate PE in schools as well as adequate inclusive community physical activity programmes. Much depends on this. Other barriers to physical activity participation in Ireland include

- (1) Insufficient information;
- (2) Lack of access to appropriate expertise including a lack of know-how on the part of service providers (such as coaches, leisure centre staff) and friends and family;
- (3) No transport, inaccessible transport or lack of suitable transport to particular venues;
- (4) Lack of companions/volunteers;
- (5) Negative attitudes;
- (6) Lack of time and costs.

Efforts toward equity in physical activity and sport

In Appendix 4 the work of the United Nations and that of the European Union with regards physical activity and sport policy and equalisation of opportunity for people with disabilities is presented. In this section, policy and practice in Australia, New Zealand, Wales, England, Northern Ireland and Ireland are outlined.

Approaches toward achieving equity in physical exercise/sport include (a) the formation of umbrella organisations to represent people with disabilities and to bring disability NGBs of sport together; (b) working with local authorities to effect change; (c) incorporating and training personnel in local bodies who have particular responsibility

for equity and delivery of opportunities in their field; (d) the formation of units within government departments or the establishment of independent national statutory bodies to ensure equal opportunity for people with disabilities in terms of physical exercise and sport participation and experience. These measures have improved awareness of issues, mobilised support, drawn down increased resources and forged partnerships that can deliver information, support and suitable programmes for people with disabilities in an organised, coordinated, fashion and mainly within community and mainstream bodies.

There have been considerable developments in the last decade in terms of opportunities in community and competitive sport/physical exercise for people with disabilities in some parts of the world. Below some of the developments in England, Wales, Northern Ireland, Australia, New Zealand and Ireland are outlined.

Wales

In the 1970s and 1980s in Wales there were a number of National Disability Sports Organisations in Wales but there was little co-ordination between them. The Sports Council for Wales brokered a meeting with these organisations and in 1985 the Federation of Disability Sports Wales (FDSW) in Wales was born. FDSW Wales brings together National Disability Sports Organisations and sports-specific organisations (for sports such as Wheel-chair Tennis, Sledge Hockey, Cricket and Badminton).

For the first decade the FDSW struggled to survive. A turning point came with a number of developments in the mid-90s. These included the appointment of a Sports Development Officer for people with a disability (1995); a report to Sports Council Wales on professional structures (1998); the appointment of a Community Sport Co-ordinator/National Performance Officer (1998) and a commitment of lottery funding for Disability Sports Cymru that funds a grassroots scheme (1999). Disability Sport Cymru is a joint initiative between FDSW, the Sports Council for Wales and Local Authorities in Wales. From a base of 10000-15000 Pounds sterling per annum in the 1990s the funding stream is now 800,000 Pounds sterling per annum. The FDSW is a strategic development agency not a National Governing Body of Sport. It takes a pan-disability approach. It works with a wide range of partners including the local authorities. It focuses on investment in community sport and investment in National Performance Programmes. (Presentation, Jon Morgan, Director of Disability Sport Cymru, Wales at the 2nd National APA Conference in Ireland, May 2005).

The FDSW is recognised by the Sports Council for Wales and the Welsh Assembly Government as the national governing body with responsibility for the strategic

development of sport for people with disabilities. It promotes and develops quality sports opportunities. Its' aim is to be able to offer everyone with a disability the opportunity to achieve a full and active role within their sporting communities, whilst at the same time providing a structured “pathway” through which talented sports performers can compete at the highest levels of sport (<http://www.fdsww.org.uk>).

The achievements of the FDSW in the last six years are impressive. There is a successful Community Sports Programme as well as success in elite competition (see appendix 3 for an exploration of the concept elite athlete). The FDSW planned three phases of development: (1) laying the foundation (2000-2003), (2) building the framework (2002-2004) and (3) focusing opportunities (2005-2008). In the first phase the strategy of the FDSW was to deliver National Sports Development Programmes locally.

- (1) This involved working with all 22 local authorities and obtaining from them a commitment to host disability sport posts. Disability Sports Development Officers were initially part-time posts but now 70% of these posts are full-time and funded by the local authorities. There are 22 disability sports officers established in local authorities in Wales - one in every county.
- (2) The second phase included training the disability sports officers to deliver a strategy that had clear aims and targets. They worked, first, to achieve participation and then to convert participation into membership. The National framework was used with a focus on clubs, coaches, volunteers and, finally, competitions. The outputs were significant between 2002-2004 with increased participation, 3,500 new members and 350 new or improved clubs.
- (3) In the third phase there is an emphasis on developing programmes that reflect local need, providing strategic funding for community projects, providing both recreational and competitive programmes, responding to changing environments (integration/ education/ sport/ political climate/ health agenda), challenging opportunities across disability/impairment and providing foundation for a player pathway to higher levels of performance. Performance indicators in this third phase include numbers of club members, participation opportunities, coaches, volunteers, competitions and clubs by age, gender, disability/ impairment, sport (paralympic/ deaflympic etc), non-disabled/disabled split and recreation/ outdoor/ school into community.

A subsidiary Ltd Training Company has been set up for community training. It adopts a consortium approach with other providers and focuses on inclusive or adapted physical

activity in the community, disability specific training, volunteering and club development. An inclusive document, *Climbing Higher - 2020*, sponsored by the Welsh Assembly, proposes that: everyone would reach 30 minutes of physical activity five times a week; all children of primary school age would achieve 60 minutes of physical activity five times a week and that 90% of children in secondary schools would achieve five 60 minute sessions a week and that all secondary schools would have two hours of curricular activity and one hour extracurricular physical activity weekly. (Presentation, Jon Morgan, Director of Disability Sport Cymru, Wales at the 2nd National APA Conference in Ireland, May 2005).

In addition to increasing community participation there is a focus on '*Bridging the Gap*' from playground to podium - '*developing tomorrow's champions today*'. Performance within paralympic sport, deaflympic sport, intellectual disability and sports specific competition has been targeted. Focus sports have been identified for Beijing 2021 that reflect priority sports in the community. Geographical clubs have been targeted that can act as 'feeders' and education and integration models are being developed for the focus sport NGBs. In addition, coach education, a strategic competition structure and a Welsh academic structure are being developed. This latter structure is a pan-disability academy system for athletes with potential and includes talent identification and development, appropriate athlete support and financial backing and corporate sponsorship. The Sports Specific Performance pathway is from Disability Sport at the base of the pyramid, through community clubs, sport specific clubs, academies of sport, the Welsh squad to the Great Britain Squad (Presentation Jon Morgan, Director of Disability Sport Cymru, Wales at the 2nd National APA Conference in Ireland, May 2005).

The targeting of specific sports has paid dividends even in the short term. In swimming there has been a Welsh Assembly Free Swim Programme, the establishment of fifteen Halliwick Clubs, the provision of opportunities to learn to swim, the establishment of twelve development clubs and one performance club. In the Paralympics in Athens 2004, the Welsh team had five athletes who took fifteen medals in swimming - seven gold, four silver and four bronze which amounts to 30% of SwimGB Total Medal Haul and 43% of Swim GB Total Gold Medal Haul. Again performance services and tight performance indicators have been developed (Gerwyn Owen, Swimming Development Officer, FDSW at the 2nd National APA Conference in Ireland, May 2005).

Australia

The role of the Disability Sports Unit (DSU), part of the Australian Sports Commission, is to ensure that all Australians have opportunities to participate in sporting activities at the level of their choice. To achieve this, the DSU provides direct practical assistance

to national sports organisations to assist them with the inclusion of people with disabilities in both disability and non-disability specific sport. It provides a specialist national network of disability education and support personnel who can work with National Sports Organisations and other sports providers to increase their confidence, knowledge and skills to create better opportunities for more people with a disability.

The DSU has three programmes to further its aims.

- (1) The Disability Education Programme provides training and resource material for teachers, coaches, club administrators, leisure facility managers, officials and community leaders to help them include people with disabilities in what they do and to provide training modules designed to address a range of needs across sport, school and community.
- (2) The purpose of the CONNECT project, a joint venture between the Australian Sports Committee and the Australian Paralympic Committee, is to break down the barriers to participation within disability and non-disability specific sport and to create sport pathways for athletes with a disability. They attempt to do this by negotiating a range of support programmes (awareness and skills training, accreditation and standards, classifier support, training and athlete support) with targeted national sports organisations.
- (3) The third programme, the Sports Ability Programme, was set up to encourage an increased rate of participation in sport by people with disabilities by providing equipment, resource material and training for five specific disability sport activities to be delivered in 150 special schools and 20 indigenous communities. The programme primarily targets young people who have complex and higher support needs although all the activities are designed to be fully inclusive in nature, providing a medium for the co-operative involvement of people with and without disabilities (www.ausport.gov.au/dsu/)

England

In England, in 1998, the English Federation of Disability Sport (EFDS) was formed. It is a federation of voluntary organisations and regional bodies. The formation of the EFDS was initially driven by Sports England who wanted to negotiate with one umbrella body rather than with a multiplicity of bodies (Colin Chaytors, presentation at 2nd National Adapted Physical Activity Conference in Ireland, May 2005).

The EFDS is a company limited by guarantee with charitable status, a staff of twelve at national level and eight staff regionally (plus staff in the autonomous regions of

Yorks and Humber and London). There are also a number of county and local officers who are part funded by the relevant local authority.

Sport England gives the EFDS more than one million pounds sterling annually in grant aid. Since its formation, the EFDS has made considerable progress in increasing sporting opportunities for people with disabilities through a number of initiatives. These include the *Inclusive Fitness Initiative* (Inclusive and Accessible Equipment provided in 150 sites across England and marketed to people with disabilities), *Ability Counts*, *One Small Step*, *Athletes as Advocates* and the first UK Disability Sports Conference in March 2003. The EFDS has formulated a Development Framework 2004 - 2008 called *Count Me In*. This framework outlines the core issues that need to be tackled but how the core issues should be tackled is left up to each of the regions (Colin Chaytors, presentation at 2nd National Adapted Physical Activity Conference in Ireland, May 2005). The EFDS framework outlines core principles, key elements, objectives and a number of targets for each objective. It emphasises education and training, community based sporting opportunities, sporting pathways, mainstreaming, including Whole Sport Plans on the part of NGBs (participation, performance, gender balance, demonstrate how it is inclusive), talent identification and facilitating grassroots level provision. This framework, *Count Me In*, can be accessed at www.efds.co.uk.

New Zealand

In New Zealand, a government agency/ commission, the Hilary Commission (an independent statutory body established by the Sport, Leisure and Fitness Act, 1987) had the brief to ensure that all New Zealanders enjoyed sport and active leisure and engaged in physical activity. *No Exceptions* is the name of the policy and strategic plan formulated in 1998 by the Hilary Commission for New Zealanders with a disability. As with the Disability Sports Unit in Australia, the Hilary Commission has worked with national sports bodies, regional sports trusts, disability agencies and other national and regional organisations. In 2002 the Hilary Commission amalgamated with New Zealand Sports Foundation and the policy arm of the Office of Tourism forming a new body called SPARC - Sport and Recreation, New Zealand (www.sparc.org.nz)

The guiding principles of the policy and strategy *No Exceptions* include: that people with a disability engage in active leisure and sport for the same reason as all New Zealanders i.e. they want to enjoy themselves, be challenged and reap the benefits of a healthy lifestyle; they need opportunities to take part in sport at their own level of interest and ability; those who want to play sport in an integrated setting can do so in an environment that protects their rights and dignity; they are entitled to coaches, role models and leaders in their chosen sport or activity: they have access to services and

support networks that enable them to excel in their chosen sport and sport facilities, clubs and public leisure areas are accessible to people with a disability and sport and leisure programmes are available to all people with a disability (www.sparc.org.nz/research-policy/publications)

Northern Ireland

Disability Sport Northern Ireland (DSNI), like EFDS in England, is an umbrella organisation for the NI Association for people with Learning Difficulties, NI Blind Sport, NI Association for people with physical disabilities and the Ulster Deaf Association was launched in 1998. Organisational changes in the DSNI in 2001 have brought responsibility for people with hearing, learning and physical disabilities directly under DSNI. NI Blind Sport continues to operate under the umbrella of DSNI. The reorganisation is an attempt to provide a more unified approach and stronger voice for disabled sport. The Department through the Sports Council have directly funded DSNI and the development of their strategic four-year plan. This includes the development of DSNI's Disability Sports Strategy and a range of disability sport programmes. The Sports Council also provides grant to the four sports represented by DSNI (www.ofmdfmi.gov.uk/equality).

In distributing Lottery Funding the Sports Council in Northern Ireland prioritises projects that provide opportunities for people with a disability by providing a higher percentage of funding for these projects. In addition every capital project funded by the SCNI Lottery Fund is required to provide for people with a disability and the SCNI criteria are drawn up in conjunction with disabled groups. The Sports Council through the established DSNI group has attempted to ensure that full and equitable opportunities exist for people with disabilities to participate in and develop sport in Northern Ireland. The Sports Council also work to promote the inclusion of people with disabilities into mainstream sport and has provided assistance to some governing bodies such as swimming, tennis, athletics and sailing to ensure adequate provision for disabled people (<http://www.ofmdfmi.gov.uk/equality>).

Ireland

The Irish National Children's Strategy in 2000, *Our Children Their Lives*, stated that Children will have access to play, sport, recreation and cultural activities to enrich their experience of childhood (objective L) and that children with a disability will be entitled to the service they need to achieve their full potential (objective J).

<http://www.nco.ie/publications/22/>

The Report of the Commission on the Status of People with Disabilities (1996)

entitled, *A Strategy for Equality*, made nine recommendations regarding sports, leisure and recreation for people with disabilities. Issues for consideration included

- Access to buildings and venues including tourist information offices
- The provision of lottery funding to the governing bodies of sporting organisations which represent Irish athletes with disabilities
- Planning permission to sporting bodies for renovation or new building being conditional on provision of proper facilities and access for people with disabilities
- Enlisting people with disabilities as members of mainstream sport and leisure organisations should become part of the policies of National Governing Bodies and should be a condition for funding
- The support of the many voluntary clubs working with people with disabilities
- Ensuring that all tourist information includes details of facilities for people with disabilities and that the tourist information is produced in accessible format
- Centres providing services to people with disabilities should open their facilities and centres in the evenings and at weekends and develop a policy on sport, leisure and recreation

Since its publication, many of the recommendations of the Report of the Commission on the Status of People with Disabilities (1996) have been reiterated or expanded on and added to by other organisations and bodies. A taskforce on people with disability in sport was organised by the Irish Sports Council (ISC). They submitted their report to the then Department of Tourism, Sport and Recreation in March 1999, just four months before the ISC became a statutory body. This report suggested a leading role for the ISC in ensuring justice and equality for people with disabilities in terms of access to adequate sport and leisure activities and facilities. It expanded on previous recommendations on sport, leisure and recreation for people with disabilities. It suggested how the implementation of recommendations already made with regards sport and active leisure opportunities for people with disabilities could be improved. The recommendations of the report included an outline of the role of government departments and of the ISC as well as areas of joint responsibility in developing physical activity opportunities for people with a disability. Some of the key recommendations include:

- The Department of Tourism Sports and Arts in conjunction with the ISC should highlight the inclusion for people with a disability in sport to all National Governing Bodies and that funding be identified to promote this inclusion

- Enforcement of the building regulations should be mandatory - no funding should be made available by the Government unless the developer complies with the building regulations
- The Dept of Education and Science and its associated bodies promote the inclusion of modules in the training and education of teachers and coaches and devise a pilot project to meet the needs of teachers' and coaches' who are involved in physical education and school sport
- That the ISC endorse the recommendation on transport made by the commission on the status of people with disabilities (A Strategy for Equality, 1996, pp 46 - 50); support the establishment of a National Centre for Adapted (Inclusive) Physical Activity at the University of Limerick and produce an information pack on access for all to sports facilities in Ireland.

Other recommendations included that (a) the ISC introduce a best practice award for facility operators, (b) develop a promotional campaign to highlight opportunities for participation in sport and leisure activities and (c) produce a video highlighting achievement and good practice for teachers' coaches' parents and sports leaders.

A few months after the production of this report, in July 1999, the Irish Sports Council (ISC) became a statutory body, and this important report of the taskforce on people with disability in sport would appear to have been overshadowed or eclipsed by this development. The strategy for the implementation of this important report is unclear and undocumented.

The Dept of Justice Equality and Law Reform published a follow up progress report on the implementation of recommendations of the 1996 Report of the Commission on the Status of People with Disabilities in 1999. This report, *Towards Equal Citizenship*, outlined actions which had been taken or proposed in the interim. The report indicated that a number of recommendations were a matter for the clubs, workshops and centre managements in question and indicated that while action is being taken with regards the provision of access to new venues little or no action has been taken with regards old ones.

In 2004 the Disability Bill was published together with Outline Sectoral Plans from six Departments, including the Department of Health and Children and the Department of Enterprise, Trade and Employment. The Bill and the outline sectoral plans constitute the Government's current National Disability Strategy. The Bill was enacted in July 2005. The Act enables provision to be made for the assessment of health and

education needs occasioned to persons by their disabilities. It also provides for the development of Codes of Practice by the National Disability Authority (NDA) to ensure the accessibility of public services in Ireland. The Act does not seek to deal specifically with social and leisure needs of people with disabilities.

All facilities funded under the Sports Capital Programme and the Local Authority Swimming Pool Programme must be accessible to people with disabilities and comply with building regulations. In order to improve accessibility the National Disability Authority (NDA) and the Department of Justice, Equality and Law Reform have developed an accessibility award scheme. The aim of the award is to support achievement of maximum accessibility of public services for people with disabilities in Ireland. *Excellence through Accessibility* seeks to promote and reward a clear focus on and commitment to continuous improvement in accessibility at all levels in participating organisations. To do this the award encourages the development of policies, practices and relationships to ensure that achievements in accessibility are sustainable and meaningful to customers (www.nda.ie).

An inter-agency steering group has been established to oversee the development of a long-term strategic plan to ensure the development of local sports facilities throughout the country. The group is comprised of representatives from the Department of Arts, Sport and Tourism along with officials from the Departments of Education and Science, Community, Rural & Gaeltacht Affairs, Environment, Heritage & Local Government and Finance in addition to representatives of the Irish Sports Council, Campus Stadium Ireland Development Limited and the County & City Managers' Association. One of the issues likely to be considered by this group will be potential for greater co-operation between the Departments to ensure that the resources from all sources available to facility provision are maximised (personal communication from Department of Arts, Sport and Tourism)

The Programme for Government 2002 contained a commitment to undertaking a national audit of local sports facilities during 2005-2006. A draft CSO report (2005), which analyses the Statistical Potential of Administrative Records and Survey Data Sources in selected Government Departments, outlines how "the planned audit outlines how "the planned audit of local sports facilities (that will establish an inventory of sport and leisure facilities, and information on their location and ownership) is a unique opportunity to document the current infra-structural situation, and to direct future investment in facilities. It is also an opportunity to collect ancillary information such as access barriers to participation. Broad consultation with other Government Departments and Agencies should be undertaken before the audit questionnaire is

finalised". This would provide invaluable baseline information on a whole range of issues including the extent of disability access.

Organisation of physical exercise and sport in Ireland

The Irish Sport Structure

Ireland reflects, to some degree, the sport structure in many parts of Europe and, indeed, in other part of the world, with local clubs, regional and national governing bodies. For some sports the sport structure resembles a pyramid: at the base, local clubs or grassroots federations or governing bodies; then, regional sports governing bodies or federations; national governing bodies or federations; and, finally, at the apex of the pyramid, the European Sports Federations or other international/world bodies (the administrative pinnacles) or the Olympics, Paralympics, Special Olympics and other World Championships (the competitive pinnacles).

The pyramid structure implies interdependence between levels, on the organisational and on the competitive side, with competitions organised on all levels. The broadness of the base and the relationship of base to apex vary depending on the sport and the sports policies and structures of the countries and organisations.

The clubs and grassroots sports bodies form the foundation of the pyramid and offer the possibility of people engaging in sport locally, thereby facilitating, to some degree, the idea of sport for all.

At the club or grassroots level, volunteering is crucial and sport has a strong social function in bringing diverse groups together and forging local, regional and national identities. At this level, there is a good deal of amateur sport, the enjoyment and love of sports for its own sake and for the social aspect. At the same time, it is from the clubs that new generations of sportswomen and men emerge. This grassroots approach is a feature of European sport where the development of sport originates from the level of clubs and has not traditionally been linked to a business or to a state but rather develops as a contribution to the local community and region. This is illustrated by the fact that the clubs are run mainly by volunteers and supported financially by the local people. In contrast, in the US, it is mainly professionals who operate US sport on a professional basis. (Consultation Document of European Commission)

In Ireland a range of statutory, voluntary and professional agencies and groups are

involved in the organisation of sport and physical activity at local, regional and national levels. At a local level, as in many other countries, community groups and community development bodies, together with individuals, oftentimes parents and teachers, carry out, on a voluntary basis, most of the work involved in organising and running sport and leisure clubs, including fundraising for clubs and activities.

