“I don’t know where to start”: Survey respondents’ views about barriers to participation in social and leisure activities

October 2023



Table of Contents

[“I don’t know where to start”: Survey respondents’ views about barriers to participation in social and leisure activities 1](#_Toc153454769)

[About the NDA 3](#_Toc153454770)

[Acknowledgements 3](#_Toc153454771)

[Note on terminology 3](#_Toc153454772)

[Executive Summary 4](#_Toc153454773)

[1. Introduction 6](#_Toc153454774)

[2. Key literature review findings 8](#_Toc153454775)

[Benefits from participation in social and leisure activities 8](#_Toc153454776)

[Barriers to participation in social and leisure activities 11](#_Toc153454777)

[3. Methodology 15](#_Toc153454778)

[Ethical Approval 15](#_Toc153454779)

[Survey methodology 15](#_Toc153454780)

[Thematic analysis of narrative responses 16](#_Toc153454781)

[4. Findings 17](#_Toc153454782)

[Quantitative survey findings 17](#_Toc153454783)

[Thematic analysis of barriers to participation in social and leisure activities 17](#_Toc153454784)

[5. Discussion and Conclusion 31](#_Toc153454785)

[Discussion of findings 31](#_Toc153454786)

[Conclusion 32](#_Toc153454787)

[References 34](#_Toc153454788)

# About the NDA

The National Disability Authority (NDA) is the independent statutory advisory body to the Government, mandated to provide advice on disability matters and Universal Design to the Ministers. To accomplish its mission, the NDA undertakes, commissions, and collaborates in disability research; develops codes of practice and monitors the implementation of standards, codes, and employment of persons with disabilities in the public service. It promotes awareness and wider take-up of Universal Design across Ireland. It delivers evidence-informed advice and guidance, and supports policy coordination, to advance implementation of national strategies and policies, as well as realisation of the goals of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It fosters open processes for engaging and consulting with persons with disabilities and the wider disability community.

# Acknowledgements

The delivery of the survey, data collection and preliminary analysis of the survey data were carried out by Ipsos. The NDA acknowledges with thanks the contribution of Ipsos.

We are very grateful for the valuable insights and guidance provided by the Project Advisory Group that supported the development of this survey and thank each of the members for their contribution.

Most importantly of all we would like to acknowledge with gratitude the contribution of all the respondents who participated in the survey.

# Note on terminology

In this report, the terms “persons or people with disabilities” and “disabled people or person” are used interchangeably. The term ‘disabled people’ is recognised by many within the disability rights movement in Ireland to align with the social and human rights model of disability, as it is considered to acknowledge the fact that people with an impairment are disabled by barriers in the environment and society. However, we also recognise that others prefer the term “persons with disabilities” because of the inherent understanding in the term that they are first and foremost human beings entitled to human rights. This reflects the language used in the UNCRPD. Finally, we recognise that some people do not identify as being disabled.

Executive Summary

In 2022 the National Disability Authority conducted a National Wellbeing and Social Inclusion Survey. The main survey findings were published in January 2023 and are set out in the: [How’s it going? Wellbeing and Social Inclusion Survey Report](https://nda.ie/publications/hows-it-going-national-survey). (1)

Participation in social and leisure activities is associated with many health benefits. The Wellbeing and Social Inclusion Survey included an open question that targeted respondents who indicated they encounter barriers to participation in social and leisure activities. The question asked these respondents to identify the main things that make it difficult for them to take part in social and leisure activities. Over 1,000 respondents, of whom four in five were people with disabilities, told us about the barriers they face. Many respondents identified more than one barrier. The title of this report, ‘I don’t know where to start’, comes from one of the responses provided.

The responses to this open question provide an invaluable insight into the everyday challenges faced by disabled people and greatly add to our understanding of why people with disabilities report significantly lower levels of wellbeing and social inclusion than those who are not disabled.

The responses are divided into ten categories. Multiple examples of respondents’ answers are included for each category. These enable readers to appreciate the range and complexity of the issues highlighted. The responses indicate that people who are not disabled are more likely than their disabled peers to consider both Time, and Childcare and Family responsibilities, as barriers to participation in social and recreational activities. Conversely, the inaccessibility of the built environment and personal attributes were largely but not exclusively identified by respondents with disabilities. Personal attributes include character traits (such as low self-motivation or confidence) and physical, mental and sensory characteristics.

The survey data indicate that disabled people are not able to participate in social and leisure activities on an equal footing with their non-disabled peers. Unequal access to and participation in social and leisure activities is likely to contribute to inequalities in health outcomes between the disabled and non-disabled populations.

This report enables readers to learn about the constraints that prevent people with disabilities from enjoying the same range of social and leisure opportunities as people who are not disabled and to reflect on how those constraints shape the lives of people who are affected by them. The barriers identified are diverse and their removal will require change in societal attitudes with regard to disability and the modification of public buildings and public spaces in line with Universal Design principles. A more diverse range of leisure and social opportunities that reflect the interests and needs of the whole population should be encouraged and facilitated. The affordability of leisure facilities also needs to be improved. It will take time to remove the barriers to social participation, but they must be addressed if the right of disabled people to enjoy the benefits of social and leisure activities on an equal basis with non-disabled people is to be realised.

1. Introduction

This report draws on data gathered during a national survey of wellbeing and social inclusion conducted by the National Disability Authority (NDA) in 2022. The survey was designed by the NDA and delivered by Ipsos[[1]](#footnote-1).

The survey was designed to gather information about the experience of disabled and non-disabled people living in Ireland and to inform monitoring of the implementation of the National Disability Inclusion Strategy and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). (2)

The survey’s focus on wellbeing and social inclusion is aligned with the mission to build a better quality of life for all that is set out in the current Programme for Government (3) and in the Government’s Well-being Framework. (4)

In Ireland, and in many other countries, the limitations of macroeconomic indicators have prompted the development of wellbeing measures that provide a more complete picture of the impact of government policies on current and future living standards and quality of life. (5–8) Measures of wellbeing usually seek to take account of how government policies affect the environment, life satisfaction and the distribution of income and resources.

At an individual level wellbeing has been described as “how people feel and how they function, both on a personal and social level, and how they evaluate their lives as a whole”. (9), P.6) People that report high levels of wellbeing not only enjoy positive feelings such as contentment, curiosity, and optimism more commonly than others, they also enjoy strong social relationships and a sense of purpose in life.

Social inclusion is a complex phenomenon that is influenced by both personal and environmental factors. Social inclusion is associated with a sense of belonging in one’s community, active participation and being able to access activities of your choice. (10) The degree to which we experience social inclusion is likely to be associated with where and with whom we live, whether and where we work and how we spend our free time.

This report focuses on the barriers to social and leisure activities identified by survey respondents. The data generated reveal the barriers and challenges that make it more difficult for some people and especially for people with disabilities to participate socially. We are publishing this data separately from the main survey report to ensure that the barriers identified by our respondents are clearly highlighted.

Chapter 2 draws on findings from literature to describe the benefits of and barriers to participation in social and leisure activities. In chapter 3 we briefly describe the methodology adopted in designing and delivering the main survey and in analysing the survey findings. We then detail the method adopted to analyse responses to the open question regarding barriers to participation in social and leisure activities. Chapter 4 reminds readers of the key survey findings and presents a thematic analysis of the barriers to social participation identified by the survey respondents. This chapter draws extensively on respondents’ answers to illustrate the various types of barriers identified. The implications of our findings are discussed in chapter 5 which also sets out our conclusion.

2. **Key literature review findings**

This chapter provides an overview of literature that describes the benefits and barriers that are associated with participation in social and leisure activities. These benefits and barriers have been studied widely which has generated a very extensive body of literature. The review of literature presented here is limited and should not be considered comprehensive.

