

## Chapter 45

### Sport, Disability, and Inclusion

Ian Brittain and Matej Christiaens

This chapter examines the intersectionality of disability and sport and their possible connection to the increased inclusion of disabled people within the wider society. Compared to sport for non-disabled people, which has been around for centuries, disability sport and sport for disabled people are relatively new concepts. Ludwig Guttmann was a pioneer when he introduced sport as part of a rehabilitation regime at Stoke Mandeville hospital in the United Kingdom, which later evolved into the second largest multisport event in the world, the Paralympic Games. Despite such success, disabled people still face an uphill battle to find and engage in sporting opportunities and achieve broader inclusion within society. Moreover, the Paralympic Games might not bring the societal change that is often hoped for. While more and more community sport clubs self-identify as being inclusive, ableist attitudes remain a key characteristic to how inclusion is operationalized in practice. This chapter explores some of the key issues and debates pertaining to the inclusion of disabled people in sport and society, in addition to some of the models and theories pertaining to disability.

sport, disability, inclusion, ableism, Paralympic Games, community sport, models of disability

It is estimated that 10% to 15% of the world's population has a disability, which approximates to 1 billion disabled people around the world (World Health Organization & World Bank, 2018). The probability of becoming disabled is higher than might be expected: around 25% of today's 20-year-olds become disabled before they retire (U.S. Social Security Administration, 2019). Despite such a significant proportion of the population being considered as having a disability, disabled people have historically been marginalized and excluded from the rest of society based on the perception that they are, as a result of their impairments, different from the norm (Oliver & Barnes, 2012).

While over the past 30 years, the life chances and opportunities for many disabled people in society have dramatically changed, the pace of change has not been uniform; many disabled people remain institutionalized and discriminated against and continue to experience social isolation and limited access to sport (Filmer, 2005; Loeb, Eide, Jelsma, Toni, & Maart, 2008; Watermeyer, Swartz, Lorenzo, Schneider, & Priestley, 2006). As a result, the enormous benefits of physical activity that have been widely recognized for the non-disabled population are currently not experienced by the entire population. Sport also serves a more practical purpose, which often forms the basis for government interest in sport. For example, research has shown that regular physical activity is key to preventing and treating noncommunicable diseases such as heart disease, stroke, diabetes, and cancer and regulating weight, while also being instrumental in alleviating depression and contributing to a positive sense of well-being (Kruk, 2007; Mammen & Faulkner, 2013; Winzer, Woitek, & Linke, 2018). Additionally, sport is used as a tool to achieve broader social objectives, such as tackling crime and drug use (Cameron & MacDougall, 2000; Crabbe, 2000; Smith & Waddington, 2004), peacemaking and peacekeeping (Parry, 2012) and promoting diversity and social inclusion (Kelly, 2010; Spaaij et al., 2016). The idea of using sport as a vehicle to increase the inclusion of disabled people into the wider society has been going on since the

1940s, when Ludwig Guttmann introduced sport as part of the rehabilitation regime for spinally injured servicemen and women from World War II at Stoke Mandeville Hospital in the United Kingdom (Brittain, 2016).

This chapter, split into three sections, will interrogate this idea further. In the first section (Issues), we will look at some of the reasons why greater inclusion of disabled people in the wider society might be necessary. In the second section (Approaches), we will look at some of the models and theories pertaining to disability that seek to explain and create an improved understanding of human behavior with respect to disability. In the third section (Debates), we will outline some of the issues that may arise when trying to use sport as a vehicle for greater inclusion of disabled people in the wider society.

## Issues

### The Genesis of Sport, Disability, and Inclusion

The Paralympic Movement itself and its precursor, the Stoke Mandeville Games, were founded partly on the idea that disability sport could help disabled people navigate the problems they generally faced within society on a day-to-day basis (Brittain, 2016). Indeed, Sir Ludwig Guttmann (1976, pp. 12–13), internationally recognized founder of the modern-day Paralympic Movement, highlighted three main areas in which participation in sport could benefit disabled people. We examine each of these in the following subsections.

#### Sport as a Curative Factor

According to Guttmann, sport represents the most natural form of remedial exercise and can be used to successfully complement other forms of remedial/rehabilitative exercise. Sport, it was posited, can be invaluable in restoring the overall fitness, including strength, speed, coordination, and endurance, of someone who has received a disabling injury.