At a national level, agencies or groups involved in the organisation of sport and physical activity include the Irish Sports Council, The Olympic Council of Ireland, the Campus and Stadium Ireland Development Company, several government departments and the national governing bodies of sports (NGBs) such as the Football Association of Ireland (FAI), the Gaelic Athletic Association (GAA), the Basketball Association of Ireland, the Irish Sailing Association, Swim Ireland etc. The universities and other third level institutions and academic and research centres investigate physical activity, sport physiology etc. They support sport by awarding sport scholarships and funding sports on campus. They train future primary and secondary school teachers including PE teachers and they also train leisure and recreation managers.

Government Departments

Government departments concerned with aspects of physical activity, physical education and sport include those of Education and Science; Social, Community and Family Affairs; Environment and Local Government; Community, Rural and Gaeltacht Affairs; the Department of Health and Children (there are physical activity coordinators in every Health Service Executive area, for example) and the Department of Arts, Sport and Tourism which is responsible for sport and active leisure as well as tourism and the arts.

Responsibility for sport was transferred from the Department of Education and Science to the Department of Tourism, Sport and Recreation on its establishment in July 1997. The Department of Arts, Sport and Tourism was established in June 2002. Under the aegis of the Department of Arts, Sport and Tourism are the Irish Sports Council, established in July 1999, the statutory body for the promotion and development of sport at all levels in Ireland as well as Horseracing Ireland and Bord na gCon. Failte Ireland, the Irish Tourism Board, is allocated funding to attract international sporting events to Ireland. Social inclusion and community development programmes driven by government policy but delivered by local authorities and other local bodies including vocational education committees and health boards also promote sports programmes in socially disadvantaged areas.

The *Programme for Government 2002* provided a framework for the Department of Arts, Sport and Tourism's policy on sport. The Programme for Government included

the objectives of continuing investment in appropriate sports facilities around the country, particularly at a local level, and to put in place a long-term strategy incorporating a national audit of local sports facilities; to increase participation and encourage voluntarism and to maintain high performance levels. Building on these government objectives, the Department of Arts, Sport and Tourism set complementary goals in their *Statement of Strategy 2003-2005*: increase participation in sport; improve standards of performance in sport; and development of sports facilities at national, regional and local level, particularly in disadvantaged communities. (www.arts-sport-tourism.gov.ie).

The Sports Policy and Capital Programmes Division in the Department of Arts, Sport and Tourism has responsibility for the monitoring and funding of local sports facilities. "All the facilities funded under the Sport Capital Programme and the Local Authority Swimming Pool Programme must be accessible to people with disabilities and comply with building regulations. The national lottery-funded Sports Capital Programme, which is run on an annual basis, allocated funding to voluntary and community organizations at local, regional and national level throughout the country. These organizations may include members with a physical or intellectual disability and it is open to organizations dealing specifically with people with physical or intellectual disabilities to apply for funding under the programme for facilities or equipment related to sport or recreational sport. Examples of grants awards to organizations dealing specifically with people with disabilities in 2005 include €85 thousand to the Irish Wheelchair Association and €150 thousand to SOS Kilkenny" (personal communication, Department of Arts, Sport and Tourism).

The total allocation for the development of sport and recreational facilities in 2004 was around €60 million. Department figures on the usage of the allocations show that around one-third of total allocations have not yet been drawn. This represents around €125m over all years. The Department of Community, Rural and Gaeltacht Affairs (DCRGA) also makes capital grants to some sports facilities in disadvantaged rural areas under the CLÁR, RAPID and dormant account programmes. These schemes provide a valuable source of funding for sport in Ireland. A key aim of the Department is to encourage multi-sport usage of facilities. Allocations to Community and mixed sports applications represented around one-third of the total 2004 allocations, which represents very significant progress towards that goal (Draft CSO report, 2005, which analyses the Statistical Potential of Administrative Records and Survey Data Sources in selected Government Departments - see www.cso.ie).

Between 2000 and June 2005, the Department of Arts, Sport and Tourism has spent over €49million on public swimming pools, which has seen 17 new or refurbished

pools opened and construction work is underway on 8 other projects (personal communication from Department of Arts, Sport and Tourism updating information available on website on 24th June 2005 <http://www.arts-sport-tourism.gov.ie/pressroom>). “In relation to the Sports Capital Programme, in 2005, over 54 million euro was allocated to 624 sports projects around the countryside. This brings to almost 386 million euro the amount allocated since 1998 towards the provision of facilities under the programme. A total of 4897 projects providing a range of sports facilities have benefited from sports capital funding since 1998” (personal communication, Department of Arts, Sport and Tourism).

The government plan to carry out a national audit of local sports facilities and to put in place a long-term strategic plan to ensure the development of such necessary facilities throughout the country. The first step in the process was the undertaking of the *Sports Capital Programme Expenditure Review*. Emerging from the process of carrying out this review is the clarity that there is a need for the *Sports Capital Programme* to operate in the context of a clearly defined strategy for the provision of sports facilities and for such a strategy to be informed by a national audit of sports facilities (www.arts-sport-tourism.gov.ie June 2005).

The Irish Sports Council and Local Sports Partnerships

The establishment of the Irish Sports Council (ISC) in July 1999, following the 1999 Irish Sports Council Act, as the statutory body for the promotion and development of sport at all levels in Ireland is a step forward in the organisation and co-ordination of both competitive and recreational sport. The Irish Sports Council has 62 Sport NGBs of Sport registered with it that are eligible for ISC support. In 2000 the Council had 18 staff and an annual budget of over 13 million while, in 2005, its staff had increased to 25 and its' budget to more than 34 million.

The Irish Sports Council does not have responsibility for capital funding (this is the responsibility of the Dept of Arts, Sport and Tourism,) but dispenses exchequer and lottery funding.

The Irish Sports Council Act set out six key functions for the ISC: (1) to encourage the promotion, development and co-ordination of competitive sport; (2) to develop strategies for increasing participation in recreational sport; (3) to facilitate good standards of conduct and fair play in both competitive and recreational sport; (4) to combat doping in sport; (5) to initiate and encourage research concerning competitive or recreational sport and (6) to facilitate research and disseminating information concerning competitive or recreational sport.

The Council's responsibilities include: (a) advising the Minister for Arts, Sport and Tourism in relation to sport and physical recreation issues; (b) co-ordination of Local Sports Partnership (LSP) and Buntús programmes; (c) administering the Sport for Young People Scheme run by Vocational Education Committees; (d) formulating and implementing a High Performance Strategy for Sport and (e) administering the Grants Scheme for National Governing Bodies of Sport and operating the National Sports Anti-Doping Programme.

In order to develop sports facilities at a local level, increase participation in sport and ensure that local resources are used to best effect, the Irish Sports Council launched the LSP initiative in 2001.

The ISC initially set up eight LSPs (Clare, Donegal, Fingal, Kildare, Laois, North Tipperary, Roscommon and Sligo) and expanded these to sixteen by 2005. The eventual national target is a comprehensive national network of Local Sports Partnerships to coordinate and develop sport and physical activity around the country. The boards of the LSPs have representatives from all local statutory agencies.

The first strategy statement (2000-2002) of the new Irish Sports Council as the newly established statutory body articulated an inclusive vision; *"We want Ireland to be a country in which everyone is welcomed and valued in sport, irrespective of their ability and background, where individuals can enjoy developing their sporting abilities to the maximum of their talent and that Irish sportsmen and women achieve consistent world class performance, fairly"*.

In their three-year (2003-2005) Statement of Strategy, Sport for Life, the ISC made a commitment to create an evidence-based understanding of sports participation and performance by establishing and monitoring over time the number of people participating in sport classified by age, frequency of participation, gender, type of sport, geographic location, and social circumstances with a particular reference on young people. To this end the ISC initiated a Centre for Research into Sport and Physical Activity in partnership with the ESRI in 2003. One of the studies published to date is *"Sports Participation and Health Among Adults in Ireland"*.

The three pillars/goals of the Irish Sports Council strategy are participation, performance and excellence.

- (1) **Participation:** LSPs develop Strategic Plans for local sports development and identify specific action areas for larger groups such as people with a disability. Challenge funding is also available for specific projects including people with a disability. Laois LSP appointed in May 2005 a development officer to promote physical activity and sport among people with disabilities. This officer is an athlete with a disability.
- (2) **Performance:** Core funding guidelines for NGBs of Sport cover delivery of service to members e.g. coaching and competition, look at participation, performance, for NGB Strategic Plans.
- (3) **Excellence:** The ISC has developed a revised performance-planning template. The template has taken a broader look at the development of elite athletes, with NGBs required to establish clear performance pathways for athletes from junior to senior grades. In addition the plans also require NGBs to develop full performance programmes for elite squads at all levels. These include training/competition programmes, sports science support and management support.

NGBs of Sport and Physical Activity Service Providers

The provision of opportunities for active leisure and sport for people with disabilities has traditionally been provided separately from mainstream opportunities, even where local facilities are utilised, and largely through the voluntary efforts of parents and communities and through national and local bodies dedicated to the provision of active leisure and sporting opportunity for people with disabilities. There are examples, however, of where NGBs of Sport accept responsibility for everyone such as the Irish Sailing Association (ISA), Archery and Tennis Ireland. Other NGBs that are receptive to athletes with disabilities, welcome them into their mainstream clubs and competitions, and have an awareness of coaching requirements include (1) the Football Association of Ireland (FAI), the only NGB with a development officer for people with disabilities; (2) the Equestrian Federation of Ireland; (3) Swim Ireland; (4) Shooting Sport Ireland; (5) Badminton Union of Ireland and (6) Cycling Ireland. Some NGBs have representation on the Paralympic Council Ireland.

The Federation of Irish Sports was established in 2002. It is a voluntary association and currently consists of 67 governing bodies of sport. Its purpose is to promote the role of NGBs in Ireland (www.irishsports.ie). It receives some funding from the Irish Sports Council.

Out of sixty-two NGBs of Sport registered with the ISC, the Football Association of Ireland is the only one that has a development officer for people with disabilities. This full time officer is dedicated to addressing the needs of people with disabilities, consistent with the policy of the FAI to encourage football for all. The FAI's disability sport programme is called "Football for all" and was formally and unanimously affiliated to the FAI at their AGM on July 2nd 2005. The FAI officer works with numerous disability associations including Cerebral Palsy Ireland Sports (CPIS), Irish Blind Sport (IBS), Irish Deaf Sports Association (IDSA), Muscular Dystrophy Ireland, Irish Special Schools, Special Olympics Ireland and is continually forging links with others. Individuals who are targeted by the FAI and given the opportunity to play football can move from local clubs for school children to elite level players. Thus there is now a pathway for progression for young people with disabilities to continue playing football beyond local level. The CPI football team qualified to play in Athens in 2004. The work of the FAI is similar to the *Ability Counts* programme in England where over half of all clubs in the Premiership and Football League work with disabled as well as non-disabled footballers and where competitive opportunities have been established by the FA who have willingly assumed considerable responsibility for people with disabilities who play football in England.

There are some disability sport organisations that cater exclusively for the needs of people with disabilities, and oftentimes for persons with specific disabilities, and these often work closely with the relevant NGBs of Sport. The Paralympic Council of Ireland (PCI), Special Olympics Ireland (SO, Ireland), Irish Wheelchair Association Sport (IWA Sport), Cerebral Palsy Sport Ireland (CPSI), Irish Deaf Sports Association (IDSA) and Irish Blind Sports Association (IBSA) are the National Bodies involved exclusively in organising sport for people with disabilities.

Irish Wheelchair Association Sport (IWA Sport)

Irish Wheelchair Association Sport is the national governing body in Ireland for sport for people with physical disability. The aim of IWA Sport is to enable people with a physical disability to participate in sport at their level of choice. It was established in 1960 and receives funding from the ISC. It is affiliated to the International Sports Organisation for the Disabled (ISOD), the International Stoke Mandeville Wheelchair Sports Foundation (ISMWSF) and the Paralympic Council of Ireland (PCI). It has a director of sport, a sports administrator and two development sport officers. A new post has been established, that of pathways sport officer (also funded by the ISC) and the purpose of this post is to work with people to develop individual long terms physical exercise and sports pathways including competitive pathways.

The IWA Sport promotes sport and recreation through clubs, IWA Resource Centres and schools and also supports high performance athletes in reaching their full potential at both National and International Standard. High performance athletes represent Ireland at European Championships, World Championships and Paralympic Games. IWA Sport trains coaches, leaders and volunteers, and works in conjunction with the National Coaching and Training Centre (NCTC) in developing coaching modules for people with a disability. The aim of the IWA Sport is that these modules will become part of mainstream sports' coaching manuals. It provides information and advice on services, coaching and equipment, (including sports chairs) and disability awareness training/leadership courses. It works as a support group, liaising closely with the physiotherapists who run the physical exercise programme for people with acquired disabilities who are being rehabilitated in the National Rehabilitation Hospital in Dun Laoghaire. It is developing a leisure link and has re-established participation for people with disabilities in the community games (this had lapsed for about a decade).

Paralympic Council of Ireland (PCI)

This is an umbrella group for all the potentially Olympic qualifying athletes from organisations such as the Irish Wheelchair Association and the Cerebral Palsy Sports Ireland. It works on a four-year cycle and publishes a strategic direction. The Irish Sports Council (ISC) funded its' Athens Enhancement programme of the PCI and has direct links with it. The Paralympic Council of Ireland (PCI) was founded in 1987 as a Coordination Committee for the Seoul Paralympics in 1988. Later it became the national representative organisation for sanctioned events of the International Paralympic Committee (IPC). These events include (a) the Paralympic Games (multi sport / multi disability) every four years; (b) the World Championships (sport-specific / multi-disability) every 4 years; (c) the European Championships (sport- specific / multi-disability) every 2 years. The Paralympic Council is the national contact for all information from the and all Sports Sections within IPC and EPC and for all multi-disability International Sport Specific events. All administrative components relating to Paralympic Games including various World and European Championships are dealt with through PCI Secretariat. The Irish Paralympic Team won four medals at the 2004 Paralympic Games in Athens.

Special Olympics Ireland

Special Olympics began in 1968 when Mrs. Eunice Shriver organized the First International Special Olympics Games in Chicago. Special Olympics International, Inc. is a worldwide program of sports training and athletic competition open to individuals with developmental disabilities regardless of their abilities.

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with developmental disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes, and the community (www.sowa.org).

Since 1968, millions of children and adults with developmental disabilities have participated in Special Olympics. Special Olympics has grown to encompass over 160 countries worldwide.

Special Olympics Ireland was established in Ireland in 1978 and is an all island programme. In the Republic of Ireland there are 450 clubs, schools, centres and workshops in which Special Olympics activities take place with 8,000 athletes currently involved. It runs an all year round sports training and competition programme for people with a learning disability. Special Olympics Ireland has a Director of Sport, a Training and Education Manager, a Competition Development Manager and five Regional Sport Development Officers in place. The organisation has 7,000 volunteers. A 22-page Document, *A Place for Everyone*, outlines Special Olympics Ireland current strategy (www.specialolympics.ie). As a result of the success of the 2003 Special Olympics World Summer Games, which were held in Ireland (see Appendix 7), SO, Ireland are trying to double the number of participants over the period 2004-2007.

Irish Blind Sports

Irish Blind Sports is the national governing body in Ireland for sporting activities for blind and visually impaired people. The organisation was founded in 1989. Funding for Irish Blind Sports comes from the Irish Sports Council. Membership consists of people of all ages, backgrounds and sporting ability. Sighted people can also become members of the organisation. In addition to being participants in sport, sighted members frequently act as guides and volunteers, so it is essential to have a mix of sighted, partially sighted and blind members in the organisation. Sports are conducted at all levels. Individual members of and teams from Irish Blind Sports have achieved outstanding success at European and world Championship level in the Paralympic Games. In recent years, the organisation has significantly expanded the range of sports it has become involved in. Currently, Judo, soccer, skiing, tenpin bowling, swimming, chess, golf and tandem cycling are offered. Irish Blind Sports have a 4-year strategic plan 2003-2006 (www.ncbi.ie/information/irish_blind_sports).

The Irish Deaf Sports Association (IDSA)

The Irish Deaf Sports association was founded in 1986. It promotes sport among deaf and hard of hearing people. It aims to provide deaf and hard of hearing children and

adults with opportunities to compete with their peers as well as the larger society of athletes worldwide. It provides year-round training and athletic competition in a variety of sports at the state, regional, national and international level for developing and elite athletes. It assists athletes in developing physical fitness, sportsmanship and self-esteem. (www.irishdeafsports.com)

Cerebral Palsy Sports Ireland (CPSI)

Cerebral Palsy Sports Ireland is the recognised National Governing Body for sports people with cerebral palsy and also provides sporting opportunities for people with stroke and traumatic brain injury. CPSI is involved in the training of teams for international competitions. Sports training is organised at the Enable Ireland premises in South Dublin and in various venues around the country. Activities included are athletics, swimming and boccia (www.adapt-europe.org/ireland).

Service providers who provide or contribute to the provision of inclusive and adapted physical activity programmes and services

A multitude of other sport-specific and non sport-specific disability organisations and service providers provide physical activity services for people with disabilities or work towards the provision of inclusive and adapted physical activity services. These include Para Equestrian Ireland which promotes training and competition opportunities for riders with a physical disability and Riding for the Disabled Association (RDA) which aims to provide riding opportunities for people with a mental or physical disability. The Irish Disabled Sailing Association promotes the participation of people with disabilities in the sport of sailing. The Irish Sailing Association funded the Irish Disabled Sailing Association in the 1980s to introduce and encourage people of all ages with physical disability to take up sailing. The Association have established a new campaign, *Sailforce*, to highlight the achievements and activities of their current membership and to introduce members of the general public to the concept of sailing as a viable sport for the disabled (see also Tall Ships for All in appendix 5 “Some examples of best practise”).

Organisations and providers of recreational adapted physical activities include leisure centres, sports clubs, youth clubs, family and friends, residential and day care centres. Rehabilitation facilities include the Central Remedial Clinic, Dun Laoghaire Rehabilitation Centre, Cerebral Palsy Ireland, Spinal Injury Ireland and Care Centres. Rehab DunLaoghaire runs a sport and physical exercise programme including swimming, table tennis, basketball, rifle, archery with IWA sport work as a support group for people with acquired injuries. Spinal Injuries Ireland, situated in the grounds of the National Rehabilitation Hospital, Dún Laoghaire, was founded in 1993 to promote the welfare and provide a resource facility for people who have sustained a

spinal cord injury and their families. Venture sports on offer include diving, kayaking, fishing, sailing, orienteering and many others. Many disability organisations provide some physical activity and leisure opportunities.

The goal of ILAM Ireland, the Institute of Leisure and Amenity Management Ireland Ltd, a professional Institute for the Leisure Industry in Ireland, is *“to lead the leisure industry in developing and achieving the highest standards of management practice, and thereby raising the status of the leisure management profession”*. ILAM Ireland run a Continuing Professional Development Training Programme on an annual basis and includes disability awareness training in this programme. ILAM is also expanding its criteria for inclusiveness in their White Flag award scheme started in 2001.

Education and training in physical activity and sport

Physical education, coaching and training programmes should ensure physical literacy. Physical literacy is defined as developing the fundamentals of movement through appropriate opportunities and environments for learning and attainment (Bickerton, 2005 citing Stafford, 1995). Physical literacy needs to be taught, rather than just developing naturally and understanding this is central to understanding that sporting ability is controllable rather than pre-determined (Bickerton, 2005).

Psychologists argue that when a young person moves into adolescence they feel that their ability in sport is fixed regardless of the effort they put in (Bickerton, 2005 citing Lee et al, 1995). Those with low sporting self-esteem tend to drop out of participating in sports. Hence, it is important to have good physical activity experiences in the formative primary school years. “Whilst you can take up and become proficient in sport at any time in your life, the most fruitful method of driving up participation rates in sport is to ensure positive experiences at the early learning states, to hopefully guarantee high sporting self-esteem throughout teenage life” (Bickerton, 2005, pg.1).

Physical literacy is thus crucial for lifelong participation in physical activity (in addition to its potential role in the development of a range of transferable skills) because it forms the foundation from which individuals develop a lifelong interest in particular physical activities or sport, chose to participate in leisure or competitive sport and can progress to develop the skills required to become an athlete. (See appendix 3 for an exploration of the concept of physical literacy.) The various pathways models in physical skills development are based on the concept of physical literacy where skills development is divided into phases. Bayli (2001) advocates a six-stage long-term athlete development

Model, the first stage of which is the fundamental phase. The NCTC in Ireland has taken up the Pathways-Type long-term development Model and is developing it in the Irish context. Central to the attainment of physical literacy while in the school system is adequate and inclusive training of the teachers who deliver the PE curriculum so that they can deliver inclusive PE. (See Appendix 3 for a definition of Inclusive Physical Activity or as it is sometimes called, Adapted Physical Activity (APA), particularly in academic circles where it is being developed as an academic discipline.)

Agencies involved in training in physical education, physical exercise and sport in Ireland include the Department of Education and Science, the Higher Education Authority, the National Council for Curriculum and Assessment (NCCA) and the National Council for Special Education (NCSE). The Irish Sports Council, the National Coaching and Training Centre (NCTC), the Institute of Leisure and Amenity Management, Ireland (ILAM), the Department of Health and Children and the Department of Arts, Sport and Tourism, the Physical Education Association of Ireland (PEAI) and the Irish Adapted Physical Activity Alliance (IAPAA) are also involved.