## Benefits from participation in social and leisure activities

### Obligations of State parties and rights of disabled people

Participation in social and leisure activities is associated with a range of health benefits and boosting life satisfaction. Disabled people should be able to enjoy the benefits of social and leisure activities on an equal footing with non-disabled people. Article 30(5) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) obliges State parties to:

take appropriate measures to: a) encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels; b) have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities; c) have access to sporting, recreational and tourism venues; d) ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities; e) have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities(2)

It has been pointed out that article 30(5) stops short of providing a right to sport or recreation and does not impose obligations on State Parties to provide necessary adaptations or supports that would enable such a right to be enforced.(11)

### Social and leisure activities

Social and leisure activities are activities that people choose to engage in. They are discretionary and do not include paid or unpaid work or tasks required for daily living. Engagement in leisure activities offers people chances to exercise choice and control and provides them with opportunities for enjoyment relaxation and social interaction. Leisure activities can be solitary (such as reading, painting, jogging) or group based (through clubs or community organisations). Social activities can be with family or friends or with other members of the community. In an American study of time use, survey data indicate that people with disabilities have significantly more leisure time than those without disabilities. (12) This is consistent with the lower employment rate and older age profile of the disabled population. The survey data also indicate that although disabled people have more leisure time than those without disabilities the quality of their leisure time is poorer as they spend more time on passive activities (such as watching television) and more time alone. (12)

### Health benefits of participation in social and leisure activities

Participation in social and leisure activities is positively associated with self-reported health and quality of life. (13) A large body of research points to the potential for wide-ranging benefits for physical and mental health, and wellbeing through participation in leisure and social activities. (14)

#### Benefits of participation in sport and physical leisure activities

A range of health benefits are associated with physical activity(15) while physical inactivity is associated with an increased incidence of major non-communicable diseases such as coronary heart disease, type 2 diabetes and breast and colon cancer. (16,17) Research has also established a link between levels of physical activity and risk of mortality. (17–19)

As modern living and working patterns are often sedentary participation in leisure time physical activity and sport is an important contributor to overall physical activity levels (20,21) and a means to maintain or improve physical fitness and health. (22,23) The promotion of physical activity is therefore seen as an important public health measure and Ireland like other developed countries has adopted a policy of encouraging people to increase their levels of physical activity through participation in physical recreational activities. (24,25) People with disabilities are less likely[[2]](#footnote-2) to meet physical activity guidelines and consequently have a higher risk of developing the various health issues related to inactivity than people without disabilities. (15)

Research commissioned by Sports Ireland estimates that over 97,000 cases of disease were prevented in Ireland in 2019 as a result of participation in sport and physical activity. (26) It points to a reduction in the incidence of several diseases or conditions, in particular coronary heart disease and stroke, type 2 diabetes, dementia and depression, that are attributable to participation in sport or physical activity. (26) Recent Irish Sports Monitor biennial reports indicate that participation in sport and attendance at sporting events is less common among people with a disability compared with their non-disabled counterparts. Although the proportion of disabled people regularly participating in sport increased between 2017 and 2019 (29% v 33%) the impact of Covid-19 resulted in a decline in regular participation between 2019 and 2021 (33% V 26%). (27,28) Between 2019 and 2021 regular participation in sport declined to a greater extent amongst disabled people compared with those that do not have a disability. (27,28)

#### Benefits for mental and psychological health

Mental and psychological health may be protected through relaxation and relief from stress that flow from leisure activities and through the opportunities for social interactions and relationships that they provide. (29) Participation in leisure activities may also facilitate the development of resilience which may protect and promote mental health. (30) For individuals experiencing mental health difficulties participation in leisure activities may help to manage symptoms and improve their quality of life. (31,32) Participation in social and intellectually stimulating activities has also been shown to be associated with a lower incidence of dementia in older adults. (33) An Irish longitudinal study of people aged over 50 found that those that met physical activity guidelines had lower rates of generalised anxiety disorder. (34)

#### Importance of type and structure of activities

The benefit derived from participation in leisure activities may vary with the type and structure of activities and with the personal circumstances of individuals. Individual characteristics, such as gender, age, life situation, and the value a person ascribes to an activity are all likely to influence the participation effect. Adams and colleagues conclude that:

We can now be quite certain that individual characteristics, such as personality or gender, and intervening variables such as choice, meaning, or perceived quality of the activity, play an important role in fostering wellbeing, above and beyond the type of activity or participation frequency. (37; p.708)

Leisure activities may provide particular benefits to people who lack the social connectedness provided by workplaces and involvement in education. A Danish study of Mental Health and Wellbeing survey data found that participation in social and leisure activities was positively associated with mental wellbeing and negatively associated with symptoms of depression and anxiety. The study also found that associations were strongest among individuals that were unemployed or not enrolled in education. (36) A study conducted in the United States analysed leisure activities undertaken by participants that were employed, unemployed or homemakers. The results indicate that for all three groups of participants a stronger sense of purposefully using one's time is linked to lower depressive symptoms. Participation in recreational activities lowered depressive symptoms for those that were employed and homemakers. However, it is notable that the study found that for unemployed participants: “recreational activities were only beneficial to the extent that they contributed to a stronger sense of time structure”. (39 p.10) The results suggest that leisure activities for people with otherwise unstructured days may be most likely to yield positive mental health benefits if they provide daily routines and add to individuals’ sense of purpose. Studies have also shown that a belief that leisure is ‘wasteful’ or without value undermines the benefits that flow from leisure. (38)

## Barriers to participation in social and leisure activities

### Income and education

Research indicates that low levels of education and low incomes are barriers to participation in social and leisure activities. Analysis of Danish health survey data of over 55,000 participants found a relationship between socio-economic variables and participation in recreational activities. Those with low levels of education were less likely to participate in recreational activities than those with high levels of education. Participants that were unemployed, on sick leave or early retirees were also significantly less likely to participate in recreational activities than those that were employed. The findings suggest that lower socio-economic status is a barrier to participation in community based recreational activities. (13) Research has also established links between socio-economic status and participation in physical recreational activity and sport. The results indicate that low socio-economic status is negatively associated with levels of participation. (39–41) However, the effect of socio-economic status has also been shown to vary with the type of activity and location. (20)

Research findings point to the need for a multi-dimensional strategy to encourage groups with low levels of participation in recreational activities to participate more often and in a wider range of activities. A range of targeted measures to promote the participation of socially disadvantaged populations in sporting activities is also needed. (41, 43) Removing or reducing financial barriers may partially address differential rates of participation in recreational activities but promotion strategies should also seek to advance awareness of health benefits, be targeted appropriately for different cohorts and increase awareness of recreational opportunities. (40, 43)

### Transport and the Built Environment

Transport is an important facilitator of social inclusion and wellbeing. (43) Transport options can affect economic and social outcomes. People with higher levels of income can access a wider range of transport options and overcome local area transport disadvantage. (43) Transport poverty arises when transport disadvantage interacts with social disadvantage. (44) People that experience social disadvantage include those with low incomes, disabilities, older people and ethnic minorities. (44)

Previous studies have found that disabled people make fewer and shorter trips and use different modes of transport than those without disabilities. (46, 47) People with disabilities are less likely to drive and are more reliant on public transport than those without disabilities. (42,45) Patterns of travel also vary by disability type. (46) UK research indicates that people with disabilities and especially those that encounter difficulties using one or more modes of transport travel to and from work less frequently than those without disabilities. (46) These findings and the older age profile of disabled people are consistent with those of an American research study that found people with disabilities report difficulties accessing transport for social and recreational purposes more commonly than difficulties accessing transport for work or school. (42) Research indicates that disabled people commonly experience difficulties accessing and using public transport. (43, 46) The barriers to using public transport encountered by disabled people include lack of accessibility; negative experiences with staff and fellow passengers; frustration due to unreliability of transport service and lack of access to technology and information. (45)