## The Recreational and Psychological Value of Sport

Guttmann claims that the big advantage of sport for disabled people over other remedial exercises lies within its recreational value. He also points out that much of the restorative power of sport is lost if the disabled person does not enjoy their participation in it. As long as enjoyment is derived from the activity, then sport can help develop an active mind, self-confidence, self-dignity, self-discipline, competitive spirit, and camaraderie, all of which are essential in helping to overcome the often all-consuming depression that can occur with sudden traumatic disability.

## Sport as a Means of Social Reintegration

There are certain sports in which disabled people are capable of competing alongside their non-disabled peers (e.g., archery, bowls, and table tennis), something that Neroli Fairhall of New Zealand proved when she competed from a wheelchair in archery at the 1976 Olympic Games in Montreal. It was Guttmann's contention that this tangible interaction between disabled and non-disabled individuals helps create a better understanding between them and aids in the social reintegration of disabled people through the medium of sport.

## The International Paralympic Committee and Inclusion

Founded in 1989, the International Paralympic Committee (IPC) leans heavily on these original three principles of Guttmann's, especially the third, concerning social reintegration. Indeed, in their latest strategic plan (2019–2022), the IPC's vision statement clearly links the movement to the idea of increasing societal inclusion: "Make for an inclusive world through Para sport" (International Paralympic Committee, 2019, p. 6). This overarching vision is further reinforced in the IPC's Strategic Priority 3, to "drive a cultural shift through Para sport for a truly inclusive society" (p. 14). Despite the fact that the word "inclusion" is used eight times in their 22-page strategic plan, what the IPC does not do at any point is define what they actually mean by inclusion. The closest they get is to state, "The Paralympic

Movement must use its global position and influence, together with its events and activities, to challenge the stigma attached to disability, empower social transformation and make for a more inclusive society for all” (p. 15). However, even this is not really a definition of what inclusion should look like. Rather, the statement speaks to some of the processes that need to be undertaken to move toward inclusion. It should be noted, however, that it is often the case that even in policies designed to promote inclusion in other areas of society, rarely, if ever, do we see definitions of what true inclusion means or looks like in practice. Obviously, such ambiguities can contribute to confusion and misunderstanding, and even enable deliberate misinterpretation of the goals of inclusion policies by those asked to enact them (see further consideration of this dynamic in the Debates section).

## Why Are Disabled People Excluded from Society?

Before going further, it is worthwhile to underline why inclusion policies for disabled people are even necessary. Why and how are disabled people excluded in the first place? To a large extent, disabled people are still viewed by many as a “class or category” (Dunn and Sherrill, 1996), with little appreciation or understanding of the unique nature of each person, regardless of their impairment. The definition of disability within a particular society can potentially say a good deal about how that society perceives, and thus treats, disability and disabled people. The following dictionary definition of the term “disability” (*Oxford Illustrated Dictionary*, 1998, p. 230), which is common in many societies, clearly pathologizes disability by representing it as biologically situated and produced:

**Disability, n.**—1. A physical incapacity; either congenital or caused by injury, disease, etc., esp. when limiting a person’s ability to work.

Definitions of disability such as this form the basis for what most often constitutes conventional views of disability. The implications of this, and the larger contested terrain

about this foundational definitional issue, are considered in more detail in the Debates section.

Still, in order to explain why disabled people are excluded from society, it is important to highlight the way many disabled people are treated and viewed by the wider non-disabled society. Here, the adaptation of Galtung's (1990) Triangle of Violence, shown below in [Figure 45.1](#), highlights some of the ways in which disabled people have historically been "victims" of various kinds of "violence" or discrimination around the world. For the purposes of this chapter, the following definition of violence put forward by the World Health Organization (2010) will anchor our considerations:

the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

As can be seen in the adaptation of Galtung's Triangle, violence can range from more visible and direct forms of violence, such as the deliberate killing of disabled babies and children in Ghana (Kassah, Kassah, & Agbota, 2012), to less visible and less direct forms of violence, which includes negative attitudes toward disabled people (Livneh, 1982), facilitating an inaccessible environment (Banda-Chalwe, Nitz, & de Jonge, 2014), and/or the creation of social structures that prevent access to key forms of social capital, such as education and employment (Brittain, Biscaia, & Gerard, 2020). The combined effect of direct, cultural, and structural violence against disabled people is social exclusion. A brief explanation of each form of violence is given below.