The National Council for Curriculum and Assessment (NCCA) prepares all curriculum documents including syllabuses. Relevant course committees of the NCCA, which are made up of teacher, school management, parent, and higher education and DES representatives, undertake the design of syllabuses. The Department of Education and Science (DES) has responsibility for the implementation of syllabi in schools. The functions of the National Council for Special Education (NCSE), which was established as an independent statutory body following the Education Act 1998 include (a) to provide a range of services at local and national level in order that the educational needs of children with disabilities be met, (b) to provide related services, (c) to coordinate, with health authorities, schools and other relevant bodies, the provision of education and related support services to children with disabilities and (d) to carry out research and provide expert advice to the Minister for Education and Science on the educational needs of children with disabilities and the provision of related services. The NCCA have produced a series of draft guidelines for teachers of students with learning difficulties (2002). These guidelines aim to address the learning needs of all students with general learning disabilities at *primary* and post-primary junior cycle *level* (ages 4/5 to 12 and 12 to 15 respectively), by providing support to teachers in the planning and implementation of the curriculum for students with profound, moderate and mild general learning difficulties (<http://www.inca.org.uk/ireland-curricula-special.html>). The guidelines look at potential areas of difficulty in individual subjects including PE. In PE potentially difficult areas for children with learning disabilities include fitness levels, listening and responding, co-ordination and balance, spatial and

body awareness, left-right orientation, behaviour and social integration. Once difficulties are identified, it is possible to devise learning strategies to overcome the difficulties.

Primary School Teacher Training

In Ireland primary school teachers generally deliver the entire curriculum including the PE programmes. The majority of primary school teachers follow a three-year concurrent Bachelor of Education Programme (B.Ed Degree) in one of the five colleges of education in Ireland. There are two large primary school teacher-training colleges, namely, St. Patrick's College in Dublin and Mary Immaculate College in Limerick. These two colleges account for some 85% of all primary teacher education. The three smaller colleges offer degrees awarded by Trinity College (These colleges are the Church of Ireland College, St Mary's (Marino) and Froebel College, all in Dublin). These colleges offer three-year, full-time courses (four years for an honours degree in the smaller colleges). Inclusive or adapted physical activity during these courses is minimal and, for example, St. Patrick's College in Dublin does not have mandatory modules in physical education after the first year. In Marino College in Dublin the students have mandatory physical education throughout the three year course and there is discussion in each session on how activities could be adapted for children with disabilities.

New PE curricula have been designed for both primary and secondary schools. Those providing in-service for the new curriculum to primary school teachers have received PE training in the new curriculum. Some of them have had a workshop on adapted physical activity and have attended the 2nd National APA conference in Ireland in May 2005.

In addition, the role of Buntús Play and Buntús Multi-Sport, sports programmes implemented by the Local Sports Partnerships (LSPs) in primary schools, is to enhance current school and community sport programmes. However, at present, the LSPs do not cover every area in Ireland. The Buntús physical education programme was designed by the Irish Sports Council to give children an introduction to the fundamental skills of sport. It is hoped that the programme will support the new Primary Physical Education curriculum and the teachers who deliver it. It is recognised by the Department of Education. Buntús Play is aimed primarily at 5-9 year olds to develop basic motor and movement skills. Buntús Multi-Sport is aimed at 7-11 year olds and is an introduction to a range of games.

Physical Education Teacher Education (PETE) in Ireland

Approximately 70 percent of second-level schools employ the services of qualified PE staff (Darmody, 1986). There is one Physical Education Teacher Education (PETE)

College in Ireland based in the University of Limerick (UL). “Two emerging trends are worthy of note. First, the steady flow into the system of teachers who have qualified in other countries provides an alternative perspective on the profession and subject. Second, the increase in the number of home-produced teachers through an expansion of the UL capacity along with the advent of new PETE course in other Irish higher education institutions” (McPhail et al, 2005). In the academic year 2006-2007 a new PE and Biology undergraduate degree will be on offer in Dublin City University (DCU) (This course is currently at the final stage of accreditation). A compulsory component of this degree is a module in APA and APE in the third year. Another new development is that graduates from the IT in Tralee in Health, Fitness and Leisure will be able to teach PE on completion of a post-graduate course in UL.

The current Adapted Physical Activity module in the UL Physical Exercise Degree is part of an eight-week mandatory module in the students' final semester in final year. There is relatively little theory in this module. There is little specific training and preparation prior to the students delivering an eight-week PE programme to students or adults with disabilities. It is mainly hands on-learning with students being sent out to residential centers for persons with profound learning difficulties. However, two new adapted physical activity modules have been designed.

Meegan (2002) cites a study by the Physical Education Association of Ireland (PEAI) who found that 16% of PE teachers in Ireland had taken Inclusive or Adapted Physical Activity (APA) modules. The other 84% had not attended in-service training in the area of APA. While a new postgraduate course in the University of Leuven offers opportunity for electives in partner universities in Europe one of which is the University of Limerick there are no undergraduate or postgraduate APA courses in Ireland.

Sport and Leisure Studies

An expanding range of courses focusing on physical activity including recreation management/health, fitness and leisure studies on offer in third level institutions. This reflects the growing importance of the sport and leisure industry in Ireland and beyond. There are also courses in Colleges of Further Education such as the Higher National Diploma (BTEC) in Leisure and Disability Studies at Inchicore College of Further Education.

In the Central Applications Office (CAO) the following certificate, diploma and degree courses in the area of physical activity/sport and leisure are listed as being on offer in third level institutions. These include diploma and Certificate Courses such as Business Studies, Recreation and Leisure (IT, Waterford; IT, Cork; IT, Sligo); Business Studies, Sport and Recreation (IT, Athlone); Business Studies, Water-sport and Leisure (IT,

Letterkenny); Community Sports Leadership (Dundalk Institute of Technology); Outdoor Education and Leisure (Galway-Mayo, IT, Castlebar Campus) and Science, Health and Leisure (IT, Tralee). Degree Courses on offer include Exercise and Health Studies (WIT); Sport Science and Health (DCU); Leisure Management (DIT); Sports Management (UCD); Sport and Exercise Science (UL) and Physical Education with concurrent Teacher Education (UL) and Bachelor of Business Studies in Sports Development and Coaching (UL). There is an opportunity for education and training in the provision of inclusive sport/physical activity and leisure programmes within these courses but few courses teach comprehensive inclusive/adapted physical activity. A report on people with a disability in sport (1999) conducted research in special schools, mainstream schools and third level colleges in Ireland. Out of the 22 colleges and institutions that offer sports or PE related courses 77% do not have any modules in APA.

The Department of Sport Science, Institute of Technology, Tralee run a 4-year degree course, a Bachelor of Science in Health, Fitness and Leisure Studies. This course has both a Mandatory Adapted Physical Activity Subject (60 hours) in the second year as well as the possibility of an elective in Adapted Physical Activity in the fourth year (60 hours). In addition to the mandatory 60 hours module and the elective 60 hours module the Department provides a Community Adapted Physical Activity Programme (APA) for people with disabilities in partnership with many different services that cater for a wide range of people with disabilities living in County Kerry (see Appendix 5 Examples of Best Practice).

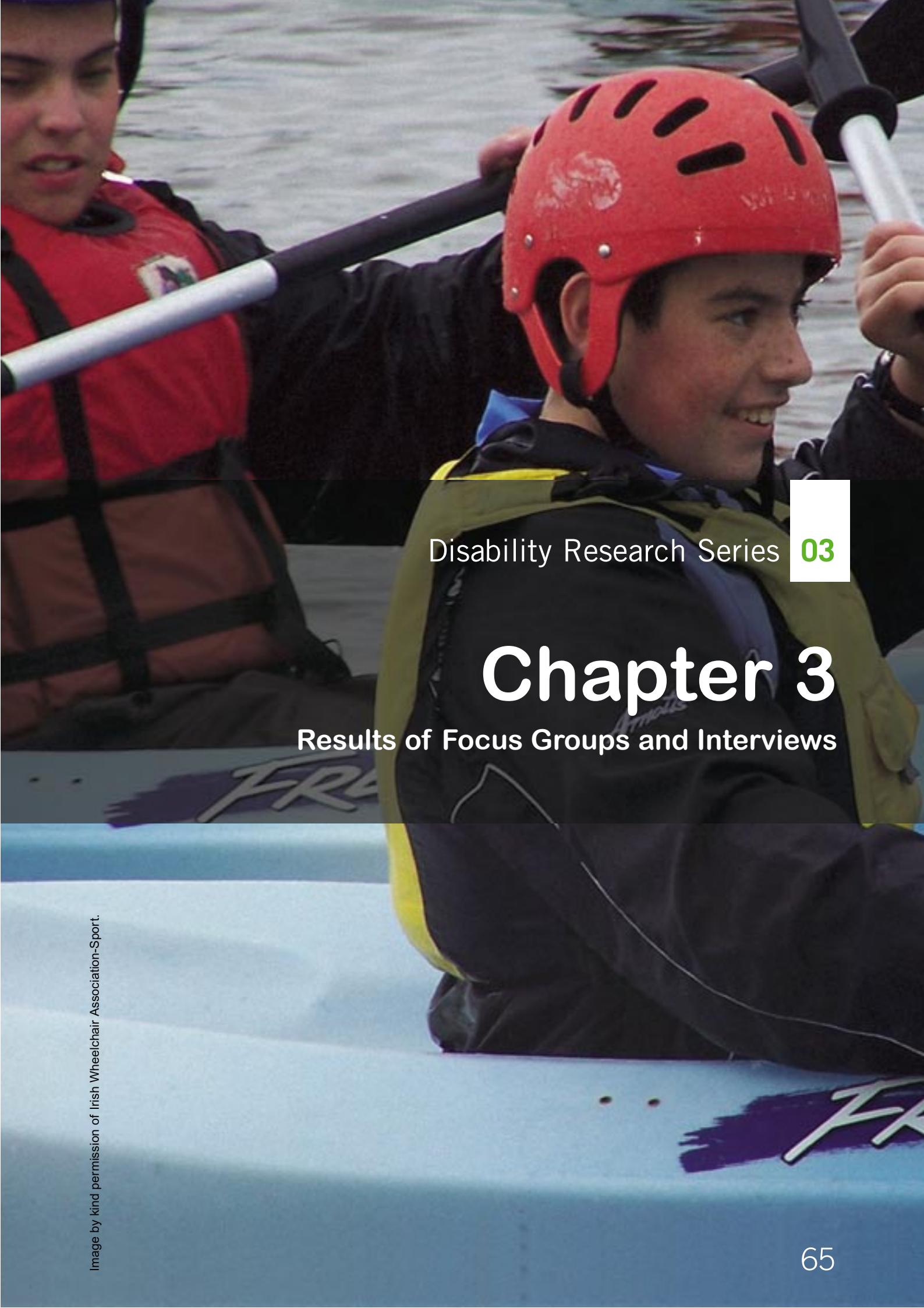
In the Department of Sports Science and Health in DCU a lecturer in Adapted Physical Activity has been appointed (September 2005). An APA module (12 weeks) has been introduced into the third year Sports Science and Health programme. This is the first year the programme has been delivered.

The National Coaching and Training Centre (NCTC)

National coaches in Ireland, and most club coaches, work on a voluntary basis whilst in many other countries state and club coaches work on a paid basis. The NCTC provides support services to Ireland's athletes, coaches and National Governing Bodies (NGBs). These services include coach education, tutor training, sports science, medical support, training camps and facilities, and technical advice. The Centre, which is headquartered at the University of Limerick, works in the context of the Programmes of the Irish Sports Council. As part of its mission, the NCTC strives to develop new ideas and services that are of use to NGB's coaches, players and athletes. The Centre disseminates relevant information, based on world best practice, to NGB's coaches, players and athletes. In the area of sports technology, the Centre is

committed to develop tools that will help athletes and coaches in a practical way. The Centre has also undertaken research into the needs of players and athletes. It provides a direct service to Ireland's aspiring players and athletes and coordinates the international carding scheme (www.nctc.ul.ie).

The NCTC in conjunction with a number of disability federations have developed a disability awareness module which is available but not mandatory in the training of coaches. The NCTC are working at developing a pathways approach which is an individualised plan for each athlete according to his/her developmental goals. Everyone can benefit from a pathways approach. Recreational, club level and elite athletes with a disability can all accrue benefits from a pathways approach. (The concept of a pathways approach is explored in Appendix 3 in the section "Pathways in sport and physical activity. Also, in Appendix 3, in the section "Inclusion", the work of the NCTC in its development of a National Coaching Development Programme and its establishment of an NCDP Inclusion Working Group is outlined).



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Chapter 3

Results of Focus Groups and Interviews

Results of Focus Groups and Interviews: Increasing participation and quality experiences in physical activity and sport

Findings from the focus groups/interviews with people with disabilities are reinforced by the perspectives of physical exercise and sport professionals (with and without disabilities) in Ireland and from the findings of the international literature. Participants were of different ages, circumstances and disabilities and had widely differing experiences in physical exercise and sport. From both the negative and positive experiences of people with disabilities the elements required to increase participation and to ensure quality experiences in physical exercise and sport can be outlined.

Barriers to participation in Ireland that contribute to low levels of participation by people with disabilities in physical exercise and sport in Ireland include the following: poor PE provision in schools; negative school experiences; low expectations from teachers, families and peers; lack of knowledge of what is available and lack of information and expertise; poor community facilities and lack of access to facilities and programmes; ad hoc structures and approaches; transport difficulties; lack of coverage of a wide range of sports in the media; lack of experience of the benefits of physical activity; untrained staff and lack of accessible facilities; lack of companions who can facilitate/assist them when required; inadequate sponsorship and coaching; a lack of a culture of general participation in physical exercise and sport in Ireland (“we are becoming a spectator nation”). Other issues included insufficient numbers of people to form a squad or team at both recreational and at competitive level; cost and not acquiring physical literacy while young.

Only coordinated and concerted efforts will be successful in addressing this complex range of barriers. From the research five main factors emerged as essential if quality experiences in physical exercise/sport are to be had by people with disabilities. These are

- 1) Stronger leadership in order to provide frameworks that will overcome ad hoc arrangements in sport and physical activity, address the gaps in the system and ensure equity through clear targets, increased monitoring and regulation
- 2) Improved and expanded inclusive community facilities including playgrounds that are physically and socially accessible
- 3) The provision of adequate PE and physical activity experiences for all children to ensure lifelong physical activity literacy -more comprehensive, more enjoyable and more educational experiences from an early age
- 4) Adequate and accessible information services

- 5) Comprehensive education, training and coaching programmes that provide PE teachers, coaches, trainers, managers and educators with the required inclusive PE, sport and physical activity training and expertise. This will ensure that teachers, coaches and instructors are capable of providing PE and sport programmes that match peoples' capabilities

Theme/Factor I: Stronger leadership, frameworks and strategies, addressing gaps

- Changing both the culture and the physical environment to promote increased participation rather than increased spectatorship.
- Recognise and support the parents' role in getting their children active. Assist parents in helping their children by providing them with practical advice and opportunities to ensure that their children are active in leisure time. *“The potential role of parents to work in partnership with a range of professionals to help their own children could be better recognised and respected by many professionals”* (Parent, 1). *“Personally I think parents play a major role in the dissemination of information. If parents/families can access the information they need, it may be easier to know what to do”* (Sports Development Officer).
- More public awareness of the benefits of sport/physical activity including the health benefits. Market physical exercise and sport and its benefits to everyone in the community. *“Increase awareness of practical ways one can achieve the benefits of physical exercise. The Scottish Executive has done fantastic promotional work with simple yet effective campaigns to show the public at large simple ways to get the benefits of physical activity “* (Disability Sports Organisation, No. 1)
- National Physical Activity Programmes (Programmes such as Go for Life) should actively engage with people with disabilities (this requires that the personnel involved in administering these programmes are trained adequately)
- Work with people in the media to make them more conscious of their professional responsibility. The media can be an effective means to promote wider participation in physical exercise. This can be achieved by giving airtime to diverse sports and diverse forms of recreation and by highlighting best practice. The public's fears and the lack of knowledge can also be addressed through increased use of local and national means of communication. *“You don't have to make everything into a disability issue. Just treat the issues as they are. There are athletes with a disability and there are minority sports. Give airtime in order to get more people involved and to get a message across. People need to see that they can have fun and develop skills without being an international athlete”* (Athlete with a disability, No. 2). *“Everything apart from GAA, rugby or soccer is a minority sport as far as the media is concerned. You have to*

understand how the media operates in order to work within that framework. There is a need to gain ground here. More of a profile, more recognition is essential. Role models are essential. People have to see that it can be done.” (Athlete with a disability, No. 3). “People need to be enthused. There should be more coverage on TV. People need to know what’s out there”. (Athlete with a disability, No. 4). “We need some sort of publicity campaign to show what we can do not only to people without a disability but also to those disabled people who think that they can’t do anything” (Athlete with a disability, No. 5). “I’ve been to five paralympics and I’ve seen no change in RTE coverage. I think they are irresponsible. Athletes with a disability are really athletes. It takes the same 10 years for any athlete to complete the full cycle of training and achieve all their potential. Look at the women’s mini-marathon in Dublin. Why can’t the media also show some of the people in wheelchairs that participate? Chairs can be visual too. They are more and more attractive. The technology involved is attractive...” (Athlete with a disability, No. 6)

- Increase general education and awareness on disability issues because there are still huge attitude problems
- More multi-sectoral partnerships & collaborations
- Reward coaches financially who currently deliver services, at all levels, on a voluntary basis
- Provide advice and information from an early age and provide adequate physiotherapy and other forms of therapy (where indicated) so that parents can make informed decisions regarding therapy and so that physical potential of each child is maximised. Parents can be frustrated with poor access to relevant professionals. In this scenario they may access an increasingly wide range of, at times, very expensive, “alternative” movement and physical activity therapists. Currently this field is ill defined and unregulated. “There is a need to have adequate physiotherapy and exercise opportunities from a sufficiently early age, otherwise people will never reach their potential physically. Currently there are children like X who need a lot of physiotherapy which is not available” (parent, 2)
- “Continue to address the transport issue so that this disabling barrier becomes a thing of the past”

Theme/Factor II: Improved and expanded inclusive community facilities

- More community facilities for everyone and adequate sport and physical exercise facilities in rural as well as urban areas. While elite athletes with a disability need more funding there is, in the first place, a need to develop nationwide community structures and programmes that will facilitate widespread participation. From that

enlarged base many more athletes will naturally emerge. *“You can't have athletes without widespread participation. We need good basic facilities scattered around the countryside”* (Athlete with a disability, No. 1). *“There is the danger of increasing support for the few athletes with a disability who succeed and achieve incredible success in spite of a fundamentally flawed system”* (Disability Sports Organisation, No. 2). It is essential therefore that the focus should first be on developing an adequate system throughout the country that will allow people to develop their potential and will simultaneously identify and nurture talent.

- Providing broad opportunities for participation to everyone in the community by collaborating to make full use of existing facilities and resources: *“The “lack of facilities” is perhaps in some cases, not a lack of, but lack of access to the facilities in the community or groups not willing to share facilities for fear of “losing players”. Educating those on the ground in local clubs of the benefits of a multi-sport approach in terms of the calibre of the player that will yield, may encourage sharing of facilities. While more community facilities should be available it would be a positive step to ensure access to facilities that are presently in place outside of “normal” hours e.g. schools closed at 3.30/4.00pm with no access to sports halls or pitches”* (Disability Sports Organisation, No. 1). *“In order to provide a comprehensive and inclusive environment for people with disabilities, we need to be able to encompass all areas of our community. Without the help of certain groups, we tend to have a one-sided pull all the time”* (Sports Development Officer).
- Provision of inclusive playgrounds. *“Play activities is an issue that needs attention in particular access to playgrounds for children from a very young age. Local authorities should be more aware that children with disabilities need play-activities alongside their non-disabled peers. The use of gravel and bark on the ground in playgrounds is an area that needs attention* (Disability Sports Organisation, No. 2).”
- Access for people with disabilities to community facilities on an equal basis with others.

Topic No. III: The provision of adequate PE and physical activity experiences for all children to ensure lifelong physical activity literacy

- Participation at level of choice. PE and Sports programmes based on the individual's abilities, needs and preferences and that provide sufficient opportunities for individuals to be challenged physically and which, at the same time, are safe and enjoyable. *“Lots of schools are orientated towards the GAA, hurling etc & so there is nothing for my boy. There are so many sports that are never touched on”* (parent, 3). *“My child is not interested in any physical activity but if you turn the music on she will dance for ever”* (parent 4)

- More “professional” preparation for volunteers, buddies and assistants

Topic No. IV: Comprehensive education, training and coaching that provides physical activity and sports professionals with the required training and expertise.

“Every school has a copy of the NCCA draft guidelines for teachers of students with learning difficulties (2002). These guidelines are very comprehensive but sometimes they can end up with just one teacher. They may not be utilised to best effect. It is important to study how to get value for money out of these documents” (Teacher of children with special needs).

Parents whose children had a special needs assistant (SNA) in school described how the presence of the SNA greatly facilitates the participation of children with disabilities in physical education because the SNA is able to provide the one to one attention required to participate safely and enjoyably.

“Without a special needs assistant (SNA) she can't participate. With the SNA she has fun, swimming & doing gymnastics with the others. You're talking about one teacher manning 23 children. In one class in school there are 34 children... The assistants make a real difference but I had to battle and struggle, even going on local radio, to get an assistant and it has made such a difference” (parent no. 5).