Services and environments that provide universal access benefit everyone. (47) The use of Universal Design (UD) can improve accessibility and increase the proportion of the population, including disabled people, who can participate fully and independently in society. (48) A recent study points to the need for practical guidance on how to implement a UD approach in education, health, leisure, sport, business, housing and transport. (48) Universal Design is often lacking in the built environment and many people with disabilities encounter difficulties accessing and navigating the built environment. These difficulties can constrain social participation. Accessible environments can contribute to quality of life and wellbeing. A study of Norwegian Public Health Survey data examined the relationship and interaction between built environment accessibility and disability on psychosocial wellbeing. The built environment was widely defined and included access to outdoor spaces (such as parks and beaches) and transport systems as well as building-based services. The study found that higher levels of disability and lower levels of accessibility were associated with lower levels of psychosocial wellbeing. (49)

A report by the UK Equality and Human Rights Commission points out that disabled people experience poor access to transport, leisure, and other services. It cites research that found participants who had physical and/or sensory impairments reported that the places and spaces they wished to visit were often inaccessible to them and that inaccessible spaces contributed to feelings of isolation. The report also refers to research conducted by Copestake et al. (2014) that identified a lack of specialist activities and not having the support required to participate in leisure facilities as barriers to participation in recreational and leisure activities. (50)

### Personal motivation, time and health

Garcia and colleagues point out that the voluntary nature of recreational activities mean that personal predisposition is a necessary condition for engagement in leisure-time physical activity. Their systematic review of barriers and facilitators to participation in physical activity found that although social and built barriers can contribute to participation in leisure-time physical activity a certain threshold of personal predisposition towards physical activity is required before their effects are likely to be observed. The review found that factors that were negatively associated with leisure-time physical activity included lack of time, negative emotions related to physical activity practice and poor health status. (51)

Social and leisure activities that adults engage in should reflect their personal preferences and choice. This is not always the case for disabled adults. (10) Preferred activities may simply not be available or may be inaccessible due to lack of or inaccessible transportation, cost, or inadequate support. Activities may be chosen because they are convenient or safe and may reflect the preferences of staff or family members rather than the disabled adults. (10)

### Barriers identified by Irish research

On average disabled adults living in Ireland have lower levels of educational attainment (52) and enjoy lower levels of income than non-disabled adults. (53) In common with international research findings previous Irish research has also found that people with disabilities, especially those with severely hampering disabilities, engage in social activities less frequently than those that are not disabled. (54) Irish research has also pointed to the relationship between socio-economic status and engagement in sport and found that those with low income or low levels of educational attainment are significantly less likely to participate in sport than those with high income and high levels of education. (39)

An Irish study of older (50+) adults found that those whose main mode of transport is driving themselves or travelling by public transport report greater participation in social activities and volunteering compared to those who rely on lifts from others. The study also found that those that do not drive report higher levels of depressive symptoms and loneliness and lower quality of life than those that drive. (55)

Several Irish studies have reported on the barriers to engagement of university students in social and leisure activities. The barriers to social engagement identified by Rath include: Lack of transport; financial difficulties; accommodation; family difficulties; medical concerns; college workload; type of events; students age; awareness; and structural issues/physical infrastructure on campus. (56) A small-scale Irish study that explored barriers to participation in leisure activities experienced by university students with physical disabilities pointed out that not all buildings on the university campus were accessible and students with physical disabilities experienced physical barriers to participation in on-campus leisure activities. It also reported that although several of the students were keenly interested in sports few of the students in this study engaged in physical activities due to perceived difficulties accessing appropriately tailored activities. The study points out that constraints on participation can become internalized with one participant describing themselves as ‘lazy’ because they exercised infrequently. The study concludes that:

it is important to reflect on how adjustments and accommodations can be provided to students with disabilities to encourage and enable them to engage in physical activities for the sake of their health and well-being as well as for the positive impact it might have on their sense of who they are. (59 p.462)

An Irish mixed method study of leisure participation among a sample of independently living adults with intellectual disabilities found that the obstacles to leisure participation most frequently identified by participants were limited knowledge of how and where to do activities, limited availability of and access to opportunities for leisure and limited availability of the assistance and company required for some activities. Staff and family members were found to be the key providers of supports that enabled individuals to engage in desired activities. (58). A further small-scale Irish study that examined the use of leisure and recreation facilities found that participants with learning disabilities do not have the support they need to access mainstream leisure and recreation facilities. As supports are provided within ‘special’ segregated services people with learning disabilities use these services. The inaccessibility of mainstream facilities and reliance on ‘special’ services marks them out as ‘different’. (59)

In the next chapter we present a brief description of the methodology adopted in designing and delivering the main survey and in analysing the survey findings. We then detail the approach adopted in analysing responses to the open question regarding barriers to participation in social and leisure activities.

**3. Methodology**

## Ethical Approval

Ethical approval for the survey on wellbeing and social inclusion was granted by the Research Ethics Committee of the Royal College of Physicians of Ireland.

## Survey methodology

**Survey format**

The survey on wellbeing and social inclusion was available to complete during the period from 12th April to 17th June 2022. The survey was available primarily as an online opt-in survey. It was also possible to complete the survey in a paper format or by telephone. The paper format of the survey replicates the online format. The paper version was distributed to targeted services and organisations to encourage participation by older adults and men. An Easy-to-Read version of the survey was developed to facilitate the participation of people with intellectual disability. To make the Easy-to-Read version accessible it was necessary to exclude a small number of questions and to modify answer options for a small number of other questions. The Easy-to-Read version of the survey was distributed to services that support adults with intellectual disabilities and was completed by 178 people.

**Questionnaire content**

A review of previous national and international surveys on wellbeing and quality of life informed the content of the questionnaire. Members of the research team and the advisory group contributed to the development and selection of questions for the survey. Questions on a wide range of demographic information, including respondents’ age, gender, health and disability status, sexual orientation, ethnicity and residency, education and employment status, are included.

A number of questions included in previous national and international surveys were adapted for inclusion in the survey. A question on the impact of Covid-19 on respondents’ mental health is also included in the questionnaire.

The survey includes the short version of the Warwick-Edinburgh Mental Wellbeing Scale. (60) The wellbeing scale was developed for the purposes of monitoring mental wellbeing in the general population and for the evaluation of programmes and policies which are designed to improve wellbeing. The scale has been widely used internationally and has been validated for use with various populations.

**Completed questionnaires and profile of respondents**

A total of 2,052 questionnaires were completed. Completions included 1,768 online, 106 paper and 178 in an Easy-to-Read format. Due to the opt-in nature of the survey respondents are not representative of the general population. Groups that are under-represented among survey respondents include ethnic minorities, men, people with primary or secondary levels of educations and young (18-24 years) adults. Compared to the general population disabled people are over-represented and account for two-thirds (67%) of all survey respondents. Almost four in ten (39%) respondents report a disability to a great extent while more than a quarter (28%) of respondents report a disability to some extent. The complete survey findings are set out in the How’s it going? Wellbeing and Social Inclusion Survey Report published in January 2023.(1)

**Significance testing**

As survey respondents were not nationally representative, significance testing was only used to explore relationships in the data. Significance testing was limited to two categories of respondents: those with a disability to a great extent and those with no disability.

## Thematic analysis of narrative responses

Survey respondents who indicated that they encounter barriers to participation in social and leisure activities were asked to identify the main barriers to their participation. Responses to this open question were analysed thematically. A thematic approach to data analysis involves the examination of data to identify ideas, issues, patterns of meaning and common themes within qualitative data. (61)

A total of 1,076 respondents provided a narrative response to the open question on barriers to participation in social and leisure activities. Data was stored and tabulated in an excel file. The thematic analysis of the data was carried out in an iterative process that involved several members of the research team. One researcher conducted the initial thematic analysis which enabled data to be organised in a meaningful and orderly fashion. Answers were assigned to one or more themes that were identified based on respondents’ answers. The initial analysis was reviewed by two other researchers and revised following discussions within the project team. A further review and revisions resulted in the final thematic analysis that is presented in the next chapter of the report.