<Insert Figure 45.1 About Here>

## Direct Violence

Extermination of disabled people has occurred throughout history, beginning in ancient times, for a variety of reasons, including a religious belief that disabled people were evil. For example, Kassah et al. (2012, p. 690) claim that “disabled children in some communities in Ghana are often killed or ritualistically returned to the world of their ancestors.” As well, modern genetic engineers or eugenicists have claimed that there is a need to exterminate anything that (or presumably anyone who) might interfere with ideal or “normal” development of the human body, a posture that was put into practice, for example, in Nazi Germany (Mitchell & Snyder, 2003).

While less severe, sanctioned ridicule can be seen as direct violence. For example, ridicule played a role in earlier societies, most particularly during the medieval period, when court jesters, many of whom were individuals with different appearances or mental functions (e.g., dwarfs, hunchbacks), were frequently subject to ridicule and taunting because they were disabled in some way that some found offensive. A more recent example of this exercise of violence may be seen in so-called Freak Shows (Shakespeare, 1994) that occurred between the 17th and 20th centuries in the United Kingdom and other countries, in which people whose bodily appearance widely varied from accepted norms for appearance were put on show for the paying public’s amusement. Shakespeare claims that this is a clear example of the way that many “human beings were seen as non-human” (p. 287). And even in contemporary times, when one might think that such aggressions would not be tolerated, disabled individuals frequently have to endure rude, ignorant, and offensive comments. Indeed, our language is full of expressions that poke fun through sharp words (e.g., “cripple,” “retard”) used to characterize those with a variety of impairments (Siperstein, Pociask, & Collins, 2010).

Although the more extreme forms of visible direct violence, such as extermination, may not be anywhere near as prevalent today in responding to disabled people (although this is not to say that it does not still happen in more isolated areas or in individual cases), other forms of visible violence, such as abortion and even euthanasia, still occur, often legally, within society, even though both of these latter practices have understandably come under heavy criticism from a number of different sources (cf. Davis, 2004).

## Structural Violence

In addition to commonly recognized issues, such as poverty (Banks, Kuper, & Polack, 2017) and an inaccessible built environment (Stephens et al., 2017), there are myriad issues that fall under the heading of structural violence. Up until the early 1900s, it was very common to institutionalize any individual who deviated significantly from the norm. Although, at the time, this was often viewed as the humane thing to do, many have acknowledged that housing disabled people in institutions was done, in no small part, to protect the non-disabled from those with disabilities (Barnes, 1994). In Japan, Hayashi and Okuhira (2001) claim that, as recently as the 1980s, Japanese society did not perceive confining disabled people in institutions for life as a human rights violation. As one example of how disabled people were perceived within Japanese society at that time, they state that “a standard practice in these institutions was to give hysterectomies to women who menstruate, in order to make the staff’s work easier. Disabled women were simply not regarded as ‘women’ (p. 857).

The hiding away by families of family members who are disabled can occur as a result of a variety of cultural and/or religious reasons. For example, the central precept of Buddhism revolves around “karma,” whereby actions in this life dictate the level of existence in the next. At a conceptual level, this often means that disability is seen as a punishment for bad actions committed in previous lives. Disabled people, especially in rural areas, in Cambodia, a Buddhist nation, are therefore often hidden by their families, who are afraid for



their reputation in the community, a dynamic which has been linked to the culturally embedded Asian idea of “losing face” (Yan, Accordino, Boutin, & Wilson, 2014).

Crawford (2004) attributes similar behaviors in Kenya to myths that surround the passing on of “bad blood.” Such myths embrace a notion of contagion or being tarnished by disability, which is similar to the idea of karma and plays a key part in impacting the way many disabled people are differentially treated in Kenya in comparison to those who are not disabled. In the Kenyan context, non-disabled family members of disabled people may also be deemed to be tainted by the “curse” of disability, resulting in whole families being treated differently or even shunned.