Topic No. V: Adequate and accessible information services

Sufficient information must be available so that people with a disability can make informed choices about sport and recreation. *“I did join a club but they wanted people with more strength in their hands. I had to watch and got annoyed. They invited me to their social club. No one ever approached me about physical activity. I haven't had physiotherapy for 10 years. I'd really like to go in the water but I don't like chlorine. I'd love to get into sea but I never have - only once when in France. The motorised chair can't go on sand. I really need more information about what I could participate in.”*

“Information is not readily available regarding accessibility and adapted sports for example accessible pools and swimming lessons in Dublin.”

(Further reporting of results including more direct quotes from interviews and focus groups can be accessed in Appendix 6).



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Chapter 4

Discussion

Discussion

In the literature review and empirical data of this study a wide range of factors were identified that influence participation in physical exercise and sport and the quality of the experience.

Personal-level factors include personal knowledge and information; interest and inclination; motivation; physical literacy skills attained in school and in other settings; abilities; attitudes and beliefs. Personal level factors are influenced by and interact with socio-ecological factors at the level of home, workplace and community.

Socio-ecological factors are manifold and include the attitudes, beliefs, hobbies and interests of significant others including those of family and peers; the general culture e.g. a culture of being spectators rather than participants; the nature of local facilities and services - their existence, first of all and, then - their social and physical accessibility and affordability.

What is on offer around the country for people with disabilities varies. While opportunities are on the increase they are ad hoc and are developing at an uneven pace. There is commitment on the part of individuals and groups in Ireland to increase participation in sport and physical activity and to ensure a quality experience. The major drawback is that this work is insufficiently co-ordinated. Small isolated units of mostly voluntary effort do not have the voice or the capacity to draw down resources and establish structures on a professional, long-term basis.

The difference between Ireland and other countries profiled in this report is that in Ireland the transition from policy to the co-ordinated implementation of policy remains in the very early stages. In other countries practical steps have already been taken towards the establishment of a united voice or platform. In each of these countries the structures that are being put in place vary but, with a united front, effective partnerships are being developed that have begun to deliver equal opportunities and inclusion. There have been significant developments in establishing more integrated, professional approaches that have accelerated progress towards more widespread access, quality experiences and sports equity for people with disabilities. In Ireland no clear national structures have yet been set up to ensure equity for people with disabilities in terms of access and quality experiences in sport and physical exercise. The fragmented nature of sport and physical activity structures and services in Ireland are further affected by other factors. These include a lack of knowledge and

preparation on the part of professionals and service providers on how to address diverse need. There is often a lack of personal experience of sport and physical exercise and physical literacy on the part of many parents and adults. Ireland needs to build up a sport and physical activity structure and system where people can access opportunity, expertise and the support that they require in an organised and systematic manner at every stage of their life, from birth to old age.

The Technical Advisory Group of the NCTC in their consultation paper, *Building Pathways in Irish Sport (2002)*, also point out the need to establish an integrated sport system that is geared towards the well-being of the entire population in terms of health, physical activity, fitness and performance. One of the central messages from those working in the field of sport and physical activity is the need for stronger leadership at the highest levels in Ireland to ensure that co-ordinated and integrated structures are put in place.

Leadership is required to bring together, in an effective manner, the considerable efforts, usually made on a voluntary basis, of so many individuals and groups. These efforts include those of parents, teachers and community workers together with the efforts of schools, community and statutory bodies and government departments. Leadership is essential to ensure that the needs of people with disabilities are addressed in every physical activity and sports programme and that the NGBs of sport and educational and leisure bodies provide inclusive services.

In interviews with professionals working in the field of physical activity, sport and leisure, respondents considered that while there is some funding available for projects that facilitate sport for the “disadvantaged”, meeting the needs of people with a disability should not be dependent on “special” projects and on people being present who have an interest or the expertise to set up projects and to apply for their funding (Some respondents spoke about the considerable bureaucracy of agencies such as the ISC and the amount of paper work involved in making applications).

Addressing the needs of people with disabilities and other “minorities” should not rely only on the presence of motivated and committed individuals in any local agency be it the LSP, the County Council or other local organisations or groups who lobby the LSP/ISC for project funding or attempt fund raising themselves. Some LSPs have done or are carrying out physical activity and sports needs assessments of people with disabilities in conjunction with other agencies including the health boards on the physical activity and sports needs of people with disabilities - these include Donegal Sports Partnership, Sligo Sports and Recreation Partnership and Limerick Sports

Partnerships. Such activity would usefully be carried out nation wide and not on an ad hoc basis. This could be undertaken in a strategic manner given the laying down of some ground rules by the ISC.

The Irish Sports Council (ISC) could assume a more pivotal leadership role. Through the Local Sports Partnerships (LSPs) and the National Governing Bodies (NGBs) of Sport, the ISC could strategically influence at national and local level. Awareness of issues that must be tackled could be increased and the provision of opportunities for all in sport and physical activity could be promoted. Interviewees in this research argued for a stronger, more clearly defined role for the ISC. It is important to note that, at the present time, LSPs are not in place nationwide. It is therefore important that the ISC and the NGBs work with all the pertinent local bodies including County Councils, County Development Boards and sports/recreation departments.

The ISC funds NGBs of Sports including disability specific NGBs of Sport. It has also established the LSPs with the remit of developing sport locally. The existence of the LSPs should accelerate the work of the City/County Development Boards (CDBs) and other local agencies to improve sport and leisure provision in a strategic way. However, in the absence of clear guidelines, frameworks and targets, development is likely to be ad hoc. When responsibilities and targets are not clearly outlined, developments tend to depend on the presence of interested individuals with sufficient know-how within national bodies, LSP areas or within the LSPs themselves.

The NDA commissioned research in 2004 on the disability commitments in the City/County Development Board Strategy Plans and Actions. Membership of the CDBs is from local government, local development organisations, state agencies and social partners. Each CDB published a ten-year strategy in 2002. Targeted disability actions in sports and leisure action were planned on the part of five CDBs and mainstream disability actions in sports and leisure on the part of eight CDBs from a total of thirty-four CDBs (Pillinger, 2004).

The ISC is in a position, together with the LSPS it has created, and with the NGBS of sport, to ensure quality experiences for all through strategic action at national, regional and local level. While the ISC articulate a vision it would be helpful if their vision were accompanied by a clear strategy that outlines how the vision will become a reality. The three pillars/goals of the Irish Sports Council strategy are participation, performance and excellence. While organisations applying for funding must demonstrate how they are striving for each of these three goals, there are no guidelines that outline what this actually means and what exactly is required from the NGBs of sport. Neither is there

yet a framework by which LSPS can translate good will and commitment into coordinated planning and delivery to ensure equality and equity in development plans. There is no sports development officer for people with disabilities in the ISC or in the LSPs apart from Laois LSP where in May 2005 a development officer has been appointed to promote sport and physical activity for people with disabilities.

The ISC, the NGBs of sport, the LSPs, County Councils etc should cooperate at every level in order to provide organised and coordinated, appropriate physical activity, active leisure and sport opportunities for all. Working strategically together they could promote co-ordination and co-operation between local clubs and associations so that all are encouraged to engage in active leisure and sports. This could eliminate rivalries that currently exist between different associations, clubs and NGBs of sport. They can co-operate in order to ensure that people with disabilities can participate in sport and physical activity in local clubs and leisure centres. Together they can increase awareness of the benefits of sport and physical activity and increase participation in physical activity for all.

The ISC have developed the designated areas initiative to help combat the problems of drug abuse, crime and social exclusion, particularly in areas of social and economic disadvantage through participation in sport. In a similar manner, the ISC could demonstrate strongly and strategically its belief in the rights and ability of people with disabilities. It could do this by a commitment to develop strategies and rules and regulations based on equity and equality principles. This commitment to facilitating the participation of everybody could be expressed by appointing a development officer for people with disabilities who would work with LSPS and Sports NGBs.

In the plans that are drawn up to encourage and increase participation in physical activity and sport across different sectors and contexts, it is imperative that the situation of people with disabilities is considered and that appropriate opportunities are planned and targets monitored. For every goal set it must be clearly stated how it is to be achieved by people with disabilities. For example, a goal of the Health Promotion Strategy 2000-2005 was to achieve a 50% increase in the proportion of the population who adhere to regular physical activity. It is important that ongoing monitoring of this target is documented. Similarly, the strategies of all agencies must outline how they include people with disabilities.

In terms of increasing participation in physical activity and sport the focus should ideally start with widespread community participation - participation for all. Again the success of the Welsh efforts at increasing participation by improving community

programmes is striking. Many sports associations focus on selecting out individuals with talent for elite sport at the highest level. Associations, instructors, coaches and teachers need to be able to work with those who will be interested principally in recreational exercise as well as those participating in competitive sport. They have to be able to modify programs to meet specific needs and to be supportive and patient with those who take longer to learn. This requires skills. Physiotherapists or other adequately trained professionals may need to work closely with fitness and recreation professionals to develop appropriate physical activity programmes for individual clients. In the USA and in other countries physiotherapists are increasingly found in local fitness centres and in public leisure centres and community centres.

Schools, community programmes, clubs, gyms and leisure centres have to ensure access. Everyone needs to be trained to enable access for all sections of the population. Different sectors of the population have different requirements in order to access a facility and it is up to staff to provide an adequate service. "If a place or activity is not conducive to understanding the choices available, then, it is not a fully accessible environment" (Devas, 2003, p. 234). As in other areas, in the field of travel and active leisure, when tourism and leisure operators learn to think "inclusion", they are able to make the requisite changes to cater for all sectors of the population quite easily. Participation in the Excellence through Accessibility Award Scheme (National Disability Authority and the Department of Justice, Equality and Law Reform) should be encouraged as it leads to knowledge about and implementation of best practice.

Service providers who participated in the study pointed out that there is a real need for professionals to learn to pool skills and to work together. It is pointless working alone when teamwork can lead to a better and more effective working environment and to better outcomes for the clients. Physiotherapists and other adequately trained professionals can work closely with fitness and recreation professionals to develop physical activity programmes that are tailored to the needs of individual clients. In the USA and other countries physiotherapists are increasingly found in local fitness centres and in public leisure centres and community centres. Occupational therapists and physiotherapists ideally work with other service providers and clients benefit from well co-ordinated plans that optimise their physical potential. Conflicting advice from professionals can be detrimental to the progress of an individual or to the development of a child. It can be a source of distress to parents and competent professionals. In these situations parents may turn to alternative private therapists including primary movement therapists. It can be difficult to access information on the services they provide, which can be very varied and costly.

Teachers, parents and people with disabilities repeatedly raised the issue of improving Physical Education (PE). Dissatisfaction with PE concurs with the literature. “As a primary school teacher I would be extremely worried about the lack of work done with young children on their basic motor skills. PE is not an area a lot of teachers feel comfortable teaching and therefore it is often left undone” (response to consultation by NCTC on the importance of the fundamental stage, 2001 <http://www.nctc.ul.ie>). Good experiences in primary school are essential as it is important that children learn to enjoy physical activity and sport from the beginning. The nature of the education and training in physical education provided in primary and secondary school teacher education and training (as well as in leisure and sports management courses and other relevant childcare, healthcare and social care courses) influences the quality and inclusiveness, or lack of it, of physical activity and sport experiences across all sectors of the population.

Children with disabilities alongside their non-disabled peers should develop physical literacy that contributes to the development of lifelong attitudes and patterns of participation in physical activity and sport. In order to ensure that children attain physical literacy the needs of each child must be identified. As there are increasing numbers of students with disabilities in mainstream classes primary school teachers who, in Ireland, deliver the PE curriculum, and secondary school PE teachers, require training in the provision of inclusive (sometimes called adapted) physical activity in the PE curriculum.

In Boland's Irish study (2005) the theme that the abilities of people with disabilities can be underestimated emerged: “maybe people with disabilities are not getting the challenge they deserve to get”. Similarly, Kenny (2005) considers the need for teachers to focus on the potential and abilities of students with disabilities and challenge them: “Underpinning inadequate educational responses is a simplistic perception of students with disabilities. The system lacks ambition for them; indeed at times it is even suspicious of their right to recognition as young people with highly varied potential and needs. Often, in the absence of system commitment to providing adequate and appropriate supports, participants had to rely on the kindness of individual peers and teachers...Happily, most of the participants at some time met good teachers; some of them were fortunate enough to have found good schools. However, ad hoc responses are grossly inadequate” (Kenny et al, 2005, p.234).

Children and young adults with a disability who meet teachers who are unable to adapt instruction and programmes according to individual need are highlighting the deficiencies

in our educational system. The basic skills required to ensure inclusion are those of competent educators. Inclusive education involves a person-centred, inter-cultural and integrated educational approach that validates the experience of all students. As populations become more and more heterogeneous the needs of children are varying much more widely so an individual approach to each and every child is becoming more urgent. The many techniques and approaches essential for children with a disability are also best for all children.

Associations, instructors, coaches and teachers have to be able to modify programs to meet specific needs and to be supportive and patient with those who take longer to learn. They need to be able to work with those interested in recreational exercise as well as those participating in competitive sport. In terms of community participation the focus should firstly be on participation for all and this requires inclusive skills. Many associations focus only on selecting individuals with talent for elite sport at the highest level. The NCTC in conjunction with a number of disability federations has developed a disability awareness module. However, there would seem to be too little progress on implementing this training within NGBs although it is a stated requirement. The module covers some basic Inclusive or Adapted Physical Activity (APA) issues. An APA module would ideally be a compulsory component of every course from Level 1 upwards. NGBs need to use this module and the NCTC need to vigorously promote the implementation of disability awareness training.

Respondents involved in sport and physical activity provision for people with disabilities suggested that there is a need to work at being able to provide a pathways type approach for each person. Pathways for people with disabilities from the age of six years must be developed. For this teachers and coaches need the ongoing education and training so that people with disabilities can access expertise in order to plan individually - tailored programmes. Again, the NCTC has an important role to play in developing pathways and ensuring equity and equality nationwide.

Some primary school teachers only receive training in PE during their first year of training. In primary schools there are often large numbers of children to teacher ratio and sometime poor facilities and equipment. In the primary school curriculum physical education is generally allotted one hour a week. In practice, it is often less than that.

While new physical education curricula have been developed for both primary and secondary schools in Ireland and have begun to be implemented in the primary schools further changes are required. Without adequate improvements in the provision

of physical education curricula in both quality and quantity in primary and secondary schools a certain level of physical literacy on the part of all students will not be attained.

There is a need to elaborate learning experiences and methods of assessment that reflect the active, multi-layered and developmental nature of learning physical skills and that facilitate individuals in discovering their interests and abilities (Kirke, 2001). There is a need to increase the time given to physical education in the curricula, to improve its status in the curriculum and to increase PE resources. There should be a commitment to finding the time that should be dedicated to physical activity in school curricula.

There is a need to expand the physical education training of primary school teachers and PE teachers to include training in inclusive/adapted physical activity so that they can address individual need and are able to develop individual pathways for the development of skills of all students. What is also important in this context is the potentially crucial role of the special needs assistant in facilitating participation and quality experiences. How best to manage the relationship between teacher and the special needs assistant in order to best utilise the personnel is available is an important area of study.

How the quality participation of students with disabilities in PE programmes is to be achieved in both mainstream and special schools is a task that must be addressed by the educational bodies involved, including the NCCA and the newly established National Council for Special Education (NCSE), which was established as an independent statutory body following the Education Act 1998 and to which the transfer of functions from the Department of Education and Science took effect in January 2005. There is a task to be undertaken by it in relation to adequate PE provision for people with disabilities. Teachers pointed out that better use of the NCCA draft guidelines for teachers of students with learning disabilities is a practical pathway that should not be neglected. Training on the use of the guidelines should be implemented. Draft guidelines are also required for teachers of students with physical disabilities. Students with disabilities should be informed regarding physical activity and sport as a legitimate area of study or career development for them.

Comprehensive inclusive physical activity/APA is not yet a reality in primary teacher training, in PE teacher training, in many leisure and sports management courses or in postgraduate specialities in Sports Science and Physical Education. While it makes sense that all those taking PE and sport and leisure management courses would

receive comprehensive inclusive training, this is happening only very gradually, although there are also well- established examples of best practice. The development of inclusive or adapted physical activity as an academic discipline has been slow but there are new developments. New inclusive or adapted physical activity modules are being introduced into the Physical Education Teacher Education (PETE) Curriculum in the University of Limerick. Adapted Physical Activity Modules are being introduced into the sports and leisure management courses in Dublin City University and a lecturer has been appointed in adapted physical activity in DCU in association with Stewarts Hospital. These are welcome developments as it is crucial that the large and ever increasing number of people graduating from primary school teacher training, PE teacher training and the various sport and leisure management courses receive appropriate education and training in inclusive/adapted physical activity. Ideally, inclusive/adapted physical activity would be introduced into all physical activity, sport and leisure studies and into primary teaching and PE courses so that primary and secondary teachers and providers of sport and active leisure would learn how to provide integrated physical activity and sports programmes.

Kenny et al (2005) who have carried out research with students with disabilities, state, “Development of an inclusive ethos and provision of adequate supports are ethical imperatives above all because they are a human right and necessity - as is proven by the drastic impact of their absence on the social lives of these young people. Whatever their academic status, people with disabilities live in society and are entitled to be full members of it, especially of their peer group... This focus on the social dimension of the participants experience powerfully highlights the ethical urgency of the task of transforming our overall education system, schools ethos, built environment and pedagogic resources and procedures to ensure inclusive education, informed by ambition for all students” (Kenny et al, 2005, p.234, 235). Appropriately trained people with a disability working in the fields of PE, sport and active leisure have a role to play in ensuring inclusive education and services.

In a recent report “School children and sport in Ireland” by Fahy et al (2005) the dual responsibility of education policy and sport policy for children’s sport is highlighted. The authors ask how the two sides of this policy structure should relate to each other in order to promote childrens’ physical development.



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Chapter 5

Recommendations

Recommendations

Develop a National Framework for inclusive physical activity and sport

A multi-agency working group that plan and promote cross-disciplinary planning and collaboration in the field of physical activity could develop an inclusive framework for sport and physical activity in Ireland. Such a working group should include representatives from relevant government departments (including Education and Science; Health and Children; Arts, Sport and Tourism; Community and Social Affairs; Transport and the Department of Justice, Equality and Law Reform). Representatives should also be present from relevant statutory and voluntary bodies. These include the Irish Sports Council, the NCTC, the National Governing Bodies of Sport, the Health Services Executive (HSE), relevant advisory bodies, advocacy groups and disability organisations. It should also include rural and urban developers and planners and environmental scientists. Of course, the development of an inclusive national framework requires the full involvement of people with disabilities. It is also important that people with disabilities be found in strategic leadership positions on the boards of Local Sports Partnerships and other relevant bodies (This happens already in some cases).

Such a national framework would be a reference point to guide the development of national, regional and local physical activity and sport strategies that promote equal participation of people with disabilities.

Leadership

Leadership is essential to ensure that all national, regional and local strategies are based on the national framework for physical activity and sport and are coherent and effective. This leadership from agencies and individuals, from national to local level, is essential in order to change what has to change in a planned and comprehensive fashion.

- 1) The Department of Arts, Sports and Tourism should maintain a strong lead in ensuring equality and equity in sport and physical exercise. In this respect the establishment of an inter-agency steering group to oversee the development of a long-term strategic plan to ensure the development of local sports facilities throughout the countryside is welcome⁴. The steering group should ensure that the plans developed are truly inclusive ones. “One of the issues likely to be considered by this group will be potential for greater co-operation between the Departments to

4. The inter-agency steering group that has been established to develop local sports facilities is comprised of representatives from the Department of Arts, Sport and Tourism along with officials from the Departments of Education and Science, Community, Rural and Gaeltacht Affairs, Environment, Heritage and Local Government and Finance in addition to representatives of the Irish Sports Council, Campus Stadium Ireland Development Ltd and the County and City Managers' Association (personal communication, Department of Arts, Sports and Tourism).

ensure that the resources from all sources available to facilitate provision are maximised” (personal communication, Dept of Arts Sport and Tourism). The Department of Arts Sport and Tourism should monitor closely the provision of adequate access in the building of new sport and leisure amenities and in the upgrading of existing ones. The department needs to ensure action and co-ordination of activity between the agencies involved. In Targeting Sporting Change in Ireland (Dept of Education, 1997) six strategies for the future are outlined which envisages a strong coordinating role for the relevant Government Departments as well as for the ISC. The Department of Arts, Sports and Tourism needs to articulate clearly how statutory bodies like the ISC are to ensure equality and equity and how they are to monitor the implementation of policy. Together with other pertinent government departments the Dept of Arts Tourism and Sport has a role to play in the development of strategies that increase participation across the diverse population.

- 2) The Irish Sports Council could assume a stronger leadership role by formulating clearer policies, principles and procedures that ensure inclusion of people with disabilities. These principles and procedures must be complied with by all national NGBS of sport when they apply for funding. The Irish Sports Council could dedicate and ring fence resources to promote the rights and interests of people with disabilities and help NGBs of sport to address their needs in a more comprehensive manner.
- 3) A variety of organizations could come together to form umbrella groups that, with a united voice, can more effectively leverage progress for all people with disabilities. There is the example in other countries including Wales and England of how co-operation through the formation of umbrella groups has accelerated progress in achieving equity, access and quality participation in physical activity and sport.