4. Findings

This chapter begins with a summary of key findings from our survey on wellbeing and social inclusion. This is followed by the thematic analysis of barriers to participation in social and leisure activities identified by survey respondents.

## Quantitative survey findings

The survey data indicates that respondents with a disability, and in particular those with a disability to a great extent, enjoy lower levels of wellbeing and social inclusion than respondents that do not have a disability. The survey data provides an assessment of the mental wellbeing of respondents. The data reveal that 20% of respondents with a disability have wellbeing scores indicative of probable clinical depression and a further 23% are attributed with wellbeing scores indicative of possible mild depression. In contrast, wellbeing scores indicative of probable clinical depression were ascribed to 6% of respondents that do not have a disability and a further 13% of non-disabled respondents were attributed with wellbeing scores indicative of possible mild depression. (1)

Several findings from the survey data indicate that disabled respondents do not enjoy the same level of social inclusion as non-disabled respondents. When asked if they feel part of their community, one in six (16%) disabled respondents disagree strongly. This compares to one in twenty (5%) non-disabled respondents. (1) The survey data also indicate that disabled respondents rate the amenities in the area where they live less positively than respondents that are not disabled. The data show that people with disabilities and especially those with disabilities to a great extent experience more difficulties accessing local amenities than those without disabilities.(1) Amenities and services that were commonly identified by respondents with a disability as difficult to access include public transport (35%), banking and Post Office facilities (30%) and GP and primary healthcare services (29%). Those who report a disability to a great extent were especially likely to point to access difficulties. More than half (53%) of this group report difficulty accessing public transport, and more than four in ten report difficulties accessing banking and Post Office (44%) and primary healthcare (43%). (1)

## Thematic analysis of barriers to participation in social and leisure activities

### Who experiences barriers to participation in social and leisure activities?

Respondents were asked if there are things that make it difficult for them to take part in social and leisure activities. The survey did not define or provide examples of social and leisure activities and so enabled respondents to impose their own meaning on these activities. As Figure 1 below shows, more than half (55%) of all respondents consider that there are barriers to their participation in social and leisure activities.

Figure 1: Question: Do you feel there are things that make it difficult for you to take part in social and leisure activities?

Figure 6.4 
This pie chart indicates that 55% of respondents feel that there are things that make it difficult to take part in social and leisure activities; 38% do not think it is difficult to take part in social and leisure activities and 7% answered don’t know.


Base: All respondents – 2,052

An analysis of responses by disability status reveals that disabled people that completed the survey are much more likely than non-disabled respondents to indicate that they encounter barriers to participation (65% v 35%). The benefits that flow from social participation are therefore enjoyed more commonly by non-disabled respondents compared with those that report a disability. The survey data also indicate that barriers to participation are most likely to be experienced by those in very bad health (89%), those struggling to pay household bills (83%) wheelchair users (83%) and those with any physical disability (80%). (1)

### What barriers to participation in social and leisure activities were identified?

Respondents who indicated that they encounter barriers to social participation were asked “What are the main things which make it difficult for you to take part in social and leisure activities”. This was an open question which allowed respondents to answer freely.

A total of 1,076 respondents told us about the things that make it hard for them to take part in social and leisure activities. We divided the responses into ten categories. A summary of responses categorised by type of barrier is set out in Table 1 above. A sample of answers from each category is included in this report to ensure that our respondents’ views are fully represented. Answers are from disabled respondents unless designated otherwise.

While some responses were very short (e.g., “Time!”) others were lengthy and pointed to a range of factors that impact participation in social and leisure activities. As respondents sometimes identified barriers in more than one category (e.g., “Money, Health” (Cost and Personal Attribute)) the number of barriers identified is greater than the number of respondents. Also, as some responses identified more than one issue within a category the total number of issues identified is greater than the number of responses in each category.

Table 1: Analysis of barriers identified by respondents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of barrier | All respondents | Disabled respondents | Non-disabled respondents | % Non-disabled respondents | No. of issues identified |
| Personal attribute | 392 | 371 | 21 | 5.4% | 511 |
| Lack of activities /supports | 193 | 159 | 34 | 17.6% | 193 |
| Cost | 152 | 121 | 31 | 20.4% | 152 |
| Time | 143 | 68 | 75 | 52.4% | 143 |
| Transport | 136 | 120 | 16 | 11.8% | 145 |
| Social Accessibility | 135 | 114 | 21 | 14.8% | 155 |
| Childcare/Family | 117 | 64 | 53 | 45.3% | 117 |
| Covid | 76 | 63 | 13 | 17.1% | 76 |
| Built Environment | 73 | 71 | 2 | 2.7% | 73 |
| Misc. | 14 | 11 | 3 | 21.4% | 14 |
| Total | 1,431 | 1,163 | 268 | 18.7% | 1,579 |

The response below provides an example of an answer that identifies several personal attributes that make it difficult to participate in social and leisure activities:

“Physical difficulty which makes activities hard to do as well as chronic pain. High anxiety is a constant” (mobility issues, pain, anxiety).

Disabled respondents to our survey outnumber those without disabilities by 2:1 and were also significantly more likely than those without disabilities to indicate that they encounter barriers to participation in social and leisure activities. Consequently, disabled respondents provided four in five responses to this open question. However, as non-disabled respondents indicated more than one type of barrier less commonly than disabled respondents they account for 18.7% of all barriers identified.

Each category is described further below.

#### Personal attributes

More than a third (37%; n=392) of respondents identified one or more personal attributes as a barrier to participation in social and leisure activities. Respondents that reported a disability identified a personal attribute as a barrier much more commonly than non-disabled respondents (45% v 8%). As many respondents referred to more than one attribute, the total number of attributes identified as barriers is greater than the number of respondents. Respondents identified a wide range of attributes (see Table 2 below).

Table 2: Personal attributes identified as barriers to social and leisure participation

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal attribute that makes participation hard** | **All responses** | **Disabled respondents** | **Non-disabled respondents** |
| Anxiety | 105 | 95 (90%) | 10 (10%) |
| Health/Illness | 81 | 80 (99%) | 1 (1%) |
| Mobility difficulties | 71 | 69 (97%) | 2 (3%) |
| Motivation/Confidence | 49 | 42 (86%) | 7 (14%) |
| Pain | 46 | 46 (100%) | 0 (0%) |
| Fatigue/energy | 43 | 42 (98%) | 1 (2%) |
| Mental Health | 41 | 41 (100%) | 0 (0)% |
| Autism | 23 | 23 (100%) | 0(0)% |
| Deafness or Hard of hearing | 19 | 19 (100%) | 0(0)% |
| Blindness/vision impairment | 10 | 10 (100%) | 0(0)% |
| Other | 23 | 23 (100%) | (0)%0 |
| **Total** | **511** | **490 (96%)** | **21 (4%)** |

Participants’ answers in this category cited more than one barrier more commonly than those in other categories. Examples of answers that cite more than one personal attribute are set out below:

“Pain; depression; lack of motivation; anxiety”

“Chronic illness – pain, fatigue and depression – make it difficult for me to take part in social and leisure activities”

“Constant fatigue, pain due to fibromyalgia, ongoing abdominal problems due to abdominal adhesions, causing nausea…Lipoedema in legs causing heavy fatigued legs”.

As Table 2 above indicates the attribute most commonly cited was anxiety. Many responses simply said ‘anxiety’ or ‘social anxiety’. Other answers were lengthier:

“Anxiety, fear of being judged for my weight, age, looks, hair, ankles, chubby fingers, double chin, afraid I’ll say the wrong thing, or spending too much time with others they will see ‘me’ and not like me… better to stay away”.

“I am introverted with social anxiety. I know my exclusion is self-inflicted. I am not from Ireland, I have been here for 4 years. I know the way to be part of the community and make friends is to volunteer and become a member of the community, but the social anxiety stops me”.