A very recent example of unequal access to services occurred during the COVID-19 pandemic in the United Kingdom and the USA, where there were numerous reports about the reinforcement and application of ableist normative values in treating disabled people infected with the virus. For example, disabled people infected with the virus were deprioritized in gaining access to ventilators in favor of non-disabled patients (Goggin & Ellis, 2020).

## Cultural Violence

Emotional responses to disability, such as fear, hatred, dismissiveness, or pity, can have major impacts upon the way people within non-disabled society interact with disabled people. Brittain (2016) clearly demonstrates this with the case of Danny, who found that, after losing his right arm in a car accident, many of his close friends suddenly found it very hard to be in his company. Their reaction is in line with Hogan’s (1999) contention that an acquired disability, such as the one Danny’s accident led to, can result in a massive change in social status from the perspective of those in the newly disabled person’s social network. The reaction of Danny’s friends to his acquired impairment clearly demonstrates this effect. Their lack of understanding and possible fear of the visible difference of anyone who does not conform to societal norms of physicality may well have underpinned their reactions. Danny is

still fully ambulatory, with all his visual and intellectual faculties intact. He simply has one arm less than the majority of people.

It might be assumed that negative perceptions with regard to disability are relevant to non-disabled individuals only when dealing with or discussing disabled people. However, the power and reach of the perceptions of disability that are embedded in a medical model (see Approaches section) are such that they can inform disabled people's own discourses about people with different or more severe impairments in much the same way as they do for the non-disabled community. This kind of occurrence has been reported by Hunt (1966, quoted in Sherrill, 1986, pp. 23–24) who stated that “people with less stigmatized disabilities are often quite prejudiced against individuals who are more stigmatized.” This (unfortunately ironic) dynamic then plays a part in reinforcing, re-creating, and naturalizing negative perceptions of disability and their continued use in society, by both disabled and non-disabled people. It can also lead to the formulation and reinforcement of a “hierarchy of disability,” as reported by Tringo (1970), or a “hierarchy of impairments,” reported by Deal (2003). In each hierarchical notion, those whose impairments more closely align with the normative values of the society they live in are positioned at the top of the hierarchy, and those whose impairments fall the furthest from those normative values are placed at the bottom of the hierarchy.

## Implications for Inclusion

The varied ways that violence can be inflicted upon disabled people are both considerable and impactful. In what follows, we consider some of the implications of such treatment of disabled people on their prospects for inclusion within wider society. We offer some select, albeit certainly not exhaustive, examples as illustrations of repercussions that can be broadly felt.

## The Economic and Social Position of Disabled People

Disabled people are far less likely to be hired than their non-disabled counterparts, and those who do get hired are likely to be employed in poorly paid, low-status positions. As a consequence, a far larger proportion of disabled people tend to be associated with low economic status (Saxton, 2018). According to Goodley (2014), the current global economic climate, which is now being exacerbated by the COVID-19 pandemic, has led the United Kingdom and other countries to narrow the definition they use for “disability” in order to restrict access to welfare benefits as a way to cut national budgets. It has been further noted that disabled people in the United Kingdom are enduring “nine times the burden of cuts compared to the average citizen, with people with the most severe disabilities being hit a staggering nineteen times harder” (Ryan, 2019, p. 3). Work is central to industrial societies due to the fact that gainful employment not only produces the goods to support life but also helps to create some of the social relationships necessary for a satisfactory life. The difficulties of finding paid work for disabled people can exacerbate social isolation and makes inclusion in other areas of society, including sport, a major challenge.

## Accessibility of the Built Environment

Because the built environment in which we all have to live our lives is, on the whole, designed, constructed, paid for, and operated by those within the non-disabled majority, it is, more often than not, built only with their needs in mind (Imrie & Thomas, 2008). This often leads to a great many accessibility issues for people with a wide variety of impairments. However, when accessibility is taken into account and adaptations such as ramps are added to buildings, it is not just disabled people who benefit. For example, ramps make access far easier and more dignified for parents with small children in pushchairs and the elderly who may struggle with steps.

## Non-Disabled Social Interactions with Disabled People

Perceptions of disability embodied in the medical model (explained in the Approaches section) may form the basis for how many non-disabled people act toward a disabled person and what they might say when discussing disabled people with others (Shakespeare, 1994). Fear of difference and societal “norms” for bodily functions may cause many people to shun disabled people without even getting to know them first (Dovidio, Pagotto, & Hebl, 2011).