Inclusive strategies for increasing participation and quality experiences

- 1) National, regional or local public awareness campaigns around physical activity should take into account the national framework developed for inclusive physical activity and sport. These campaigns should
 - Reflect the diversity of the population by, e.g., including images of inclusive physical activity and athletes with a disability in national and local media.
 - Address the simple, broad and environmentally friendly opportunities that exist for physical activity (Targeted campaigns to promote physical activity can challenge attitudes and sedentary lifestyles and contribute to behaviour change.)

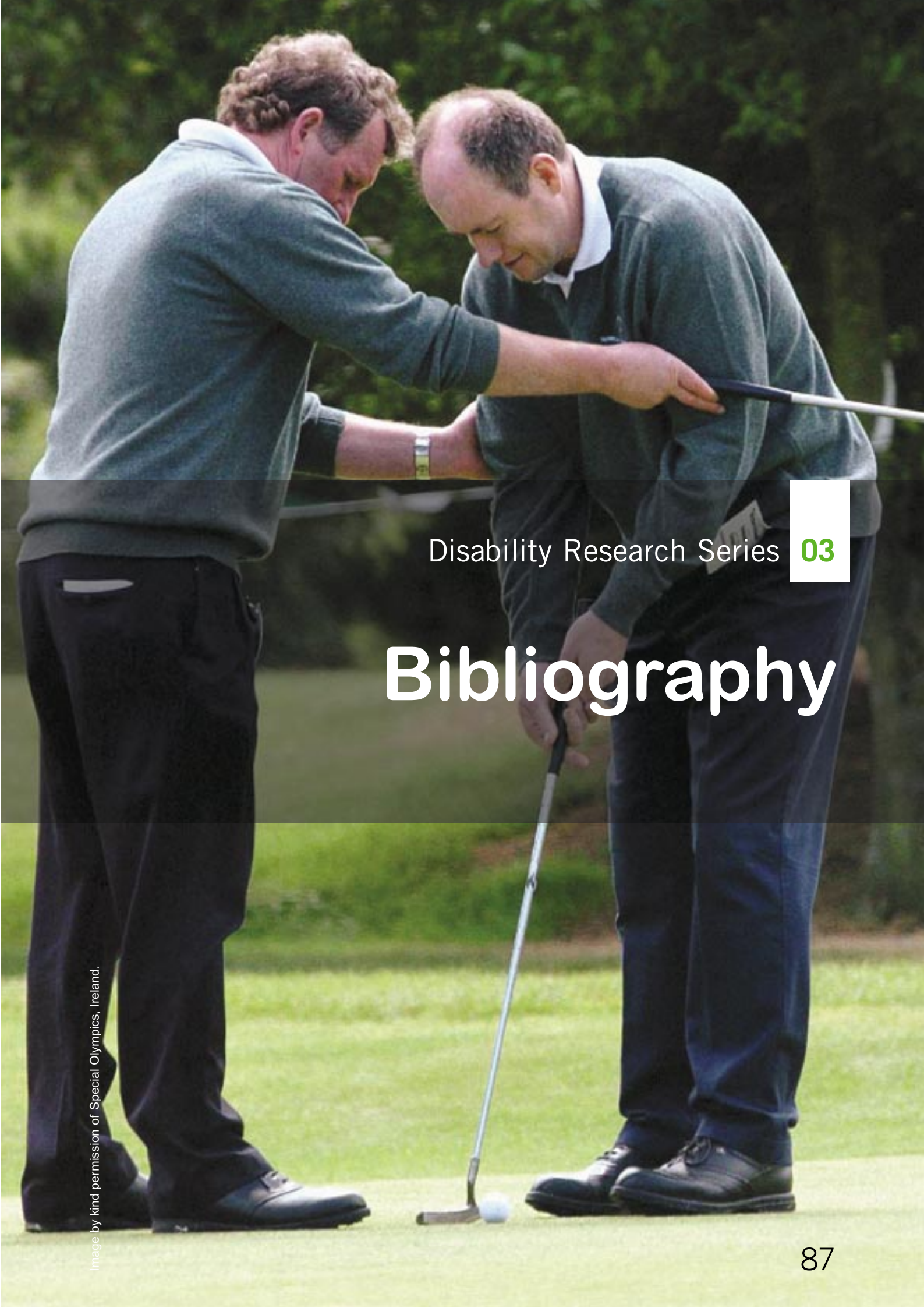
- 2) Disability Awareness Modules should be included in the education and training of all those who deliver Irish Sports Council recreation programmes including Sports for All, Buntús, Go For Life and all LSP initiatives.
- 3) Particular organisations or an umbrella group that brings representatives of different organisations together, or perhaps the Irish Adapted Physical Activity Alliance (IAPAA) could develop a nationwide information service regarding facilities, opportunities and participation. This could include information about local services. A database of all specialised Disability Officers of Inclusive/Adapted Physical Activity instructors should be formulated. The use of such a database could be promoted by national organisations such as Irish Blind Sports, Cerebral Palsy Ireland and Irish Wheelchair Association etc. This service could serve to increase each person's knowledge of exercise benefits. Develop the Role of Local Sports Partnership in coordinating information provision and service development and delivery for people with disabilities. The Local Sports Partnerships should continue to work together with all other relevant local, regional and national bodies regarding the planning and implementing of policies and services in the field of sport including the provision of transport and facilities. Promote liaison and coordination between service providers. Develop partnerships between governing bodies, leisure centres and clubs and disability organisations.
- 4) The media could be more inclusive by developing strategies that
 - Allot space to a greater diversity of sports including disability sports. Give “air-space” to national and international “minority” sports championships, including those of disability specific sports.
 - Increase the profile of national, international and local players and champions with a disability in the national and local media.
 - Portray images of children and adults with a disability in all publicity material regarding sport and physical activity.
 - Tackle fears, false perceptions, prejudices and apathy that hinder people with disabilities engaging in sport and active leisure pursuits by promoting a pro-active, can do attitude. One of the ways the media can achieve this is by communicating the realities of ability and achievement of people with disabilities in the field of physical activity and sport. (This can help to change the attitudes of people with and without disabilities about people with disabilities engaging in a wide range of physical activities and sport. People with disabilities need to see others like them who are playing sports including sports such as scuba diving, canoeing, kayaking, sailing etc.).

- 5) A nationwide volunteering service for sport and physical activity might be developed through the local sports partnerships. Agencies should come together to promote the professional training of volunteers. Existing organisations such as Volunteering Ireland could support such a venture. “Volunteering Ireland is very keen for more local volunteering projects to be set up around the country and is available as a resource for those who wish to do so” (www.volunteeringireland.com).

Education and training

- 1) Curricula in schools should be constantly monitored, evaluated and amended until PE literacy becomes a reality in Ireland. Parallel to curricular changes in schools is the need for appropriate changes in the education and training programmes for physical education teachers and coaches.
- 2) How to effectively implement the comprehensive NCCA draft guidelines for teachers of students with learning difficulties (2002) should be studied and teacher training around the use of guidelines introduced. This might be done through the provision of training for teachers on the guidelines and could be achieved in a number of ways e.g. a visiting service to train management and staff on their use.
- 3) Mandatory modules on inclusive/adapted physical activity (APA) could be introduced into all pertinent third level courses - physical education, leisure and recreation management etc. The PEAI, the HEA, the Dept of Education and Science, the IAPAA and all other relevant bodies should work together to ensure that the necessary changes in education and training are planned for and implemented so that teachers develop the capacity to deliver inclusive physical activity and sport.
- 4) Disseminate the achievements of best practice from third level colleges where students do mandatory Inclusive/Adapted Physical Activity modules.
- 5) Disability Awareness Training should be mandatory for all staff in childcare and leisure and play settings. Educate everyone for access and inclusion so that access, adapted programmes and activities that meet the needs of people with disabilities can be provided. This means training and education for all those who provide services so that they have the relevant knowledge and training on the specifics of children and adults with disabilities and special needs so that they can facilitate their participation by addressing their needs.

- 6) The Irish Adapted Physical Activity Alliance (IAPAA) should be supported in the development of Inclusive Physical Activity/ Adapted Physical Activity as an academic discipline in Ireland. Third level institutions in Ireland who are pioneering the way in Inclusive/Adapted Physical Activity and have practical and theoretical expertise in Inclusive/Adapted Physical Activity could collaborate and partner other third level institutions at home and abroad in order to develop this discipline.
- 7) Career guidance teachers can inform students with disabilities on careers in sport and leisure fields and can encourage those who are interested to seek training and employment in leisure and sport. Gyms, leisure centres and LSPs can actively recruit staff with a disability.
- 8) It is important that a wide range of professionals develop knowledge and expertise around the provision of individually tailored pathways in physical activity and sport.
- 9) All National Coaching and Training Programmes and National Governing Body (N.G.B.) programmes should have disability awareness training including a module on coaching people with disabilities in their coaching programmes.



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Appendices

APPENDIX 1: Questions used in interviews and focus groups and as background for review of literature

- What are the reasons for participating/not participating in physical exercise and sport?
- What are the barriers and incentives to participation?
- What are some of the good/positive experiences and bad/negative experiences that you have had in terms of physical exercise and sport to date?
- How important were others -role models - important to you in deciding whether or not to participate? Who? What did they do? Were they on TV? Books? Knew them? Family?
- What would you like to see happening in the field of sport and physical exercise/education for people with disabilities
- What would be the perfect situation for you now? when you were younger?
- Any other comments, opinions and suggestions re quality experiences in sport/physical exercise for people with disabilities? What is the relationship between physical activity and health for persons with and without a disability?
- How do participation rates in physical activity compare between persons with and without a disability?
- To what extent are children and adults with a disability able to engage in physical activity and in the active leisure pursuits and sports of their choice?
- What are the needs, wishes, suggestions and recommendations of people with disabilities?
- What is the scale of unmet need in Ireland and what measures are being taken to address needs?
- To what extent are parents, teachers, gym instructors, leisure centre managers, physiotherapists and others able to adapt, modify or change a physical activity so that it is as appropriate for a person with a disability as it is for a person without a disability?
- Are all relevant third level courses providing their students with the appropriate education and training to provide inclusive physical activity curricula and active leisure pursuits?

- Are there advisory agencies/ consultants available to teachers already trained and who are having difficulty with the inclusion of all pupils in their Physical Education programmes? How should PE teacher, leisure managers and community coaches update their skills?
- What resources are being allocated to make sport and active leisure inclusive?
- What opportunities for active leisure and sport for people with disabilities have been opened up through the work of the Irish Sports Council (ISC)? What role has the Irish Sports Council (ISC) in ensuring that National Governing Bodies (NGBs) for sports find the resources and implement strategies that will help them cater for the needs of people with a disability? Does the ISC support sport and leisure NGBs to plan to include people with disabilities in their activities and to outline such plans when applying for funding from the ISC?
- Is there a division of responsibility between the sports NGBs and the disability-sport NGBs and if so what is this division? Is there overlap in the work that is being done by the various disability sport NGBs and, if so, how can this duplication be eliminated and their work strengthened and made more effective?
- What more must be done to ensure constant progress towards no exceptions everybody active?

APPENDIX 2: Letter, explanation and consent form for focus groups

The importance of physical activity and sport for individuals and for society

Dear Sir/Madam

Jan 2005

The National Disability Authority is carrying out a study on the importance of physical activity and how participation by everyone in physical activity might be facilitated and increased. We have looked at studies in Ireland and in other parts of the world on physical activity and sport and we have interviewed people working in the area of education, leisure and sport in Ireland.

We would now like to carry out a number of focus groups around the countryside with people with disabilities (or individual interviews in person or on the phone where preferred) in order to discuss experiences, both good and bad, around physical activity and sport, any barriers to participation, and observations, suggestions and preferences regarding participation in regular physical activity and sport. It is hoped that individuals will find participation in the focus group useful, informative and enjoyable.

(A focus group is where a group of people, usually between 5 to 12 people, come together to discuss a particular issue for about an hour and where notes are taken of the opinions, experiences expressed and concerns and suggestions raised - there is often one/two people who facilitate the discussion and, sometimes, another person who takes notes. The meeting is often recorded in order to facilitate accurate recording of discussion.)

The information collected will be of importance in the planning and development of appropriate physical activity policies and services.

Confidentiality is assured. Participation in the study is entirely voluntary and you can freely decline to participate without giving any reasons. You may have queries about particular aspects of the study and we would be happy to answer any queries you may have.

If you are interested in participating please fill out the consent form that accompanies this letter. Thank you for your time.

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Frances on 086 1798592

Explanation and Consent Form

The importance of physical activity and sport for individuals and for society (NDA, Dublin)

As part of the above study on physical activity and sport and how participation by all might be facilitated and increased we wish to hold group discussions (focus groups) with people with disabilities, or with parents of children with a disability, to find out their views, experiences, suggestions and comments on physical activity/sport and what would encourage, facilitate and increase participation.

Participation in a focus group will involve discussion on the above topic for about 60 minutes. The focus group will be held in an accessible venue. There will be one or two persons who will facilitate the group discussion and possibly another person who will take notes. Where possible the discussions will be recorded using a tape recorder. All responses during the focus group will be treated as confidential and, in no case, will responses from individual participants be identified. The tape will be destroyed once transcription of the discussion has been completed. If participation in a focus group is not possible or desired we would like to elicit your personal views in a one to one exchange in person or by phone if you would like to do this.

Confidentiality is assured. Participation in this study is entirely voluntary and you can freely decline to participate without giving any reasons. Participants may also withdraw from the study at any time without giving any reasons

After reading the following five statements please indicate whether or not you would like to participate in this study by ticking the appropriate box and by signing the form and the date on which you signed and by getting someone you know to sign the form as a witness. If you wish to participate please provide a contact number/email address

- I understand that I will participate in a focus group for around 60 minutes.
- I understand that my participation is completely voluntary, and that I am free to withdraw from the study at any time I choose.
- I understand that this study is not expected to involve risks any greater than those ordinarily encountered in daily life.
- I understand that the results of this study will be coded in such a way that my identity will not be physically attached to the final results.
- I understand that the results of this research may be published or reported to government agencies, other agencies, or scientific groups, but that my name will not be associated with any published results.

I would like to participate in this study

Yes No

(Please tick appropriate box)

I would prefer an individual interview/discussion

Yes No

(Please tick appropriate box)

Signature of participant:

Date:

Signature of witness:

Date:

Contact phone no:

Email:

APPENDIX 3: Clarification of terms and concepts

Health

The Constitution of the World Health Organization (1946) describes health as: ‘a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity’. This definition has its obvious limits.

The Ottawa Charter, prepared at the Second World Health Organization International Conference in 1986, defined health more broadly as: ‘the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources, as well as physical capacity’. This second definition emphasises the need to focus on the essential conditions and resources that protects the basic rights of all people. Gains in a whole range of linked goals (health, justice, quality of life) will occur when the essential conditions for all are addressed. These include nutrition, housing, education, suitable work, income, sustainable resources, social justice and equity. A secure foundation for all in these basic elements is the essential work of governments, health promotion initiatives etc.

Inclusion, Participation, Independence and Interdependence

Inclusion

In a study of teenagers with a disability, Murray (2002) found that they defined inclusive leisure primarily around mutually enjoyable relationships, going to places they wanted to go to and with the people they wanted to be with. Inclusion is welcoming and accommodating people with diverse needs and focuses on removing environmental, attitudinal and institutional barriers to access and participation (Davis, 2003). It is about facilitating appropriate participation i.e. the kind of participation wanted by the individual as most beneficial to him/her; participation according to need.

The concept of inclusive education, whether it is childcare/ early childhood, primary education, secondary or tertiary education or ongoing professional education or adult education, is about taking into account the needs, strengths and weaknesses of each student. “Young people want normality, and in school terms this means the freedom to spread their wings academically and socially, in the company of their peers, in an educational context that expects all of them to be stars” (Kenny et al, 2005, p.235).

Inclusive approaches to physical activity focuses on each person's abilities. They start from where the person is at.

The National Coaching Development Programme (NCDP) of the NCTC is developing a model of the long-term player/athlete that is person-centred. It is also seeking the greater integration of persons with a disability into sport and coaching. An NCDP Inclusion Working Group is in place to advise on the development of this goal. The group has representatives from IWA-Sport, SOI, CPSI, IBS, FAI and NCTC and a place available to IDSA (Declan O' Leary, Presentation, 2nd APA Conference, Killarney, May 2005). This NCDP Inclusion Working Group is to work in the context of developing materials for use by NGBs, tutors and coaches in the delivery of coach education courses. The sub-group's rationale include that the education of coaches in relation to inclusion should occur in the context of the general NGB coach education; at all times the emphasis should be on what the person can do and not on their disability; coaches should be able to include people with disabilities but are not expected to become specialist coaches; as a coach progresses on the coaching ladder they will develop a greater ability to integrate people; the concept of individualisation and integration should be introduced early on coach education courses and be linked to other topics as the course progresses; following on from this when there is a focus on planning, organisation skills and practical coaching, coaches could consider how to include all people/adapt practices to suit players/athletes; for coaches who develop an interest in specialising in the coaching of people with disability, the option of further education the area should be available.

The NGBs of disability sport can play a supportive role in developing policies and practices to involve people with a disability in the work of a sport and the education of coaches through that NGB's coach education scheme and courses. (Declan O' Leary, Presentation, 2nd APA Conference, Killarney, May 2005).

Inclusive Physical Activity

Learning how best to meet individual needs has produced new approaches and activities and has given rise to Inclusive or Adapted Physical Activity (APA). What is the difference between physical education and inclusive or adapted physical education? Physical education is “the development of: physical and motor skills, fundamental motor skills and patterns (throwing, catching, walking, running, etc) and skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports)” (US Federal Law definition in www.pecentral.org). The curriculum document on the Primary School Sports Initiative by the Dept of Education in Ireland

states, “physical education provides children with learning opportunities through the medium of movement, and contributes to their overall development by helping them to lead full, active and healthy lives.”

The European Association for Research into Adapted Physical Activity defines Adapted Physical Activity (APA) as “a cross-disciplinary body of knowledge directed towards the identification and solution of individual differences in physical activity. It is a service delivery profession and an academic field of study that supports an attitude of acceptance of individual differences, advocates enhancing access to active lifestyles and sports, and promotes innovation and cooperative service delivery and empowerment systems. Adapted physical activity includes, but is not limited to, physical education, sports, recreation, dance and creative arts, nutrition, medicine and rehabilitation” (The European Bulletin of Adapted Physical Activity www.bulletin-apa.com⁵).

“Adapted Physical Education is developmentally appropriate physical education at its finest. It is adapting, modifying, and/or changing a physical activity so it is as appropriate for the person with a disability as it is for a person without a disability. Change the word "adapted" to "modified" and you get the idea of Adapted Physical Education. It is GOOD teaching that adapts (modifies) the curriculum, task, and/or environment so that ALL students can fully participate in physical education” (American website for health and physical education: www.pecentral.org).

APA is based on adaptation theory “the art and science of managing variables so as to achieve desired outcomes” (Sherill, 1997, p.60). Biological and psychosocial sciences as well as best practice make up the knowledge base of this growing field of expertise. The relevance of APA is wider than its applications within PE programmes and its links with PE and sport science. It also draws from and is linked to other professional areas including physiotherapy, occupational therapy, motor rehabilitation, paediatrics, recreation, psychology etc. (Meegan, 2002, www.kuleuven.ac.be/thenapa/education/comparative/Ireland).

The term Adapted Physical Activity (APA) was introduced in 1973 when Belgian and Canadian Colleagues founded the International Federation of APA (IFAPA). IFAPA held its first international meeting in Quebec in 1977 and its second in Brussels in 1979. The first international attempt to define APA was made at the 9th International Meeting in Berlin in 1989 by Doll and Teppler. They defined APA in a multinational perspective. “APA refers to movement, physical activity and sport in which special emphasis is placed on the interests and capacities of individuals with limiting conditions...” (CD-Rom, THENAPA, 2003).

5. The European Association for Research into Adapted Physical Activity promotes joint European projects in the area of adapted physical activity and was established with European Commission funding. The European Bulletin of APA is published four times a year as an electronic journal.

APA addresses individual need ranging from the most basic physical activity to elite sporting needs. The goal of APA professionals is to empower all individuals to participate in physical activity through out their lives. “We value and promote physical activity as a means of recreation, sport, therapy, fitness...” (CD-Rom, THENAPA, year).

In Ireland APA is provided by a range of bodies including the NCTC, the IWA, Paralympic Council and SO Ireland. It is also provided by clubs, gyms, community centres, residential centres, day care centres and as part of rehabilitation in the CRC, the DunLaoghaire Rehabilitation Centre and Cerebral Palsy Ireland (Enable Ireland). University of Limerick (UL), Institute of Technology, Tralee and Waterford Institute of Technology (WIT), Inchicore College of Further Education and Dublin City University (DCU) are among the institutions that provide APA education and training.