Respondents sometimes prefaced their answers by ‘my’ which suggests that they feel responsible for their difficulties participating socially. Examples are set out below:

* “My autism”
* “My illness”
* “My disability”
* “My chair” (wheelchair)
* “My own anxiety”.

One respondent pointed to both his employment status and his mental ill health as a cause of shame and a barrier to taking part in social activities:

“I feel so ashamed that I am unemployed and that I have been diagnosed with bipolar disorder. I don't feel like taking part in social and leisure activities…I’d rather hide at home”.

Although as outlined in the previous chapter participation in social and leisure activities is associated with many positive benefits, for some people it may be so stressful that it is intolerable. The very poignant response below highlights how difficult social interactions can be:

“I am autistic with CPTSD[[3]](#footnote-3), I cannot tolerate being around people. I cannot read intentions or reactions at all. This makes every social situation into a walk through a minefield, particularly as I have no sense of entitlement to be rude or make others uncomfortable. Solitude was the only coping skill available to me and is the only way I can function, to the extent that if or when I become incapable, through old age, of maintaining my life in seclusion I will seek euthanasia, to be trapped with people is unbearable torture to me.

I am fine with that, but the logistical difficulties it creates are a nightmare. The world does not allow for people who need to isolate”.

#### Lack of activities/supports

A total of 193 respondents considered a lack of activities or a lack of supports to be a barrier to participation in social and leisure activities. One hundred and thirty-six respondents identified a lack of suitable activities. Fourteen of these respondents pointed to a lack of social activities that did not involve alcohol.

“Very few social activities that don't involve alcohol- I don't drink”.

Some responses referred to a general lack of facilities while others to a lack of activities that are suitably adapted for their disability:

“Absence of suitable activities or of interest”

“No local swimming pool. A warm pool is excellent for people with arthritis”

“Lack of both Social and Leisure activities for people with physical disabilities like me in my community”.

Fifty-three respondents identified a lack of support, and four respondents cited a lack of respite-care as a barrier to their participation in social and leisure activities.

“Limited to access the funds to cover the ISL [Irish Sign Language] interpretation. Unable to participate in social and leisure activities. The voucher scheme has finished and still waiting for the permanent scheme.....[[4]](#footnote-4) More delays, more excluded from the social/leisure activities. It is not OK and not fair”.

“Having staff to support me all the time to attend activities”.

All four respondents who cited the lack of respite as a barrier to participation have a disability. Their responses highlight the strain of caring and that lack of respite-care may impair the health of carers:

“I'm a fulltime sole Carer to 3 additional needs children and I am also disabled myself. This is since 2010. There are no options for respite”

“As a full-time carer to someone who has not had respite in over 6 years, it is difficult to get out to do things. Caring on a full-time basis is a total grind, which is unappreciated and unsupported. It is also costly, and we constantly live on a sword edge where money is concerned. A night out with friends is almost impossible by the time you take into account having to get someone to "babysit" and the cost of spending money on myself when it might be needed for bills seems frivolous. In-home respite is desperately needed for all age groups. Also, mental health has suffered and anxiety contributes to not wanting to go out”.

#### Cost

Cost was identified as a barrier to participation in social and leisure activities by 152 participants. Many answers in this category were very short and simply said ‘cost’, ‘money’ or ‘finances’. Others explained why cost constrains their participation:

“Not in my budget - saving all I can for house deposit” (Non-disabled respondent)

“Prices to participate are too expensive when a family of 4 are living on social welfare payments, like carer’s allowance and disability allowance. We can’t afford heating oil, how can I justify using our money on social and leisure activities”?

“Finances, not enough left to access leisure centre, pay my own way when meeting friends, pay for fuel for car”.

Respondents also linked cost to the availability of transport and services:

“Lack of availability in my rural area. I have my own car but I need to travel1.5 hours to get to the nearest adaptive recreation group. Fuel is costly. If I were disabled and did not have a car I could not go anywhere as there is only one community bus available on a Wednesday that goes into [X] for 3 hours. It is not wheelchair accessible”.

“The cost of these activities and they are too far away from me”.

#### Time

Non-disabled respondents contributed more than half (52%: n=75) of the answers in this category. Many respondents referred to a lack of time for social and leisure activities because of the time they spend working and caring for their families:

“I have 3 Kids and no family or support around me in order to have time for myself. I also work full time and there is not a to minute spare in the day” (non-disabled respondent)

“TIME! very busy with work and children”.

Others referred to the time spent commuting and pointed out that the switch from remote to office work reduced their free time:

“Being back in the office 4 days a week and losing commute time”

“…having to work in an office (instead of being allowed to work from home) limits time and energy for social & leisure opportunities”.

#### Transport

One hundred and thirty-six respondents identified transport as a barrier to social participation. Almost nine in ten of those that referred to transport were disabled. A total of 145 issues were noted as a small number of respondents cited more than one transport related issue.

Forty responses in this category were non-specific and simply said ‘transport’. Public transport was referred to by 50 respondents. Issues noted regarding public transport included lack of services; unreliability of service; inadequacy of services; and lack of accessibility. Responses (n=19) also referred to not being able to drive or not having a car; not having access to transport (n=18) and distance (n=18) as barriers to participating in social and leisure events. Examples of the responses in this category are set out below:

“I have no transport, there is no public transport and it is too far to walk”

“My mom does not drive, so unless I’m going to day services I don’t get to go to many social and leisure activities”

“Transport is very limited where I am and if I want to go to town I have to get an early bus home as there are no late buses, I also would need help with certain things and would feel very vulnerable on my own even with my friends, taxis cost too much money ….”

#### Social Accessibility

This category includes respondents with a variety of disabilities and covers a diverse range of issues. A total of 135 respondents referred to 155 issues of social accessibility Table 3 below presents a summary of the answers in this category:

Table 3: Barriers to social accessibility of Social and Leisure activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Barrier** | **All** | **Disabled respondents** | **Non-disabled respondents** |
| Limited social network | 54 | 44 (81%) | 10 (19%) |
| Attitudes/understanding | 29 | 29 (100%) | 0 (0%) |
| Closed social groups | 19 | 15 (79%) | 4 (21%) |
| Homophobia/transphobia | 13 | 10 (77%) | 3 (23%) |
| Sensory environment | 9 | 9 (100%) | 0 (0%) |
| Safety | 9 | 8 (89%) | 1 (11%) |
| Racism | 7 | 6 (86%) | 1 (14%) |
| Other | 15 | 13 (87%) | 2 (13%) |
| **Total** | **155** | **134 (86%)** | **21 (14%)** |

A third (n=54) of answers in this category identified a limited social network as something that makes it hard to participate socially. A further 12% (n=19) said that it was hard to participate socially because many groups are ‘closed’ or ‘cliquish’.

“…not having enough friends outside of family to go to concerts, events, try new things”

“I'm not Irish and people here do not want to be friends with outsiders”

“Closed communities” (Non-disabled respondent)

“I'm single, unmarried with an outgoing, extrovert warm personality. Despite that, I find Irish society quite cliquish and ageist, and find it difficult to find and form close male or female friendships”.

Respondents also felt that both racism and homophobia/transphobia made it difficult for them to participate socially. Six of the seven respondents that cited racism identified themselves as members of the Traveller community. The answers indicate that previous experience of discrimination deter participation in recreational activities:

“Being a member of the Traveller community not being accepted in leisure activities because of racism”

“Don’t feel welcome to access them as I am a member of the Traveller Community and have been refused”.

Answers that referred to homophobia/transphobia noted previous bad experiences, limiting participation to activities organised by the LGBTQ+ community and safety concerns:

“I feel comfortable taking part in LGBT community activities but not clubs or classes generally due to homophobic and transphobic experiences before especially in sport. There are less LGBT classes or activities than I'd like but I take the opportunities I can”

“I'm trans so social and leisure activities are extremely inhibited, there aren't any outside of LGBTQ+ specific things. It isn't safe to go outside just to go shopping never mind taking unnecessary risks for the sake of leisure”.