## Self-Confidence and Self-Image

The social interactions that non-disabled people have with disabled people, highlighted above, can have a major impact upon disabled people’s self-confidence and self-image. When constantly confronted with negative perceptions about their abilities to carry out tasks that most people take for granted, and also being bombarded with media images of “physical perfection” that most of the general public cannot live up to, it is little wonder that many disabled people suffer from low self-esteem. Seymour (1989, quoted in Hargreaves, 2000, p. 185) sums this up when she states:

[T]he body in which I live is visible to others, it is the object of social attention. I learn about my body from the impressions I see my body make on other people. These interactions with others provide critical visual data for my self-knowledge.

This socially imposed feeling of worthlessness and low self-esteem brought on by the reaction of others to obvious physical difference can have very strong and long-term effects upon disabled people and are key factors contributing to the likelihood of internalized ableism (explained in more detail below).

These are just a few examples of the impacts of the perceptions of disability embodied in the medical model. Without the financial wherewithal to take part in various activities and compounded by a hostile built environment and unwelcoming reactions by

many within the non-disabled population, it is easy to see how inclusion within the wider society can be an extremely difficult proposition for many disabled people. Overcoming these culturally embedded negative perceptions of disabled people is essential to improving their inclusion within the wider community and their everyday life.

## Approaches

### The Theory behind the Problem

Models and theories pertaining to disability represent a range of systematized structural approaches that seek to explain phenomena by referencing abstractions in a given system and their mechanisms. At a foundational level, the goal of such models and theories is to create an improved understanding of human behavior (Llewellyn & Hogan, 2000). As such, they are analytical tools that facilitate “seeing” and “understanding” disability and can serve to explain the treatment of disabled people within society and, further, explain how and why discrimination might occur (Smart, 2009). However, it is important to keep in mind that any given model cannot by itself comprise a social theory of disability and, as such, cannot explain disability in totality. A brief explanation follows of six such theories: the medical, social, relational, affirmative, and human rights models of disability and ableism.

### Medical Model

This model was developed in the 20th century and took root in a well-established medical framework (Howe, 2008). A key cornerstone of the medical framework is the “normalized” body, which is culturally, ideologically, and politically based. By placing the normalized body at the center, the medical model focuses on bodily abnormality, disorder, or deficiency and how this causes functional limitations, called disability (Barnes & Mercer, 2010; Harris, Cox, & Smith, 1971). Because a biological approach is used, the general view is that the problems that disabled people face are the result of their physical and/or mental impairment.

Thus, problems faced by disabled people lie within them and their impairments and are independent of the wider sociocultural, physical, and political environments. As a result, the only rational course of action that can be imagined is medical treatment or intervention in order to correct the “problem” with the individual (World Health Organization, 2002). This has created not only an environment that promotes the differential treatment of disabled people but also one that devalues the worth and citizenship of disabled people (Scullion, 2010). At its core, inequality is deeply embedded in the medical model.

## Social Model

The social model was developed by the disability rights movement in the 1970s in response to the negative implications of the medical model (Union of the Physically Impaired Against Segregation, 1976). The social model inspired a move away from the traditional medical model that viewed impairments as disabling and toward a standpoint that viewed societal responses to disability as oppression. Indeed, the social model argues that it is environmental barriers and social attitudes toward disabled people that actually “disable” (Goodley, 2014; Shakespeare & Watson, 2002). As such, this model recognizes that there are deeply rooted prejudices against disabled people and that society is organized in ways that exclude them. The social model highlights that the only segregating factors are those that have been manufactured by and naturalized through a social system governed by a non-disabled logic (Shapiro, Pitts, Hums, & Calloway, 2012). Rather than pursuing a strategy of medical cure or rehabilitation, this perspective takes the view that if people’s attitudes were to change, and public policy legislated that environmental barriers should be removed, then many of the problems associated with disability would disappear (Shakespeare & Watson, 2002).