Pathways in sport and physical exercise

In simple terms a pathway is a tailor-made individualised programme that aims at development and progression. It is based on best available scientific evidence on the stages in the development of physical activity expertise. It is adapted to an individual's biological and chronological age, current skills, talents, needs, circumstances and inclinations. The purpose of a plan is to help individuals reach their potential. Everyone can benefit from a pathways approach. It is not only elite athletes who can benefit. Recreational, club level and elite disabled athletes can all accrue benefits from a pathways approach. A distinction can be made between individual pathways and competitive pathways in physical fitness and sport. Whilst everyone can devise and follow an individual pathway not everyone has the inclination or talent or circumstances to pursue competitive pathways. To provide pathways that prepare people for long-term involvement in sport and that develop players and athletes, PE teachers, coaches etc need to be trained in the approach. Organisations providing physical activity services also need to develop expertise in the pathways approach. Both the IWA and Special Olympics Ireland are currently taking steps towards developing pathway models.

In its' consultation paper, Building Pathways in Irish Sport (prepared by the Technical Advisory Group of the NCTC, 2002) a Long-Term player/Athlete Development model is proposed, a model that has also become the foundation for many sports and sport systems including those of England, Scotland and Canada. There are six steps in the model with the first two phases providing the foundations for life-long physical activity and for competitive sport performances, highlighting the significance of physical literacy and comprehensive physical education and school sport programmes in the early school years.

The steps are as follows:

- Fundamental (6-9 years)
- Learning to train (9-12 years)
- Training to train (12-16 years)
- Training to compete (16-18 years)
- Training to win (18 years or older)
- Retirement/retainment.

The first two phases that are of such critical importance in terms of physical literacy and as a basis for engendering high performance athletes are both weak in Ireland. In the first phase, the focus is on enjoyment whilst in the second phase the focus is on developing particular skills. The third phase includes learning about nutrition, physiology, the hours of training required etc. In training to compete players learn to win and to lose and to analyse why they won or lost in order to learn and to develop. In the final phase there is a change in focus from competition to maintaining fitness.

Independence and Interdependence

Hardin (2002a, 2002b, 2003) shows how in American culture (similar in many ways to England and Ireland) mobility impairment is interpreted as a dependency that contrasts negatively with the premiere cultural values of independence and individualism. This contrasts with the views of young people with disabilities where independence is seen as being enabled to reach their full potential and to be allowed to participate but not as being able to be “an island”, going it alone. Young people with disabilities defined independence as the opportunity to stretch themselves to the limits using appropriate support wherever needed to attain their goals (Murray, 2002). They did not indicate that support was a negative thing but, on the contrary, it facilitated new adventures (Murray, 2002). This definition of independence includes the notion of interdependence, which, according to Covey (1994), is a higher and essential form of living, working and communication, leading to real achievement in all areas of life. Other projects that have collected the views of disabled children and young people show that children and young people want support and equipment that would enable them to go out with their friends and belong to clubs and go to local parks and to pubs (Shelley, 2002).

Mitchell and Sloper (2001) from the Social Policy Research Unit, University of York, conducted focus groups with disabled children and with parent carers around what services are most valued by children and their families.

Four key themes were identified: relationships - respect friendships and nurture them; community links - services which allowed them to go to and enjoy local amenities as well as services which enabled them to participate in activities; personal development - encourage choice making and weave personal self-development with fun; attitudes and approach - how personnel perceived and treated them and in particular how staff made them feel welcome and part of the service (Shelley, 2002).

Participation

While persons with disabilities may participate in a different way from others the important question is whether their participation is facilitated. Persons with disabilities can have conditions at the level of impairment (e.g. a sensory impairment or a difficulty with a muscle or joint or with movement control) that affect the way they participate in physical activity. They can have a difficulty at the level of function (e.g. with movement there can be a difficulty with walking, standing or maintaining head control). The difficulty can also be at the level of participation - they are not allowed to participate because they are excluded by inaccessible physical and social environments and by negative attitudes. They may not be welcomed or invited to participate.

Some young people with disabilities defined participation as being present at the same time as others welcomed their presence. However, they and their parents recounted experiences of going to organisations and, if they did not join in and participate in the same way as others, their presence was questioned (Murray, 2002). Participation then includes being open to everyone. It includes welcoming others and appreciating diversity. It is realising that everyone has an important role to play and has something to contribute. Young people with disabilities did not see participation as necessarily always doing something but rather as being where one wants to be. "Participation was placed within the realms of relationship. Such a definition - participation as positive interaction between people - opens the door to a very different experience for young disabled people presently perceived as being unable to participate. It also allows for increasing the possibilities of the building of relationships between disabled and not-disabled young people. Just as disabled young people need the opportunity to be present, so, too, do non-disabled people require their presence if they are to learn that impairment is an ordinary part of human life" (Murray, 2002, p.23).

Physical Literacy

Bickerton (2005) in an article entitled 'Learning to Move' explains what physical literacy is and why it is important. Physical literacy is not naturally acquired or genetic. It is

taught. This means that the fundamentals of movement are developed through appropriate teaching opportunities for learning and attainment. While some young people enjoy physical activity more than others and quickly build up their physical literacy with the right opportunities and coaching, “everyone can attain a base level of physical literacy that allows them to make a more informed choice about participating in sport, based upon real preferences, rather than on ones imposed upon them as a result of failing to hurdle the barrier to successful sports skills acquisition” (Bickerton, 2005, p.2)

All sports are made up of fundamental movement skills such as running, jumping, striking and catching. These fundamental movement skills are underpinned by the fundamentals of movement: agility, balance and coordination (ABC's). When a young person bypasses the ABC's of movement (Jess et al, 2004), they are likely to encounter what is known as a sport skill proficiency barrier (Bickerton, 2005 citing Stratton et al, 2002). This inability to effectively execute sport skills leads to low self-perception and feelings of frustration.

Studies show that many introductory physical activity experiences have serious shortcomings. They either focus predominantly on sports-specific technical development or alternatively adopt a fun-at-all costs approach to physical activity and sport (Bickerton, 2005 citing Kirk, 1992). Introducing sport-specific skills such as a backhand in tennis at a very early age is potentially overwhelming for the young person. Sports-specific skills are complex movement patterns that need to be broken down and introduced progressively. “To attempt to introduce a sports-specific skill to a young person that is yet to master the fundamentals of movement is akin to teaching Pythagoras Theorem to someone who cannot count” (Bickerton, 2005, p.1). On the other hand to omit any instruction at all by simply introducing a game and allowing it to develop its natural course is equally unproductive. This leads to a lack of accountability for learning and skill progression (Bickerton, 2005 citing Stafford, 2005).

Elite athlete

A google web search suggested the following definition: an elite athlete is defined as one who has represented his/her country or played at the highest level in their sport.

An athlete who has played senior inter-provincial rugby or senior inter-county football could be considered an elite athlete (www.dkit.ie). Elite athletes are individuals who have taken the sport to the next level. They dedicate a great portion of their lives to being the best that they can be. Some elites train and compete full time. Some hold part-time and full-time jobs outside of the sport, using their spare time to train (<http://www.usatriathlon.org>).

In some countries universities give scholarships to elite athletes - students with and without disabilities who are considered to have sporting talent. In Australia elite athletes are defined as those who have been recognised as such by one of the countries major sporting associations such as the Australian Institute of Sport or the academies of sport (www.ecu.edu.au). "Surely winning cannot be the measure of an elite player. Winning is nothing more than an incidental by-product of being an elite player. I define elite judo players as the players in regular contention for the medal positions at the highest levels of competition" (<http://judoinfo.com/weers6.htm>).

APPENDIX 4 International and European level efforts towards equalisation of opportunity for people with disabilities

The United Nations

The 1993 United Nations' Standard Rules on the Equalisation of Opportunities for Persons with Disabilities stated that member states should take measures to ensure that persons with disabilities have equal opportunities for recreation and sports

- States should initiate measures to make places for recreation and sports, hotels, beaches, sports arenas, gym halls, etc., accessible to persons with disabilities. Such measures should encompass support for staff in recreation and sports programmes, including projects to develop methods of accessibility and participation in formation and training programmes
- Persons with disabilities participating in sport activities should have access to instruction and training of the same quality as other participants
- Organisers of sports and recreation should consult with organisations or persons with disabilities when developing their services for persons with disabilities

There is an ongoing consultation towards the development of an International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (the UN Assembly established an Ad Hoc committee to consider proposals for this convention. The sixth session of this committee was held in New York in August 2005). There is a Draft Article deals with participation of people with disabilities in cultural life, recreation, leisure and sport.

Article 31 of the UN Convention on the Rights of the Child (adopted in 1989, and “enforced” in 1990) recognises “the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.”

World Summit on Physical Education

The World Summit on Physical Education (1999) reinforces the importance of Physical Education as a life long process and as particularly important for every child as articulated in the International Convention on the Rights of the Child (1989): all children have a right to: (1) the highest level of health; (2) free and compulsory primary education for both cognitive and physical development and (3) rest and leisure; play

and recreation. The Berlin Agenda (1999) was formulated at the World Summit on Physical Education and called for Action by governments and ministries responsible for education and sport to implement policies for Physical Education as a human right for all children; to recognise that quality Physical Education depends on well qualified educators and scheduled time within the curriculum both of which are possible to provide even when other resources like equipment are in short supply; to recognise the distinctive role of Physical Education in physical health, overall development and safe, supportive communities and to recognise that failure to provide Physical Education costs more in health care than the investment needed for Physical Education (www.peai.org/policy/PEAI_Strategic_Plan).

In the same year, 1999, the Declaration of Punta Del Este was adopted at the third international conference of Ministers and Senior Official responsible for Physical Education and Sport held in Uruguay. The purpose of the declaration was to mobilise governments, inter-governmental and non-governmental organisations throughout the world. It urged donor countries and international financial bodies to recognise sport and physical education as powerful tools for development. They could contribute to reducing the gap between the developed and the developing countries. Resources should be provided for this through official development. The Declaration underlined the importance of UNESCO as a focal point for sport and physical education in the United Nations System. The ministers requested UNESCO's support for the inclusion of physical education and sport as Human Development Indicators by the United Nations Development Programme (UNDP) at the same level as education, health and the environment (www.peai.org/policy).

The European Union

Sport is a major economic and social phenomenon in the European Union. While it is primarily Member States and sporting organisations who take responsibility for sporting matters, sport became a Community competence through the Constitutional Treaty adopted at the European Council of 17th and 18th June 2004. The European Council is contributing to the debate around sport and in particular around sport and social policy, sport and equality, sport and public health and sport and youth.

The Nice European Council (2000) drew attention to sport's "social function in Europe, of which account should be taken in implementing common policies". "It is only by means of an integrated strategy that we will be able to truly achieve equal opportunities and make full use of the potential of persons with disabilities. This is why policy on disabilities today focuses on the potential to participate in society and on respect for human rights. How does sport fit into this context? Sport for persons with

disabilities can be looked at from two angles: in terms of Community policy for person with disabilities and in terms of the purely sports-related aspects. Sports can help to increase awareness of the problems that exist. It can, for instance, play a significant role in achieving an inclusive, barrier-free society, it can be a factor for social integration, it can help to pave the way to employment” (<http://europa.eu.int/comm/sport-and/disability>).

The European Commission Declaration on sport adopted in Nice (2000) calls upon the Community Institutions to take account of the educational value of sport in its actions and demands that the social and cultural dimensions of sport should feature more prominently in national and European policies (<http://europa.eu.int>). This was a decisive step towards taking sport into account at the community level.

The Council of Europe (1987) stated that children with a disability must have the same rights as non-disabled to be introduced to sports and physical education in schools. The European Council proposed and the European Parliament ratified the year 2004 as the European Year of Education through Sport (EYES) with the purpose of promoting sport as an educational tool and to rebuild the image of sport in society. This initiative was launched in January 2004 in Ireland, running an award scheme to recognise and reward the contribution of clubs and groups in using sport as an educational tool that is open to groups ranging from youth groups to senior citizen groups.

The association of sport with improvement of public health of the European citizen and its role in combating obesity and other nutritional disorders is also acknowledged. This particular role of sport and physical activity is receiving much attention by governments and other public agencies as the benefits in terms of health and economic savings are enormous.

APPENDIX 5 Some Examples of Best Practice

In this appendix a few examples of best practice are given ranging from a dance company's policy to books that illustrate the abilities of people with disabilities. On pg 37 of this report the example is also given of an innovative social and recreational community service (Brennán Services in Kerry).

The Candoco Dance Company includes members who do not have four limbs. Functional limitations do not keep them from participating in what they want to do (Oliver, 1998).

Shelley (2002) gives examples of good practice in order to raise awareness of what others are doing to facilitate increased participation and increased quality in physical activity and sport opportunities. Glasgow City Council conducted a major survey on leisure opportunities for children with a disability. Based on this, the Council began a rolling programme from 2002 of training and support to the eight local community action teams across the city to strengthen their knowledge and awareness of how to work with and communicate with children and adults with varying disabilities.

Birmingham's Children Fund decided to increase accessibility of play and leisure services by funding a voluntary organisation to recruit, train and develop a team of Inclusion Access Workers who will be able to empower disabled children aged 5 - 13 years to access a range of leisure and play activities. Local Councils offer concessions e.g. Leicester City Council provides leisure passes which entitles Carers on benefits including invalid carers allowance up to 50% concession on activities provided by leisure centres. It also entitles them to concessions from other organisations including schools, restaurants and hairdressers (Shelley, 2002).

Further away, Shelley highlights Disneyland Paris as being an inclusive place: "I can heartily recommend Disneyland, Paris for children with physical and learning disabilities. There is a disabled pass allowing immediate access to rides, there are special boats to allow wheelchair access and they will happily stop rides to allow non-mobile guests to board.... you are made to feel at ease and that this service is just part of their normal service and you do not feel a nuisance... a wonderful place to go if you have a disability" (Shelley, 2002, citing a dad).

Mitchell and Sloper (2001) state that examples of successful practice are identified in The Children's Society's evaluation of work on inclusion. *The Student Scheme: PACT*

Yorkshire involves student volunteers from local universities linking with families and providing assistance such as helping a young person access local leisure facilities. *SPACE (Suffolk Partnership Achieving Choice and Experience)* enables disabled young people to socialise with non-disabled peers by supporting access to local community and leisure facilities. Key factors in such schemes are: involvement of disabled children and young people in service planning with a focus on ordinary activities, such as going out with friends, enjoying family outings the presence of disabled children in community environments, which can itself changes social attitudes.

Kidsactive is a registered charity in England whose purpose is to develop play opportunities for children with disabilities and special needs. It started as HAPA in 1970. It runs five adventure playgrounds in London for children with disabilities, their siblings and other children in the locality. It provides an information service on all aspects of play and disability (www.kids-online.org.uk).

Inclusive/Adapted physical activity programmes

An increasing number of gyms and leisure centres are offering inclusive physical activity services to clients.

Dublin City University is the only Irish University with a sports officer for people with disabilities. The gym has dual use equipment and provides inclusive and integrated physical activity programmes.

Adapted programmes are provided around the countryside including Swim Inclusive in the Sports Complex (the Arena) in the University of Limerick and the Adapted Physical Activity Programme in the Institute of Technology in Tralee. This latter Community Adapted Physical Activity Programme (APA) for people with disabilities is provided in partnership with many different services that cater for a wide range of people with disabilities living in County Kerry. It began in 1997 and is run by the Dept of Sport Science in the ITT (staff, sport science students and other student volunteers from the IT, Tralee). This programme provides students pursuing Health, Fitness and Leisure Studies, as well as other students in the Institute, with the opportunity of working as volunteers on the adapted physical activity programmes.

The Institute of Technology in Tralee supports the Adapted Physical Activity programme in the IT, as part of its contribution to the local community. The Institute pays for the fulltime and part-time staff required to run the programme. A total of 34 students organise and run twenty different sessions which takes place each week

catering for more than 100 adults and children with disabilities. The activities taught as part of the adapted physical activity programme include swimming, goal-ball (a court game played by the visually impaired), basketball, soccer, fitness, unihoc, soccer and motor skills and aqua therapy since 2003 that involves therapeutic exercises in water to increase strength, mobility and muscle function.

The emphasis of the programme is on ability not disability and in providing quality sessions for each client no matter what their ability level is. At the present time this programme is not an integrated one but is provided only for people with disabilities. Clients are referred to the programme by both physiotherapists and occupational therapists. Organisations catering for the needs of people with disabilities in the area have all increased the number of sessions and/or the number of clients attending those sessions over the past six years. The success of the programme is due in part to engagement and co-operation with disability organisations 'You offered us the opportunity we didn't have to fight for it' (Comment from parent of child with Downs Syndrome in programme) (personal communication).

The Dept of Sport Science in the ITT has organised the first two national adapted physical activity conferences in Ireland. The aim of these conferences is to give impetus to the coordination of efforts at a national level and to formulate policies, strategies and frameworks that will increase access to quality participation in sport/physical exercise for people with disabilities. Arising from the first conference, *Everybody Active: A Right to Access* (2003), an Irish Adapted Physical Activity Alliance (IAPAA) was established (2003) to act as a forum to catalyse and coordinate a coherent approach to the provision of adapted physical activity in physical exercise programmes, leisure activities and sports and to lobby for the resources and mechanisms that will ensure that the physical activity needs of people with disabilities are met. Professor Claudine Sherrill, a leader internationally in creating and shaping a profession and academic discipline of adapted physical activity since the late 1960's addressed the first conference. The second conference, *Getting it Right*, was held in May 2005.

Special Olympic Games 2003 in Ireland

The experience of participating in activities and working side by side with people with disabilities is a fundamental way of changing prejudices. The Special Olympic Games in Ireland in 2003 provides a case in point. "It was the first time the Games were held outside the United States and they provided us with the largest international sporting event in our island's history. There were some 7,000 athletes, 3,000 coaches/delegates and 28,000 families and friends at the Games. It is estimated that over 40,000

international visitors came to Ireland specifically for the Games and that the event brought in the order of €35 million into the Irish economy as well as placing Ireland in the centre of the world's gaze for ten memorable days in June" (<http://www.arts-sport-tourism.gov.ie>).

The Games provided an opportunity to change people's outlook towards people with learning disabilities. The Government and the Bank of Ireland, the major sponsor of the games, supported early advertising campaigns to create an awareness of the games and to communicate an image of excitement, optimism and interest in them that brought many people on board including other sponsors. The Special Olympics organisers raised €60 million with €20 million of the support coming in services in kind. The whole country was used for a host town programme (this is the first time that this has been done anywhere in the world), a strategy aimed at involving the whole island and as many people as possible in the organisation of the Games.

European Year of Education Through Sport 2004 (EYES 2004)

EYES 2004 was a European Commission initiative. The Department of Arts, Sport and Tourism and the Department of Education and Science jointly operated the initiative in Ireland. One of the main aims of EYES was to encourage lifelong participation in physical activity (Report, EYES 2004, National Coordinating Body). It offered opportunities for individuals to try alternative sports/physical activities and it targeted known low-participation groups e.g. women, the elderly and people with disabilities.

€6.5 million was made available to groups across Europe who wished to carry out projects that promoted the aims and objectives of the year. Seven Irish projects received total funding of almost €122,000. One of the successful projects was THENAPA which received funding of almost €20,000. This project was led by the Catholic University in Louvain, Belgium and focused on the provision of sporting opportunities for people with a disability. THENAPA (Therapeutic Network for Adapted Physical Activity) was the lead organisation and the Irish partner in this network was based in the University of Limerick. The aims of the project were to translate and distribute an existing CD-ROM into several European languages and also to set up a European website for all disability organisations. Two of the seven projects funded by EYES 2004 have plans to continue their work in 2005: the EduSport project (Finglas Sports Partnership) and the On Top of the World project organised by Arklow Community Enterprise. (Report, EYES 2004, National Coordinating Body).

The EYES 2004 Award was aimed at highlighting the themes of the year to groups outside of the formal education system (Report, EYES 2004, National Coordinating

Body). The awards aimed to recognise the contribution that sport and physical activity can make to our lives through non-formal learning. Minister O'Donoghue presented the awards in February 2005. It was not about finding the most successful sporting club or the group with the best facilities, it was about finding the group or association that uses physical activity and sport to encourage as many people as possible to take part and does its best to ensure a positive experience of involvement. 50 applications from Community Games Committees, Active Age Groups, youth clubs, sporting teams and organisations, residents' committees and community groups were received. Six groups were short-listed and each received an award of €2,500.

One of the successful groups was the Kenmare Special Needs Group. This group caters for people with special needs of all ages and has developed a swimming programme for its members and their families. This programme is designed to enable those with special needs to take part in the swimming sessions with their siblings and parents, which delivers huge psychological and physical benefits to the entire family. In addition to swimming the group also provides the opportunity for participants to take part in Dance/Movement Therapy and Physical Education classes. By tailoring each activity to individual needs, the focus is very much on ability and not disability (Communication with Department of Arts, Sport and Tourism and Report, EYES 2004, National Coordinating Body).

European Year of People with Disabilities (EYPD 2003)

In 2003, the European Year of People with Disabilities, Euro 490,000 of grants were awarded to promote projects in Ireland on youth and disability, rights, awareness raising and partnership and employment. The ESB community games embarked on training, recruitment and awareness raising campaign to ensure the inclusion of volunteers and participants with disabilities in their activities. They carried out an audit of all sporting activities and produced a handbook on involving those with a disability in sporting and cultural activities (www.able.ie).