All references to attitudes or (lack of) understanding making social participation difficult came from disabled respondents. Answers highlighted a lack of disability awareness and a lack of understanding of necessary accommodations:

“People not understanding what a visual impairment is or not believing me when I say I have one”

“Due to lack of ISL[[5]](#footnote-5) access in social activities; public bodies not aware of provide ISL access, hard to follow people without ISL access… struggling….”

Eight of the nine respondents that pointed to sensory issues as limiting participation in social activities referred to their difficulties in crowds or crowded places. Of these seven are autistic and one is Deaf. The answers below illustrate how crowded and noisy spaces can be overwhelming and unsuitable for some people:

“I'm autistic …and have an auditory processing disorder and get very overwhelmed in crowded settings. I'd also socialise in different ways and say things that aren't meant to be offensive but would be misunderstood or have people thinking I'm weird. Noise is a major factor, if a place is loud or has a lot of different sounds then I can't focus on just one sound and so can't hear anything that's being said, so bars and restaurants are out for me”

“Being Deaf I get lost in large groups of people talking and background noise affects my ability to communicate. I live in [Rural area] and care for my mother … beyond work and grocery shopping I don't get to go out at all”.

#### Childcare and family

This category is one of two in which the proportion of non-disabled respondents is significantly greater than in the total responses. Respondents without disabilities account for 20% of respondents but provided 45% (n=53) of the 117 answers in this category.

Some responses specifically pointed to caring for young children:

“Young family” (non-disabled respondent)

“Have young kids so very little free time” (non-disabled respondent)

“Having very small children is a huge one. I can't get out without one of them in tow”.

Others referred to childcare difficulties:

“Three small kids and no childcare in the evening” (non-disabled respondent).

Several respondents, including disabled and non-disabled respondents referred to caring for children with disabilities:

“Lack of time between work, my own illness and caring for my child with a significant disability”

“Son with autism lack of support/services. Unable/difficult to plan time away due to behaviours” (non-disabled respondent)

“Caring responsibilities for two Special Needs sons” (non-disabled respondent).

#### Covid-19

Survey responses were collected between April and June 2022 when concerns regarding Covid-19 still featured prominently. Responses in this category referred to the disruption to activities caused by Covid; their perception that social activities were ‘high risk’ especially if they were in crowded places and their concerns for their own health or that of a family member.

This answer from a non-disabled respondent illustrates these issues:

“Covid, I have an underlying condition and am on treatment for Cancer long term. Most social activities I took part in before lockdown no longer take place. For example, sport at the local complex now discontinued as the facilities are exclusive to Ukrainians. Other social activities in the arts are slow to recommence… Covid is still a risk”.

#### Built Environment

Almost all (71 of 73) of the responses in this category came from people with a physical disability. Sixteen responses included a reference to a wheelchair and there were 67 references to access, accessible or accessibility. Examples of answers that refer to wheelchairs or accessibility are set out below:

“Leisure facilities are generally not accessible”

“Access to the facilities. As a self-propelled wheelchair user broken paths, broken and moving cobblestones, grassy areas are impossible terrain to manoeuvre across”

“…accessibility is also a massive issue as I am a wheelchair user. Many events and venues do not know what it means to be wheelchair accessible, and therefore are excluding people like me”.

Responses in this category came mainly but not exclusively from persons with physical disabilities. Respondents with visual impairments also indicated that the built environment posed barriers to their participation:

“access to the place due to cars parked on footpaths, no visual impairment accessories to cross roads, footpaths uneven”

“I have visual disability and have mobility problems. I need someone to bring me. Not all events are accessible”.

Respondents sometimes opted to point to specific aspects of the built environment that pose difficulties for them. One answer referred to a general poor level of universal design. The answers also make it clear that pre-visit information about accessibility features is needed so that people can be assured that their needs will be met. The answers set out below provide examples of the issues highlighted:

“Parking, stairs, heavy doors, toilets…”

“Queuing, disabled parking, steps…”

“Nowhere to sit or go to the toilet. I have to plan carefully”

“I need to have somewhere to sit/ lean available, need any steps to have railings, need not to have to walk too far, need to not be in crowds due to poor balance etc. If the social/leisure activity can't be planned in a way that I can have what I need, I can't go. If I can't find out information on these aspects I don't go”.

#### Miscellaneous

This is the category with the smallest number of responses and includes the response ‘I don’t know where to start’ which has been used as the title for this report.

The responses in this category are very diverse. Two responses (one from a disabled person and one from a non-disabled person) relate to gender issues. One decries what is described as “LGBTQ+ fascism” and the other is critical of the acceptance of transgender. Two other responses relate to the rights of disabled persons:

“Lack of rights as a disabled person, just seen as charity case and no real proper access on housing, transport, job”.

In the next chapter we discuss our findings and set out our conclusions.

5. Discussion and Conclusion

## Discussion of findings

This study in common with previous research shows that people with disabilities are more likely than those without disabilities to encounter barriers to participation. Non-disabled respondents report both time and care of children and family as barriers to participation in social and leisure activities much more commonly than people with disabilities. This is consistent with their higher rate of employment and the higher proportion who report having children aged under 18 years of age (45% v 25%). (1)

It is notable that more than a third (37%) of respondents that identified barriers to their participation in social and leisure activities pointed to a personal attribute. Almost all (96%) of those that considered a personal attribute to be a barrier to participation in social and leisure activities were respondents that reported having a disability. Experiences of disability and of attitudes and responses to disability vary. The survey responses indicate that a significant proportion of disabled respondents viewed their impairment or difference as a barrier to participation in recreational and social activities. Disabled respondents who have internalised negative attitudes or discriminatory practices they have encountered may accept that disability should be stigmatised. A belief such as this is at odds with the social model of disability which considers disability to be a product of societal barriers rather than impairments.

A range of conditions and impairments were cited as barriers. Some attributes identified, such as mobility difficulties, can be easily re-cast as barriers generated by inaccessible features of the built environment and transport systems. Others, such as anxiety, require societal wide attitudes to change and an increased openness to diversity and focus on inclusion. Improvements in the training of people who work within the leisure and recreational sector is also required. The environment in which social and leisure activities are provided may also contribute to anxiety and dissuade people from engaging socially. Noisy, crowded spaces can be very uncomfortable places for people with sensory disabilities. Environments need to be tailored to suit the needs of all in our communities. Poor health, pain and fatigue were other characteristics identified as barriers to participation. Easier access to health care and extensions to self-care monitoring systems may enable improvements in health and pain management. Fatigue may be reduced through improvements in the accessibility of the built environment and transport systems.

Cost, was identified as a barrier to participation in social and leisure activities by 14% of the disabled and non-disabled respondents who answered the open question. As in general people with disabilities live in households with lower-than-average incomes it might have been anticipated that the proportion of disabled respondents that identified cost as a barrier would be higher than the proportion of non-disabled respondents. While the survey data indicate that a higher proportion of disabled than non-disabled respondents report that paying bills and loans is a constant struggle (16% v 13%) a higher proportion also report that they do not have any bills or loans (10% v 8%). Respondents that completed the Easy-to-Read version of the survey were especially likely to indicate that they did not have any bills or loans.(1)

A similar but slightly higher proportion of disabled respondents than non-disabled respondents identified lack of activities and facilities (19% v 16%) and Covid-19 (7% v 6% as barriers to participation. The responses indicate a need for more community amenities and greater diversity in the range of leisure and recreational opportunities provided. It is likely that fears with regard to Covid-19 and indeed the long-term health effects of Covid-19 have abated somewhat since 2022 when the survey data was collected.

Disabled respondents identified the social accessibility of social and leisure activities as a barrier to their participation more often than those without disabilities (13% v 10%). It was interesting to note that both disabled and non-disabled respondents flagged limited social networks, closed social groups and racism as barriers to social participation. However only disabled respondents pointed to attitudes and understanding and inappropriate sensory environments as barriers.

Disabled respondents cited transport issues twice as commonly as non-disabled respondents (14% v 7%). Transport difficulties were especially common among respondents living in rural areas. Disabled respondents predominated amongst those that identified aspects of the built environment as barriers to their participation. Only 1% of non-disabled respondents (n=2) identified issue with the built environment compared with 8% of disabled respondents (n=71).

## Conclusion

Previous studies have established that participation in social and leisure activity is positively associated with a range of health benefits. People with lower socio-economic status and lower levels of education participate less in leisure activities. This is likely due to a multiplicity of factors including cost; lack of information; absence or inaccessibility of leisure facilities; lack of confidence; and lack of skills. People with disabilities have on average lower levels of income and lower levels of education than their peers.

Although people with disabilities have more leisure time than those without disabilities their leisure time tends to be of a poorer quality, and they tend to spend more time on passive and solitary activities. Individual preferences and characteristics influence both the benefits that accrue from participation and the type and frequency of participation.

Removing barriers to participation in recreational activities is a means of promoting public health. The removal of barriers is also necessary to enforce the rights of disabled people to participate on an equal basis in society. People with all types of impairments have the right to participate in society. The social model of disability set out in the UNCRPD requires state Parties to address social, environmental, and structural barriers that hinder the full and effective participation of people with disabilities in society.

A wide range of measures are needed to address these barriers and to enable people with disabilities to participate in social and leisure activities on an equitable basis with their non-disabled peers. The change needed is multi-faceted and requires a whole suite of initiatives that make participation in social and leisure activities cheaper, easier and more enjoyable for everyone in our society. Disabled people and representative of Disabled People Organisations should play a lead role in drafting an action plan to bring about the change needed.

A new National Disability Strategy is currently being developed in consultation with people with disabilities and their representative organisations. The findings from the survey on Wellbeing and Social Inclusion and the analysis of barriers to participation in social and leisure activities will inform this process.

# References

1. National Disability Authority. How’s it going? Wellbeing and Social Inclusion Survey Report [Internet]. 2023. Available from: https://nda.ie/publications/hows-it-going-national-survey

2. United Nations. Convention on the Rights of Persons with Disabilities. 2006.

3. Government of Ireland. Programme for Government: Our Shared Future [Internet]. 2020 Oct [cited 2023 Aug 16]. Available from: https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/

4. Government of Ireland. Wellbeing and the Measurement of Broader Living Standards in Ireland [Internet]. Prepared by Department of Finance; 2021 [cited 2023 Aug 16]. Available from: https://www.gov.ie/pdf/?file=https://assets.gov.ie/90764/74a122af-0acf-4384-86b5-a0dbd6cca8f5.pdf#page=null

5. UK Research Services House of Lords. Wellbeing as an Indicator of National Performance. 2020.

6. Department of Finance Canada. Towards a quality of life strategy for Canada. 2021.

7. Government of Ireland. First Report on a Well-being Framework for Ireland [Internet]. 2021 [cited 2023 Aug 16]. Available from: https://www.gov.ie/pdf/?file=https://assets.gov.ie/152599/1649e918-e9cf-4a9b-b234-749b3021445e.pdf#page=null

8. New Zealand Government. Our People Our Country Our Future Living Standards Framework: Background and Future Work [Internet]. 2018. Available from: https://www.treasury.govt.nz/sites/default/files/2018-12/lsf-background-future-work.pdf

9. New Economics Foundation. Measuring Well-being A guide for Practitioners [Internet]. 2012. Available from: https://neweconomics.org/uploads/files/measuring-wellbeing.pdf

10. Abery, Brian. Impact | Volume 16, Number 2 | Social Inclusion Through Recreation: What’s the Connection? 2003 [cited 2023 Aug 16]; Available from: https://publications.ici.umn.edu/impact/16-2/social-inclusion-through-recreation-whats-the-connection

11. Bantekas I. The right of access to sport and recreation for disabled persons under international law: What does it really entail? Loyola Los Angel Int Comp Law Rev. 2022 Apr 1;45(3):157.

12. Shandra CL. Disability and Patterns of Leisure Participation Across the Life Course. Carr D, editor. J Gerontol Ser B. 2021 Mar 14;76(4):801–9.

13. Petersen CB, Bekker-Jeppesen M, Aadahl M, Lau CJ. Participation in recreational activities varies with socioeconomic position and is associated with self-rated health and well-being. Prev Med Rep. 2021 Dec;24:101610.

14. Fancourt D, Aughterson H, Finn S, Walker E, Steptoe A. How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action. Lancet Psychiatry. 2021 Apr;8(4):329–39.

15. Martin Ginis KA, Van Der Ploeg HP, Foster C, Lai B, McBride CB, Ng K, et al. Participation of people living with disabilities in physical activity: a global perspective. The Lancet. 2021 Jul;398(10298):443–55.

16. Bauman AE. Updating the evidence that physical activity is good for health: an epidemiological review 2000–2003. J Sci Med Sport. 2004 Apr 1;7(1, Supplement 1):6–19.

17. Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet. 2012 Jul;380(9838):219–29.

18. Ekelund U, Steene-Johannessen J, Brown WJ, Fagerland MW, Owen N, Powell KE, et al. Does physical activity attenuate, or even eliminate, the detrimental association of sitting time with mortality? A harmonised meta-analysis of data from more than 1 million men and women. The Lancet. 2016 Sep 24;388(10051):1302–10.

19. Strain T, Brage S, Sharp SJ, Richards J, Tainio M, Ding D, et al. Use of the prevented fraction for the population to determine deaths averted by existing prevalence of physical activity: a descriptive study. Lancet Glob Health. 2020 Jul;8(7):e920–30.

20. Eime R, Harvey J, Charity M, Casey M, Van Uffelen J, Payne W. The contribution of sport participation to overall health enhancing physical activity levels in Australia: a population-based study. BMC Public Health. 2015 Dec;15(1):806.

21. Jones GJ, Carlton T, Hyun M, Kanters M, Bocarro J. Assessing the contribution of informal sport to leisure-time physical activity: a new perspective on social innovation. Manag Sport Leis. 2020 May 3;25(3):161–74.

22. Nummela O, Sulander T, Rahkonen O, Uutela A. Associations of self-rated health with different forms of leisure activities among ageing people. Int J Public Health. 2008 Oct;53(5):227–35.

23. Sirven N, Debrand T. Social participation and healthy ageing: An international comparison using SHARE data. Soc Sci Med. 2008 Dec;67(12):2017–26.

24. Department of Health Department of Transport Tourism and Sport. National Physical Activity Plan for Ireland [Internet]. 2016 [cited 2023 Aug 17]. Available from: https://www.gov.ie/pdf/?file=https://assets.gov.ie/7563/23f51643fd1d4ad7abf529e58c8d8041.pdf#page=null

25. Get Ireland Active [Internet]. [cited 2023 Aug 17]. Available from: https://getirelandactive.ie/

26. Sport Ireland Sheffield Hallam University Sport Industry Research Centre. Researching the Value of Sport in Ireland. Sport Ireland; 2021.

27. Sport Ireland. Irish Sports Monitor Annual Report 2019 [Internet]. Sport Ireland; 2020. Available from: https://www.sportireland.ie/sites/default/files/media/document/2020-09/irish-sports-monitor-2019-report-lower-res.pdf

28. Sport Ireland. Irish Sports Monitor Annual Report 2021. 2022.

29. Glei DA, Landau DA, Goldman N, Chuang YL, Rodríguez G, Weinstein M. Participating in social activities helps preserve cognitive function: an analysis of a longitudinal, population-based study of the elderly. Int J Epidemiol. 2005 Aug;34(4):864–71.

30. Denovan A, Macaskill A. Stress, resilience and leisure coping among university students: applying the broaden-and-build theory. Leis Stud. 2017 Nov 2;36(6):852–65.