Initiatives funded independently or as EYPD projects include buddy schemes in sport and leisure in Longford and Roscommon, a sensory Garden and Walls in the National Botanic Gardens, Glasnevin, a Community Sensory Garden in Nenagh and a Multi Sensory Wall in St Cecilias School in Sligo. This latter project was entitled "Same and Different" and involved 70 children from three national schools. These worked together during the summer of 2003. There were fifteen one-hour workshops with art, drama music and discussion to generate ideas designs and artwork for the wall itself and three all-day work-shops by two artists.

Adapting Sports - Tall Ships Designed for all

The Lord Nelson and the new Tenacious are tall ships that are purpose-designed to enable a crew of mixed physical abilities to sail side by side on equal terms. These ships are owned and operated by the Jubilee Sailing Trust (JST), a charity that promotes the integration of people of all physical abilities through the challenge and adventure of tall ship sailing (www.jst.org.uk). The facilities on board the ships illustrate what can be done to be inclusive.

The facilities on board both JST Tall ships include:

- Flat, wide decks which facilitate access for wheelchair users.
- Lifts between decks for those with limited mobility - these can be operated by the user.
- A stair-lift of the type used in the home.
- Vibrator pads fitted to the bunks which alert people who are deaf or hard of hearing in the event of an emergency.
- An induction loop fitted in the lower mess room to assist those with hearing impairment during the briefing sessions.
- Wide aisles below decks and low-level fittings.
- Guidance track on deck to help blind and visually impaired crew remain central.
- Tactile pointers around the handrails on deck which indicate the direction of the bow and the stern.
- Bright track radar screen.
- Speaking compass with digital readout screen which enables blind people to steer the ship.
- Signs in Braille.
- Tactile surfaces at the top of stairways to alert blind crew.
- Power assisted hydraulic steering which makes it easy for people with little strength to steer the ship.
- 'Unwin' fixing points throughout the ship so that wheelchairs can be secured during rough weather.

In 2004 the Lord Nelson finished and began cruises in Cork. “There is always a real mix of novices and experienced sailors amongst the voyage crew on each trip. Of the 40 or more members of the crew, 20 may have a physical disability, including up to 8 wheelchair users. Once on board each voyage crew member is paired up (buddied)

with someone else, although those with a severe disability are encouraged to bring their own 'buddies' who has experience in helping them.” They are operated by a charity, the Jubilee Sailing Trust (JST), which has been in operation since 1983 (www.sailforce.ie/240204).

At the APA conference in Killarney (2005) a Kerry woman who is an experienced sailor and has taken part in Tall Ship Racing gave the attendees her experiences of sailing and of inclusion. Some of these experiences are accessible at <http://www.sailforce.ie>. As an active member of a local sailing club her experience of inclusion is as follows:

- I need assistance launching and getting my topper back up the slipway.
- Inclusion is happening in terms of the support and respect that other members show me.
- Many of the younger members come to me looking for assistance in relation to setting their rig on their toppers
- I am actively involved as a member of the Dinghy Committee and help out with the coaching of our Oppie sailors at the weekends.
- The Sailing Club is very open to learning more about how it can make its facilities more accessible to people with disabilities who are interested in sailing.
- I love sailing as it is the nearest thing to freedom in my life experience so far. I have a lot of sailing experience from dinghies to yachts, including a number of voyages on the Irish Tall Ship, the Jeanie Johnston (our famine replica ship). (<http://www.sailforce.ie/240204.html>)

Adapting Sports -Trail Orienteering

Conventional orienteering combines fast running with precise navigation, typically through forests or over moorland. Trail Orienteering (Trail O) is a discipline of the sport designed so that people with disabilities could have meaningful orienteering competitions. It completely eliminates the element of speed over the ground, but makes the map-interpretation element much harder. Able-bodied people can compete on equal terms with the disabled. (<http://www.trailo.org>). Irish trailo championships have been held for a few years but there are not yet many routine events.

Books illustrating ability in leisure and sport

In *Able Lives* (2003), a book based on a series of interviews, and written by Fiona Murdoch, the achievements of people with disabilities living in Ireland are celebrated.

Their achievements include their ability in leisure and sport. Eamonn Prunty, one of those interviewed in the book, is an Irish competitive water skier. Born with a spinal abnormality he has almost no movement in his legs. He has won many competitions, including “winning gold” (1999) competing against non-disabled athletes in the under-sixteen category of the Irish National Water Ski Championships. Injuries are an occupational hazard of water-skiing and Eamonn has broken a leg and dislocated his knee doing slalom. Eamonn's dad supports him and has built a man-made lake at Summerhill, near Trim, in County Meath. It is designed for people with disabilities including people who use a wheelchair or are blind. Eamonn and his dad want to build up a national disabled water ski team with people from all over Ireland. Eamonn, studying at the Dublin Business School, is Ireland's only competitive disabled water skier. Barry Galvin, Ireland's national ski champion for the past 17 years is Eamonn's trainer (Murdoch, 2003). Such books are important as they contribute to dispelling ignorance and changing attitudes through information and education. Similarly, adequate media coverage of the real achievements of athletes with disabilities is an important contribution to general education and can be an important factor in changing negative attitudes that result from a lack of information and experience.

APPENDIX 6: Further results including direct quotes from interviews and focus groups

Some respondents thought that good local facilities increase participation as they overcome the obstacles faced by would-be participants. They pointed out that facilities are improving with a good number of new public swimming pools and leisure centres built or in the process of being built. At the same time there are parts of the countryside where facilities are lacking and where new buildings are not accessible.

Some people with disabilities have to travel long distances to an accessible facility. In the countryside travel distances can be considerable. People could drive 60, 80 kms or more once a week and because of the lower population density of rural areas it can also be harder to find the numbers of people to form a team. They also have to travel around to check out if facilities are accessible. “Ringing up is no good. One may be told, it’s accessible, but when one goes while one can enter door one can’t go further etc. So one has to check out facilities each time. Thus, if you’re really not that committed, “you just won’t go”, the obstacles will defeat you”. Respondents pointed out that because of barriers - travel, finding out information, increased time and cost involved, people with disabilities need to be more committed to participating in physical activity and sport if they are going participate.

People participating in leisure or recreational sport spoke of difficulties with facilities and access to swimming pools and gyms etc. Timetables were often restricted to once a week even in pools that are for people with disabilities. While the slowly improving situation was acknowledged

“There are definitely more leisure centres that are pro-active”

“This pool is accessible. There are still things that are lacking but this is one of the first buildings that has been accessible - the doors, the changing rooms...”

Participants spoke of how professionals can be very responsive to information and requests. One respondent described writing to the manager of a new public pool in Dublin explaining that a friend of his who swims but works during the day needed a hoist and bench/bed for changing. He subsequently met the manager who agreed to get a hoist etc within a month. At the same time respondents felt that all services, public and private, educational and otherwise, should be brought more quickly to the stage where they consider the needs of all “up-front”.

More professionals in the sport and leisure industry could be pro-active in considering and attending to the needs of all from the conceptual and planning stage onwards, seeking out, from the beginning, the requisite expertise in terms of developing appropriate integrated and inclusive leisure and sports facilities and programmes and services.

“The critical thing is access and the adaptability of the equipment” (and, of course, “the adaptable equipment is used by non-disabled people too”).

People questioned whether progress really needed to be at the pace of baby-steps. While there are more gyms with staff capable of providing adapted physical activity all gyms should be able to provide this service. Some people explained how stiff they became because of conditions that they had if they didn't get these forms of exercise in sufficient quantities.

“When I checked if I could access pool to swim I was told there was a slot once a week that I could attend. I was surprised at the name of this slot “therapy session. We should have the right to chose a pool rather than being handed out limited choice with restricted times, place etc”.

“It is disappointing that newly constructed and renovated accessible facilities so often do not get it right, often times because they fail to have people with disabilities involved in checking out design”.

“The steps into the newly renovated pool weren't built properly and they are very awkward and I hit my knees several times - in spite of renovations it is difficult to access from a wheelchair - we don't know if they ever consulted before they did the renovations - you have to go backwards into it and there are two steps and very big gaps between them - why aren't people with a disability consulted for new buildings and for renovations?”

Some considered that

“The root of the problem is getting the staff trained. Everybody should be trained to work with hoists etc then everyone would have choice of time. Why wouldn't staff be able to use hoist? It should be part of routine training.”

Some respondents spoke about the need to improve all community facilities - including playgrounds - and to make them inclusive. Some respondents spoke of how difficult it can be for athletes in Ireland who have to carry around equipment and to adapt the

pitch each time they want to train. It could so easily be set up as a pitch for everyone as in other countries. Some people considered the outdoor facilities for athletics as being particularly poor in Ireland. Examples were given of athletes with quadriplegia who shot putts/ did discus and who were discouraged from doing it in the community facility because it is increasingly used for soccer and they “might damage the “soccer” pitch” and another athlete who was allowed to throw the javelin only one hour a week in the same facility.

People who have seen and used facilities abroad realise how easy it is to have facilities that are adapted for everyone. It was pointed out, however, that in some places where sport facilities were good, accommodation and other services can leave much to be desired and are worse than Ireland. One example was given of a venue in Italy outside Venice, hosting the European Championships in 2005, where there was one accessible toilet for 150 people in wheelchairs.

Increased participation also means increased identification and nurturing of talent.

“In Ireland we are more like the Americans than other Europeans. When we're planning facilities we over-specify, we think “spectators” and we are big into seats for watching and viewing but not for participating. Croke Park may have given us images of grandeur. I've been to sporting events in European countries and there is much more emphasis on participating and the facilities are built accordingly. Sometimes the stands are rudimentary but the facilities are for integrated activities with competitive and leisure activities running side by side - good basic facilities that cater for all including people with disabilities. The emphasis is on participation. In Holland there are 300 artificial surface tracks. Even in Eastern European countries like the Czech Republic the facilities are much better than here. Cardiff has two international tracks and it is half the size of Dublin! It is essential for the Irish to begin to “think basic, community, multipurpose, for everyone”.

Some participants spoke of the difficulties in competitive sport - in addition to suitable training venues, the difficulty of sponsorship in Ireland, difficulties in getting the personnel to support the hosting of events, difficulties in getting the numbers to make a squad etc. For those who travel abroad it is inevitable that they make comparisons with structures in other countries.

“I was in Holland. There, there seems to be huge corporate sponsorship for their athletes with a disability.” One person spoke of how the national games in another country are under the auspices of the mainstream national bodies and have access to

all the “mainstream” personnel, support etc.

“Disabled sports are very competitive. We need to be able to train and we train just as much as non-disabled athletes but sometimes we don't have the facilities.”

Participants spoke of a wide range of factors and combinations of factors that prevented them from taking part in physical exercise programmes including “fear”,

“self-consciousness”, “turn-off”, physical access and “not feeling welcome”

“There are no changing rooms and no privacy and everyone likes privacy.”

There were differing opinions about cost as a barrier to participation.

“Cost is an issue for all of us who are on a disability allowance - there is no sliding scale and no reductions and even the student rate is expensive for us and the price at night is scandalous - the price of a gym downtown would put me off.”

Those involved in competitive or more intensive levels of sport described the price of basketball or rugby wheelchairs etc.

Others felt that cost could be used as an excuse or could conceal fears that need to be addressed.

“People don't feel that physical exercise and sport is for them. They have fears and excuses. They need to be supported and their fears addressed. Cost can sometimes be an excuse.”

Adequate information and expertise

People with disabilities and professionals expressed a need for accurate information around the kinds of sport and physical exercise that would be most appropriate and safe for them according to their tastes and the opportunities that existed in the locality. Only when they can access adequate information and expertise will they be in a position to make informed choices. This requires that mainstream and disability specific sports NGBs as well as disability organisations and other service providers such as the HSE have the knowledge and expertise and are able to work out in partnership with the person in questions appropriate physical exercise and sports programmes and pathways. While some people with disabilities expressed disinterest in physical activity and sport some of them during the course of a focus group or

interview expressed the opinion that if they were informed and if they knew it would be of benefit, safe etc they would consider engaging in physical activity/sport.

One respondent pointed out that if he had not had the opportunity to participate in an adapted physical activity programme where he had accessed accurate information and advice he would have lived his life without ever considering going into a swimming pool or the sea.

“I was always advised until now never to go near water because of my epilepsy so I never went to the beach or a pool before.”

Individuals raised the issue of not being sufficiently informed of what was involved in a particular programme. People with disabilities need to be sufficiently consulted and informed and listened to about their legitimate interests. Negative experiences were described where people with disabilities were involved in unsuitable activities sometimes where there was a real lack of expertise and skill regarding what should be done or not attempted.

“They wanted everyone to join in. It was too intensive”.

“People shouldn't be pushed. If someone is able let them try but don't force them. Most people know their own strengths and limitations. We are experts in this sense so we should be involved in choosing, though of course, like everyone, we need help, information, advice.”

“Problem was I didn't have chance to say no. If I knew what was involved I mightn't have gone. I needed clearer information.”

There are people who do obtain opportunities appropriate to their needs and wishes because they do access the relevant information.

“As time goes by with the help and information we are getting in the adapted physical activity programme we are learning to know what we need and to voice it.”

“A full time karate teacher came around here and explained to all of us about the sport and I went for it. It's really good fun. I am developing skills all the time. The best things are meeting more people and getting yourself stronger. I am able to transfer better.”

Incentives to participate

Respondents who were physically active thought that personal level factors must be acknowledged as well as social and environmental ones. A lot depends on the individual, natural talent, interest etc as well as on ones family and friends. Several young people with disabilities, who were involved in sport, considered that some children with disabilities are too protected. They need to be given the chance “to socialise themselves and to be treated as everyone else”.

“Parents are so important. I was lucky. My parents put me into everything. Between the ages of 10 year to 16 years I did archery every Monday, basketball every Wed and music etc. Then I had the drive and enthusiasm and the talent I had was nurtured from a young age...People can be nannyied too much...the greatest gift to a child is independence ”

“It's an attitudinal thing. If you really want to do something there are fewer obstacles. Sometimes access can be a bit of an excuse. I have done scuba diving and kayaking. I go fishing. There are so many things you can do with a little bit of creativity. Clubs are more than willing to help. There are no problems with volunteers or coaches. The problem now is to get people with disabilities who want to give things a go”.

This raises the issue of the need for marketing to induce behaviour change. As with so many of their non-disabled counterparts some people with disabilities are not interested in physical exercise and sport. They don't feel up to it. It doesn't attract them. As with so many others, it can be difficult to entice people with disabilities to contemplate engaging in physical exercise. This is an issue that must also be addressed. The benefits of exercising and sport must be marketed.

The benefits of sport and physical exercise are huge for everyone, for those with acquired disabilities as well as those with a disability from birth. There is a need to find ways of convincing people with disabilities of the benefits of sport and physical exercise.

The benefits of sport to me are huge. It gives you a sense of who you are. It's about being involved. It's a common interest you can share with others. Others see beyond your disability. They see you as an angler or whatever. The sense of achievement is great. You feel that if I can do this, why can't I do these other things? Of course there are also the health benefits. But sometimes it is difficult to convince others” (Person with a disability).

“Basically I participate in sport because I don't want to become one of those disabled people who sit around watching TV and getting fat. Sport is also a way of meeting people” (Person with a disability).

Some professionals suggested the importance of stressing the costs of inactivity economically as well as in terms of personal health and quality of life.

“When people with mobility impairments are overweight there can often be added cost implications. For example, people may need more (and more expensive) equipment like hoists that they would otherwise not need if they were a more suitable body weight and the costs of treating complications such as pressure sores are often greater in people who are overweight because healing can be slower” (physiotherapist).

Participation at level of choice

The findings in this study regarding school PE are similar to other experiences described in school research in an Irish context, e.g., “I think most of us were excluded especially in sports - the school wasn't equipped to cope. They tried, but the majority of times you had to stay out” (Kenny et al, 2005, interviews with Irish students). In this study many examples were given of teachers trying. They did make an effort. They did what they could but they didn't have the expertise.” The cultural environment, the example of others “like me” influences participation.

“I didn't see myself as being able. I had no peers doing sport or physical exercise. There was one other student with a disability who didn't do anything either. Outside school I didn't see and so I didn't do anything either. I played with my friends outside school but I didn't think of sport as such until the IWA began to encourage me. The turning point was when I met a wheelchair racer and we got on really well. It was only then that I saw the glamour and excitement of it. And only when I got involved and began to participate did I see the fun of it all”.

Sometimes students with disabilities were not allowed to go into the playground with the others. In some schools where other students had to accompany students with disabilities at break times or sports resentment could arise on the part of the accompanying student if they did not willingly take on this assigned accompanying role.

Respondents with disabilities described their participation in physical education in school.

“I went to a mainstream primary school and during physical education they did mostly games I couldn't play. While teachers and other students tried to include me and help

me get involved, I wanted more involvement than being the referee or umpire etc. In the final years they set up leagues and I was not involved at all."

One student suggested that

"It might be better if there is more than one student with a disability in a school. When another student in a wheelchair came to my school (who played wheelchair basketball for the Irish team) it gave me inspiration. He started a group in the school to show them how to adapt games for people with disabilities and this gave me confidence"

There were positive experiences where children were welcomed and included. In terms of early childhood education/childcare, many of those that willingly took on children with disabilities and who accommodated and included them in activities had personal experience of people with disabilities and/ or professional training and experience in working with people with disabilities.

"I approached the local play group for X and they were more than happy to take her on and she does activities with a group of 9 or 10 kids every week and doing fantastic. She looks forward to it every week and she participates in the activities that she is able to do."

The limited curriculum and poor resources for physical education and sport in school is of widespread concern. In the NCTC consultation process in 2001 regarding the adequacy of the provision currently made to develop fundamental motor skills and coordination before 12 years of age in the Irish system, concern regarding the curriculum was expressed, e.g. "School provision is in my opinion is either non-existent or totally inadequate" or "Provision totally inadequate - Pride of Nation would be far greater (self-belief) if young people between 8-12 years were included in a PE structure that guaranteed better co-ordination. Whatever sports the athletes take up they will have a far greater chance of making it to the top" (www.nctc.ul.ie).

Some respondents discussed the merits of having people, trained and interested in sport and physical exercise that could teach PE in primary schools. Not all primary teachers are interested in PE and sport and current training is seen as insufficient. Respondents raised the importance of PE in terms of getting in there early and facilitating the development of interests and physical skills while young. If children don't develop skills then it is harder to develop them later.

"I think it's easier to get those of us with spinal injuries who were previously into sport

and exercise to participate in sport afterwards. At least we had the skills, we had the opportunities while many people with disabilities from birth never had the opportunity and didn't develop their physical potential in school or at home, they've never trained, and so it is harder for them as adults to start from scratch. It is even hard for them, as it is for those who didn't do PE or sport, to realise what is involved, that it is a matter of skill as well as strength etc. It is best to start young."

A limited PE curriculum can be an issue for many children and not just children with disabilities. Sometimes, what is on offer, for example in a school or in a community programme, or in a programme provided by a disability organisation, is not of interest to a particular individual or to all individuals.

Parents and professionals raised the well-known educational principle that programmes that address needs and interests are the programmes that prove successful in terms of both satisfaction and achievement.

"In this rural area there are not so many activities available. There are a number of volunteers from a disability sports organisation who want to teach tennis but none of the children are interested in tennis. This is an issue. Providers and volunteers and teachers have to learn to identify and address individual preferences and needs."

Addressing individual preferences and needs is critical to the success of people with disabilities. Learning how to adapt activities to meet individual need is becoming crucial in an increasingly diverse and multicultural society. Everyone, including people with disabilities, parents, educators, leisure and tourism providers and health personnel, have to learn to respond and to adapt activities and approaches to meet individual needs in a meaningful way. If children with a disability need particular support, motivation, stimulation and information to attain developmental milestones and to participate in physical activity and sport, and if this is not provided, they cannot exploit their potential.

"I deliberately avoided getting involved in wheelchair sports. I wanted to be in activities with everyone else and not only with people with disabilities. It's an individual thing..."

False assumptions and ad hoc structures

Frequently, teachers and students assume that students with disabilities can't participate in physical education or don't want to or only need to do so in a token manner in order to feel included but not to develop skills, to compete etc.

“When I went to an integrated secondary school it was hard to be involved. Awareness was an issue. People told me I couldn't do certain things and so I had to work harder to prove that I could.”

Teachers often wouldn't know or think of the need to make activities challenging for all. Parents pointed out that oftentimes teachers didn't realise that they should consider the needs of everyone and that it doesn't take too much thought or awareness to find out the interests and aptitudes of each student and find ways of involving all.

“You've got to look at each individual child and what the nature of the disability is and see how the child can be included. My own experience of sending X to a mainstream school has been painful. There is still a huge attitude problem.”

One mother described how a school excursion with children and families always seemed to take place in difficult-to-access locations. She had to plead that it would occasionally be to an accessible location which of course facilitated the participation of families with young children and buggies as well as older people and students with disabilities.

“Awareness is important in all areas not just in gyms etc but also in cafes and other places - everywhere.”

Respondents described how assumptions about inability could change through witnessing what people with disabilities could do.

“I took part in a Gaisce programme in school and went on an adventure weekend. The teacher got advice from the canoeing center... they asked regarding my requirements and said they would do whatever was necessary...I tried everything... water polo ...canoeing. Until this trip I felt left out but on this trip the others learned that I could participate...that it was possible for me.”