31. Ngamaba KH, Webber M, Xanthopoulou P, Chevalier A, Giacco D. Participation in leisure activities and quality of life of people with psychosis in England: a multi-site cross-sectional study. Ann Gen Psychiatry. 2023 Mar 13;22(1):8.

32. Nimrod G, Kleiber DA, Berdychevsky L. Leisure in Coping With Depression. J Leis Res. 2012 Dec;44(4):419–49.

33. Almeida-Meza P, Steptoe A, Cadar D. Is Engagement in Intellectual and Social Leisure Activities Protective Against Dementia Risk? Evidence from the English Longitudinal Study of Ageing1. Tyas S, editor. J Alzheimers Dis. 2021 Mar 23;80(2):555–65.

34. McDowell CP, Dishman RK, Gordon BR, Herring MP. Physical Activity and Anxiety: A Systematic Review and Meta-analysis of Prospective Cohort Studies. Am J Prev Med. 2019 Oct;57(4):545–56.

35. Adams KB, Leibbrandt S, Moon H. A critical review of the literature on social and leisure activity and wellbeing in later life. Ageing Soc. 2011 May;31(4):683–712.

36. Nielson, Line, Hinrichsen, Carsten, Madsen, Katrine Rich, Nelausen, Malene Kubstrup, Meilstrup, Charlotte, Koyanagi, Ai, et al. Participation in social leisure activities may benefit mental health particularly among individuals that lack social connectedness at work or school. Ment Health Soc Incl. 2021;25(4):341–51.

37. Goodman WK, Geiger AM, Wolf JM. Leisure activities are linked to mental health benefits by providing time structure: comparing employed, unemployed and homemakers. J Epidemiol Community Health. 2017 Jan;71(1):4–11.

38. Tonietto GN, Malkoc SA, Reczek RW, Norton MI. Viewing leisure as wasteful undermines enjoyment. J Exp Soc Psychol. 2021 Nov;97:104198.

39. Lunn, Pete. FAIR PLAY? SPORT AND SOCIAL DISADVANTAGE IN IRELAND [Internet]. Economic and Social Research Institute; 2007. Available from: https://www.esri.ie/publications/fair-play-sport-and-social-disadvantage-in-ireland

40. Federico B, Falese L, Marandola D, Capelli G. Socioeconomic differences in sport and physical activity among Italian adults. J Sports Sci. 2013 Feb;31(4):451–8.

41. Richard V, Piumatti G, Pullen N, Lorthe E, Guessous I, Cantoreggi N, et al. Socioeconomic inequalities in sport participation: pattern per sport and time trends – a repeated cross-sectional study. BMC Public Health. 2023 Apr 28;23(1):785.

42. Bezyak JL, Sabella S, Hammel J, McDonald K, Jones RA, Barton D. Community participation and public transportation barriers experienced by people with disabilities. Disabil Rehabil. 2020 Nov 5;42(23):3275–83.

43. Gates, Shivonne, Gogescu, Fiona, Grollman, Chris, Cooper, Emily, Priya, Khambhaita, Priya. Transport and inequality: An evidence review for the Department for Transport [Internet]. NatCen Social Research; 2019 p. 1–68. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/953951/Transport\_and\_inequality\_report\_document.pdf

44. Lucas K. Transport and social exclusion: Where are we now? Transp Policy. 2012 Mar;20:105–13.

45. Park J, Chowdhury S. Towards an enabled journey: barriers encountered by public transport riders with disabilities for the whole journey chain. Transp Rev. 2022 Mar 4;42(2):181–203.

46. Clery, Elizabeth, Kiss, Zsolt, Taylor, Eleanor, Gill, Valdeep. Disabled people’s travel behaviour and attitudes to travel [Internet]. Department for Transport; 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/647703/disabled-peoples-travel-behaviour-and-attitudes-to-travel.pdf

47. The Centre for Excellence in Universal Design | Centre for Excellence in Universal Design [Internet]. [cited 2023 Oct 17]. Available from: https://universaldesign.ie/

48. National Disability Authority. A review of approaches used to create liveable communities to attain full participation and inclusion for disabled people [Internet]. 2022. Available from: https://nda.ie/publications/a-review-of-approaches-used-to-create-livable-communities-to-attain-full-participation-and-inclusion-for-disabled-people

49. Forster, Grace Katherine, Aarø, Leif Edvard, Alme, Maria Nordheim, Hansen, Thomas, Nilsen, Thomas Sevenius, Vedaa, Øystein. Built Environment Accessibility and Disability as Predictors of Well-Being among Older Adults: A Norwegian Cross-Sectional Study. Int J Env Res Public Health. 2023;20(10):5898.

50. Equality and Human Rights Commission. Being disabled in Britain A journey less equal. 2017.

51. Garcia L, Mendonça G, Benedetti TRB, Borges LJ, Streit IA, Christofoletti M, et al. Barriers and facilitators of domain-specific physical activity: a systematic review of reviews. BMC Public Health. 2022 Oct 26;22(1):1964.

52. Central Statistics Office. Census of Population 2016 – Profile 9 Health, Disability and Carers [Internet]. CSO; [cited 2023 Aug 16]. Available from: https://www.cso.ie/en/releasesandpublications/ep/p-cp9hdc/p8hdc/p9chs/

53. Central Statistics Office. Income, Employment and Welfare Analysis of People with a Disability [Internet]. CSO; 2019 [cited 2023 Aug 16]. Available from: https://www.cso.ie/en/releasesandpublications/fp/fp-iewad/incomeemploymentandwelfareanalysisofpeoplewithadisability2019/incomeandemployment/

54. Gannon B, Nolan B. Disability and Social Inclusion in Ireland. Economic and Social Research Institute; 2005.

55. Donoghue O, Orr J, Leahy S, McGarrigle C. Transport patterns in community-dwelling adults aged 50 years and over in Ireland [Internet]. The Irish Longitudinal Study on Ageing; 2017 Apr [cited 2023 Sep 19]. Available from: https://tilda.tcd.ie/publications/reports/TransportPatterns/

56. Rath, Vivian. The social engagement experiences of disabiled students in higher education in Ireland [PhD]. Trinity College Dublin; 2020.

57. Martin S, Griffiths C. The leisure experiences of university students with physical disabilities in Ireland. Leisure/Loisir. 2016 Oct;40(4):447–67.

58. de Paor, E. A mixed method study of leisure participation, barriers and supports among a sample of independently living adults with intellectual disabilities [Unpublished master’s thesis]. University College Dublin; 2006.

59. Walsh-Allen, Mary. Integration or Segregation? The same or different recreation and leisure facilities for people with learning disability. Crit Soc Think Policy Pract [Internet]. 2010;2. Available from: https://www.ucc.ie/en/media/academic/appliedsocialstudies/docs/MaryWalsh-Allen.pdf

60. Warwick Medical School. The Warwick-Edinburgh Mental Wellbeing Scales - WEMWBS [Internet]. Available from: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

61. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006 Jan;3(2):77–101.

1. Ipsos is a large independent global research company. It is represented in Ireland by Ipsos MRBI. It provides a range of research services including the design, delivery and analysis of surveys. [↑](#footnote-ref-1)
2. Estimates of the gap in activity levels range from 16-62% (17). [↑](#footnote-ref-2)
3. CPTSD is an acronym for Complex Post Traumatic Stress Disorder. [↑](#footnote-ref-3)
4. A pilot Irish Sign Language (ISL) Voucher Scheme ran for 4 months in 2021. An evaluation of the pilot scheme was conducted in 2022. The launch of the Social Inclusion Voucher Scheme on the 2nd of October 2023 followed consideration of the evaluation. This scheme allows for Deaf people to access an ISL interpreter for social, cultural, education and medical services, in line with the ISL Act section 9. [↑](#footnote-ref-4)
5. Irish Sign Language. [↑](#footnote-ref-5)