Sometimes the activities in which children and adults are interested in are simply not available to them because they do not have the required personnel to assist or to accompany them or because personnel think it is not their responsibility.

“Attitude is the biggest block. Almost everything can be done - it just might need to be done in a different time frame and a different way. Everyone needs an adapted programme. The adaptations that have to be made are often not huge.”

Respondents described positions that could change, sometimes radically with e.g.

new management or new teachers. The same ad hoc application or invention of positions, rules and regulations was the case with leisure centres and gyms as well.

“In school my parents were told insurance didn't cover me participating. Then I found out that someone else like me had been in the school before and had participated in everything. It depends on the teachers at the time and their attitude.”

In my experience attitudes towards participation are also important. I went to a “normal” school and for the most part I participated all the time right up to 6th Year except in 2nd class I wasn't allowed “in case I might get hurt.”

In some cities many leisure centres and gyms facilitate people with disabilities and, increasingly, there are facilities that are pro-active in trying to increase access for all and have forged links with disability organisations while in another city leisure centres would not consider hosting adapted physical activity programmes in swimming even if the participants had lots of individual support with volunteers, experts etc. They said their insurance wouldn't cover it. So much depends on individuals, their knowledge or lack of it, their fears and their interests.

“In our school we're very lucky that we now have a good board of management and parents' committee. Teachers facilitate people coming into the school to provide what is lacking. For example someone comes in and does gymnastics. This person has a school of gymnastics and goes to other schools. It's up to boards of management and parents' committees really. We have young enthusiastic teachers too and they're ready to work with you and with each child.”

In some residential settings there is understaffing and physical exercise programmes are limited while in other places there are increasing numbers of programmes and opportunities available. In some residential settings people with disabilities are only beginning to get opportunities to participate in leisure, sport and physical exercise as previously some of these institutions were run on the lines of hospitals where people were cared for and their needs and issues medicalised even if they were not ill.

“It is only in the last few years that anything apart from daily living activities has been thought of here.”

“The integrated arts programme brought visually impaired and sighted people together - brought two worlds together to create a new world of integration... We did a 20 min production on stage that included dance routines and it was hugely successful - the

people involved with visual impairment developed spatial and mobility skills as well as communication and confidence skills...I think this programme was an eye-opener for all - it started an awareness process all round - and showed how a local community can be more diverse and open and that huge adaptations don't have to be made to include everyone - perhaps the biggest adaptation will really always be one of attitude."

Respondents, particularly those involved in competitive sport, spoke of the role of the media in increasing awareness, providing information, encouraging others to participate - reflecting full reality and society - not blocking out parts of society. The role of both national and local media was spoken about. People need to hear what's going on before they can even begin to contemplate participating. This year an Irish league was re-established in wheelchair basketball with players with and without disabilities on every team. Respondents spoke about archery as a sport where people with and without disabilities could compete. Other people believe that the most powerful role models are those close to home. "I don't believe in role models on TV or anything. My Mum and Dad got into swimming when I was very small and eventually I got quite good at it."

Appropriate support

Appropriate support includes not only special needs assistant but also volunteer, buddy, family and peer support as well as adequate help in leisure centres, gyms including one-to-one attention to get a person to the machines e.g. and to get started. It includes staff "who are willing and inviting" and who are trained to assess and address individual needs and preferences.

"One should be able to go along and ask staff for assistance and yet I feel uncomfortable. I don't know if this is just me."

"The ideal situation is that all the staff in gyms, swimming pools etc have education and training so that they know what to do."

"Some people with disabilities have difficulty admitting their disability and asking for help. The staff has a part to play in helping people with disabilities to feel comfortable. I don't see any reason why people with disabilities couldn't work in gyms, swimming pools etc. It would help if there were people with disabilities who have training/degree to work in leisure and sports area. Other people with disabilities would see how they cope with machines and might feel more at home. However, I have lots of friends with disabilities and none of them would consider working in leisure, gym etc."

“There is no network available to provide a volunteer or PA to accompany me. The need for assistance will never go away.”

A suggestion made is that there would be a pool of volunteers who could e.g., be available to the gym to bring people who are blind like me to machines, who have the list of exercises and who can help the person get started i.e. “to help persons to get to the right place and to do the right thing.”

“I always need the company of a friend to go to an aerobic class or whatever.”

Some parents described the need their children had for one on one instruction in physical education, at least initially, and, oftentimes, this was simply not available. In one school, parents offered to assist in the playground etc to facilitate participation but the school said it was not possible. Parents discussed the merits of having instructors come into schools that are more capable of incorporating all into interesting and stimulating experiences.

“Instead of current teachers have alternatively trained people come into schools and work with parents and children to take a step forward.”

“A lot of these children can be alone in a crowd. They need one to one instruction. We couldn't have sent him to ordinary swimming lessons because he needs individual tuition”.

“We had him in the water ourselves but we couldn't advance him and now he is totally into it and making progress. The individual attention is great.”

“X is happy in his own world. He is an individual and he doesn't like playing with a lot of others. A lot of these children can be alone in a crowd. He has come on in leaps and bounds through the swimming. The individual attention is great. No one offered any suitable programme before. There aren't even classroom assistants - that's how bad it is. In local clubs there can be 15 or 20 children playing football with perhaps 2 or 3 adults with them - it's hard to get volunteers now - so the personnel required to give children like my son the attention they need are just not there”

Adults described people in mainstream clubs and sporting bodies for outdoor adventure sports as often being “super-agreeable” as long as they know the expertise is there to advise them on the technical aspects of a person's disability - risks,

limitations etc. Once they are reassured that the experts on a disability know what they are talking about they are more than willing. Spinal Injuries Ireland among other other groups organise all kinds of adventure sports including scuba diving.

Parents, Service Providers and Programmes

Parents spoke of the need for services to keep a service focus on the best interests of the client.

“When X tried to set up an adapted physical activity programme in this city for children with a disability there was a poor response from some of the groups who provide services. Some of the centres, at the end of the day, have their own agenda and, while they do great things, a few people in these centres are looking out for themselves big time rather than for the needs of the individuals they look after. As a parent I was anxious that this programme would start because I had tried several years ago to no avail and so I started contacting certain people in different centres - people who would make things happen in our childrens' interest. Now, because this programme has been so successful and has got considerable media coverage, some of these bodies who were unhelpful at the start, are in the process of organising swimming lessons themselves because they see it has answered a real need.”

There is scope for professionals in disability organisations and HSE to get parents more actively and constructively involved and to assist them in the important educational role they play in the lives of their children.

“There is a huge lack of support for parents to help their children. Some of these new developmental centres are not worth a toss for this reason. We need, above all, to know how to train our children”.

“The system often doesn't help the parents or give them the tools to help their children. There is a lot of being cut off and a lot of barriers erected when you are just trying to do the best for your child. Sometimes you are left out there with nothing. When we said we were going to try primary movements with X the organisation who had been looking after him said okay fine but don't come back here anymore and they cut us off. It seems to be the general trend with the health board. I learned that if you are getting something within the Health Board don't tell any other person in the Health Board because they will immediately say oh you're getting something somewhere else that's fine good luck you wont get anything more from us.”

“There can be parent apathy with parents who feel that once their children are in the system the system will take care of their children and they sit back. But there are also many parents who are willing and really want to do all that they can to ensure that their children progress”

“Parents need help on different fronts”.

Physical activity programmes and active leisure opportunities for people with disabilities are currently provided mainly through specific disability organisations and the HSE disability services. There are also a few community adapted physical activity programmes provided in community facilities. Some sports NGBs facilitate the participation of people with disabilities. In County Kerry, St John of God Services provides an innovative leisure service that is responsive to the clients interests and engages in leisure sampling and support for the client to pursue their interests. In different parts of the country individuals, leisure centres, gyms, or institutions such as the IT Tralee or DCU in Dublin provide adapted physical activity programmes for students and the wider community and a wide range of people with disabilities participate in these programmes largely in mainstream community facilities.

Those who had the opportunity or whose children had the opportunity to participate in adapted physical activity programmes from people trained in this field were happy with the experience. Some of the other positive experiences/comments around participating in the adapted physical activity programme included the following: “The happiness that comes from exercising”, “Programme made me aware of my body and I felt good” “Meeting new people” “Having toned-up body” “Learning to work together with others” “The joy of working and listening to the students - they are really good teachers - they are pleasant and patient and help you in ways you couldn't possibly imagine and some of them are very young - we had fun - you might be afraid to ask but they would explain everything in detail - they are interested and encouraging, they are not cross. I feel at ease with them- it is nice to be with them - they are funny, positive, helpful -they make exercise enjoyable - good fun, very relaxed, not too serious -I feel safe and comfortable” “We learnt about the different muscles of our body” “This activity will lead to good health” “My exercise levels have increased” “The feel good factor” “This programme has made a difference to me now because going to the gym I am enticed to go back in every way - I walk now as well but I didn't do it before the programme” “We had fun”

Some of the comments from parents included

“We would do anything for him that he liked but he just hasn't been interested in anything 'till now”.

“The original idea was that X would provide volunteers in mainstream clubs but the clubs didn't want children with disabilities. Even if these clubs were provided with all the volunteers they needed it was a closed-door situation”.

“Our child is not an active child and he is not a team player but he loves swimming but this is the first opportunity we've had to enrol him in swimming lessons”.

“We've really tried to encourage X. We took him to a wheelchair event organised by the Irish Wheelchair Association. It was very organised and very good. Everyone was very welcoming but X was just not interested. We would do anything with him that he liked but he just hasn't been very interested in anything until now. That is why this swimming programme has been brilliant - we had him in the water ourselves before but we couldn't advance him and now he is totally into it and making progress. He loves it.”

“Because we are doing physiotherapy with him at home ourselves every day he actually gets to the stage where he hates anything that involves work and so the swimming lessons that he loves provides him with at least one good hour of physio a week that he loves and during which he sings”

“A lot of other places couldn't provide anything like these individual swimming lessons for children with a disability alongside other groups”

“Our son loves the programme”

Comments from adults on adapted programmes are revealing

“Some of us would have been very limited in our activity until now. The programme has been great in terms of the social aspect, confidence giving, & the physical aspect, developing a sense of control over our bodies, giving us confidence in space & improving upper body mobility. A lot of us had mobility training but not the opportunity to practice it until now.”

“The individualised adapted physical activity programme in the gym has been great in terms of both the social aspect - confidence giving and the physical aspect - developing a sense of control over our bodies, giving us confidence in space and improving upper body mobility because we tend not to use the upper body. A lot of us had mobility training but we didn't get the opportunity to put it into practice until now. We have to learn to manage space in different environs. Some of us would have been very limited in our activity until now - even our walking was limited - maybe to the gate and back for

some. As time goes by we are learning to know what we need and to voice it. Some of us have walked on the treadmill without holding onto the bar”.

“There is a whole process that must be gone through in order to acquire independent living skills. There are people who for 20, 25 or 45 years have not had a great voice in terms of what they want and what they need. They can't suddenly enter a gym or anywhere else and say “I want this of that” but they have articulated their sense of isolation and their desire to be included and to be able to participate and this is the driving and the motivating factor to take part in the adapted physical activity programmes etc.”

Parents spoke about taking their children to a wide range of “Movement Therapists”. Primary Movement therapy is a burgeoning field of physical therapy/physical movement that is currently unregulated. There are increasing numbers of private primary movement therapists providing services to children with disabilities and training to their parents. Inadequate physiotherapy services in the public health system are, in part, encouraging the use of alternative services including a range of private movement therapy services.

Efforts are being made to increase the number of training places for physiotherapists in the Irish University System. A major rationalisation of existing health service agencies came into effect in January 2005.

The HSE provides physiotherapy, occupational therapy, speech therapy and physical activity programmes as part of their multidisciplinary support services for children with a disability. In some areas the HSE contract out these services to voluntary organisations. The provision of services by disability organisations and the services provided by the HSE varies considerably in different parts of the countryside. In the former North West Health Board area, for example, there are special needs counsellors that work with the families of children with disabilities from birth. They help with the coordination of services and act as advisors, mediators and advocates.

Much satisfaction was expressed regarding the service provided by some of special needs counsellors. Other HSE areas do not have this kind of service at all. In some places there were delays in accessing an assessment to get advice about movement and exercise while, in others, an early intervention HSE team saw the child promptly. In some settings including some residential services limited physiotherapy was available and was, e.g., provided late at night with physiotherapists who had already done a full day's work elsewhere. Some respondents said that it would never be the hour they would have picked as the optimal time to have physiotherapy.

It is important that the development and reform of the health services will take the requirements of people with disabilities into account. It is important to identify current best practice such as the counsellors for children with special needs in the North West and to roll this practice out across the country. Such a service facilitates access to physiotherapists etc. and can be of help to parents in their deliberations around the usefulness of particular services or complementary therapies for their child.

APPENDIX 7: Participation Rates and Factors influencing participation in the general population

W.H.O. (2004) cite lack of awareness of benefits of physical activity, lack of political support, insufficient cooperation between sectors and inaccessibility of leisure and sports facilities as common obstacles to participation.

In Ireland, Fahy et al (2004) found that 20% of adults take no leisure physical activity whatsoever and that only 40% take enough leisure exercise to meet the minimum standards of physical activity recommended by W.H.O. Similarly, in the data from the National Health and Lifestyle Surveys (SLAN, 1998 and 2002), almost half the adult Irish population engage in little or no physical activity (SLAN), while in school-going children, aged 11 -17 years, (HBSC) activity rates (vigorous activity outside class four or more times a week) are lower for girls than for boys while lower levels of activity (vigorous activity only once or less than once a week) are found in 7% of boys but 21% of 15-17 year olds. While activity rates decrease with age in both boys and girls, there is a much sharper drop at age 15 years among girls. In the United States 29% of adults report no leisure time regular physical activity and only 25% of adults report engaging in the recommended physical activity levels i.e. 30 mins of moderate intensity activity on 5 days/week or 20 mins of vigorous-intensity physical activity on 3 days/week (US Dept of Health and Human Services, 2000). In the United Kingdom 70% of men and 80% of women are insufficiently active to benefit their health (Allied Dunbarr National Fitness Survey, 1992).

From the international literature Aarnio et al (2002) cites a range of factors that predict consistent physical activity in adolescents including social relationships, parents' interest in physical activity, parental exercise habits, parental encouragement, the local environment, non-smoking, school grades, participation in organised sports and playing sport for school. There were associations between patterns of physical activity and the type of school. In an Icelandic Study (Vilhjalmsson et al, 1998) more involvement in leisure time physical activity was associated with male sex, sociability and satisfaction with mandatory physical education classes in school and perceived importance of sports and health.

General socio-ecological factors also influence participation such as hobbies and interests of parents and friends and the family and general culture e.g. a culture of watching or participating. The Limerick City Sport Partnership carried out a Household

Survey in 1100 households with regards participation in sport. The results show a striking trend towards people choosing more leisurely and more individual or lone physical activities. Swimming in a traditional pool was the most popular sport (12%) followed by golf (8%) while swimming in a leisure center (7%) also figured in the top five most popular sports in Limerick (Limerick City Sports Partnership Strategic Plan 2003 -2006).

Barriers to sport participation among ethnic minority communities in Scotland and elsewhere (Sports Scotland, 2001) include attitudes and expectations of significant others, particularly parents and teachers; cultural traditions including a lack of acceptance of the value of sport, particularly compared to other aspects of life such as earning a living and family commitments; a lack of awareness of others 'like me' participating in sport and a lack of role models at a higher level; lack of confidence in relation to appearance, communication and ability; lack of awareness of appropriate sporting environments, lack of appropriate facilities or activities; difficulty in accessing information; cost and racial discrimination (including overt racial abuse, covert racial abuse or lack of understanding of or sympathy with needs). Again, there were differences in participation rates between males and females as well as differences between ethnic groups.

In the Sports Scotland study (2001) researchers identified barriers that exist according to the "stage of change" of the participants. The "stages of change" or trans-theoretical model (Prochaska and DiClemente, 1986; Andreasen, 1995), used in health promotion and social marketing, postulates that change e.g. from being a non-participant to participant in physical activity or vice versa, occurs in stages and that different strategies are required depending on the stage (pre-contemplation, contemplation, decision, action, relapse and maintenance). The model is used to identify the stage people are at and then deciding on the appropriate strategies for that stage to achieve desired behaviour modification. In the Sports Scotland Study barriers found at every stage of the model included several of the factors outlined above including attitudes/expectations of significant others, lack of appropriate facilities/activities; difficulty in accessing information; cost and racial discrimination.

The report by Fahy et al (2004) on physical activity and sport among the adult Irish population⁷ showed that participation in sport varied by gender and also with age, particularly among women. Sports participation was associated with lower levels of

7. The Sports Research Centre, a joint initiative of the ESRI and the Irish Sports Council, established in 2003, is studying levels and patterns of sport and leisure time activity in Ireland. The adult study was based on a representative sample of 3080 individuals aged 18 years and over. A survey of primary and secondary schools is currently underway.

cigarette smoking but, notably, with higher consumption of alcohol. The national Irish adult surveys (SLAN, 1998, 2002) also showed gender and age differences in physical activity and also an inverse relationship between physical activity levels and formal education and socio-economic status. The strong trend towards inactivity with increasing age was greater among those with the least formal education. National adolescent studies of 11 to 17 year olds in Ireland and carried out at the same time as SLAN (HBSC, 1998, 2002) also show that physical activity decreases rapidly with increasing age and that there is a strong gender difference. However, unlike the results for adults in the SLAN data, in the HBSC surveys the association in the young between participation rates and social class is not consistent.

The main reasons people gave for non-participation in physical activity in the Irish adult study carried out by Fahy et al (2004) had to do with lack of interest or willingness or time, while sense of ability only had a very small influence on participation rates. While adults did not cite lack of facilities as impediments to participation this does not mean that supply side problems do not play a role in determining participation since most people might never consider swimming or cycling or walking unless there was a local swimming pool, cycle-ways or footpaths (Fahy et al, 2004). The fact that participation patterns change with age and that non-participation in sport in adult life occurs even among those who were very active in sport when they were younger has implications for physical activity and sports policy (Fahy et al, 2004).

In 1997, as part of a pan EU survey of consumer attitudes to physical activity, body-weight and health, 1000 Irish adults aged 15 years and older were surveyed. Out of 16 factors listed that might prevent people from becoming involved in physical activity, the most frequently chosen responses were 'not being the sporty type', 'work or study commitments' and 'looking after children/elderly relatives'. These responses varied according to gender, age group and education level. Almost one-third of the sample was over-weight and a further 8% were obese and the main barrier selected by these groups was 'not being the sporty type.' Like the Sports Scotland Study (2001) this Pan-EU Survey (1997) investigated the relationship between individual attitudes and participation and tried to see if the barriers to physical activity that people identified varied with their stage on the Prochaska and DiClemente Behavioural Change Model (check out their results on this and insert).

Similar results were found in a more recent European Commission Eurobarometer survey, the Citizens of the European Union and Sport (November 2004) asked interviewees why they did not practice a sports activity. "The result for Ireland showed that 31% cited a lack of time as the reason. EU-wide, access to facilities was only

cited by 3% of respondents as the reason for non-participation. This finding suggests that providing facilities locally is only part of the solution to achieving higher participation levels. Further information on the main factors inhibiting regular participation should be collected” (Draft CSO report, 2005, which analyses the Statistical Potential of Administrative Records and Survey Data Sources in selected Government Departments).

Glossary of Terms

APA	Adapted Physical Activity
BMI	Body Mass Index
CDC	Centre for Disease Control and Prevention
CIL	Centre for Independent Living
CPIS	Cerebral Palsy Ireland Sports
DCAL	Department of Culture, Arts and Leisure (England)
DSNI	Disability Sport Northern Ireland
DCU	Dublin City University
DSU	Disability Sports Unit (Australia)
EFDS	English Federation of Disability Sport
EPC	European Paralympic Committee
EYES	European Year of Education Through Sport (2004)
EYPD	European Year of People with Disabilities (2003)
FAI	Football Association of Ireland
FDSW	Federation of Disability Sports Wales
GAA	Gaelic Athletic Association
HSE	Health Service Executive
IBS	Irish Blind Sport
IDSA	Irish Deaf Sports Association
ILAM	Institute of Leisure and Amenity Management
IPC	International Paralympic Committee
IRFU	Irish Rugby Football Union
ISC	Irish Sports Council
ISOD	International Sports Organisation for the Disabled
ISMWSF	International Stoke Mandeville Wheelchair Sports Foundation
IWA	Irish Wheelchair Association Sport
JST	Jubilee Sailing Trust
LSPs	Local Sports Partnership
MRBI	Market Research Bureau of Ireland
NCCA	National Council for Curriculum and Assessment
NCDP	National Coaching Development Programme
NCTC	National Coaching and Training Centre
NGBs	National Governing Bodies of Sport
NI	Northern Ireland
NLW	National Learning Network (formerly NTDI)
NTDI	National Training and Development Institute (renamed the NLW)
NWHB	North Western Health Board

PCI	Paralympic Council of Ireland
PE	Physical education
SO	Special Olympics
TAG	The Technical Advisory Group
NDA	National Disability Authority
UCD	University College Dublin
UN	United Nations
UL	University of Limerick
WHO	World Health Organisation
WIT	Waterford Institute of Technology

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