## Relational Model

In contrast to the social and medical models, the relational model considers lived experience, psycho-emotional well-being, social oppression, impairment, and the body as simultaneously biological, cultural, and social (Thomas, 2007). It acknowledges that social oppression emerges not from the individual's mind but instead out of relationships with structures and human beings. The model introduces "impairment effects," which refer to the restriction of activity in the lives of disabled people that arise directly from their impairments (Thomas, 2007). However, such effects can spread beyond restrictions caused just by biology to the social sphere and can result in social and psycho-emotional oppression through paternalistic and other oppressive attitudes. The relational model provides insights into how people with an impairment can be socially oppressed and how their psychosocial well-being can be damaged during interactions in ways that limit sporting options and a physically active lifestyle, even when structural barriers are absent (Smith, 2013a, 2013b).

## Human Rights Model

The human rights model argues that society should acknowledge the value of all persons based on their inherent human worth, rather than basing value on a person's ability to contribute to society (Degener, 2017; Steint, 2007). In this sense, the human rights model places the individual center stage in all decisions affecting them and focuses on the inherent dignity of human existence, and thus human beings, because of their inherent self-worth. Such a posture makes a good case for the rights of individuals to make their own personal identities. Therefore, the human rights model brings to the fore a person's medical characteristics only when absolutely necessary as a matter of justice. The human rights model of disability concerns itself with a wide swathe of human rights. Its interlocking concerns for political, civil, economic, and cultural rights may be seen as underpinning a broad roadmap for change (Smith & Bundon, 2018). In embracing this vantage point, the United Nations

(2006) Convention on the Rights of Persons with Disabilities can be viewed as the codification of the human rights model. The Convention is a visionary law designed to create a more just society through eight principles: (1) respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (2) nondiscrimination; (3) full and effective participation and inclusion in society; (4) respect for difference and acceptance of disabled people as part of human diversity and humanity; (5) equality of opportunity; (6) accessibility; (7) equality between men and women; and (8) respect for the evolving capacities of disabled children and the right of disabled children to preserve their identities (Misener & Darcy, 2014, p. 3).

## Affirmative Model

Both the medical and social models are based on the notion of disability as “tragedy,” as each views disabled people as victims of circumstances (whether biological or societal). These tragedy models try to avoid, eradicate, or normalize disability by all possible means based on the assumption that disabled people want to be like the non-disabled, even if this entails the often wholesale rejection of their own identities. The affirmative model, which arose out of disability culture, considers such models to be disabling in themselves and proposes an oppositional approach based on a “nontragic” view of disability. It does so by shifting the focus to the celebration of diversity. The affirmative model acknowledges the positive identities that disabled people have and embraces their rights to be the way they are, that is, “to be equal but different” (French & Swain, 2004).

## Ableism

Ableism is perhaps the newest addition to the armory of those researchers working in the disability studies field and is applicable to multiple contexts, including race, gender, and sexuality, thereby facilitating consideration of intersectional dynamics that may be helpful in gaining real-life understandings. However, in the context of disability, ableism tends to focus



on the deeply rooted prejudicial attitudes and discriminatory behaviors that are manifested toward disabled people (Wolbring, 2012). Here, embedded assumptions and practices are seen to promote differential and unequal treatment based on received views of presumed differences. In this sense, ableism can be viewed as the embodiment of the medical model. Similarly to the medical model, a cornerstone of ableism is normalcy, which is closely associated with one's understanding of normal ability and the rights and benefits afforded to persons deemed "normal" by a particular society. In this sense, ableism is concerned with the resultant power relationships derived from the imposition of normative values as a mechanism for maintaining the power of one group over another, with those who best fit these construed norms holding power over those who diverge from them. Yet, what comes to be deemed normal is, of course, culturally, socially, and value-based and associated with abilities that are normatively framed in understandings of one's physical or intellectual capacities.

In this context, any deviations from such embedded norms, often created by non-disabled society, are deemed undesirable. This has resulted in a structural network of beliefs, processes, and practices that support the assumption that it is "better" not to have a disability than to have one. Further, it entails the belief that it is "better" to do things in the same ways that non-disabled people do. This includes the perception that disabled people are "assumed to be helpless, dependent, asexual, economically unproductive, physically limited and emotionally immature" (Hahn, 1986, p. 130). Such viewpoints have resulted in a paternalism that has allowed society to express "sincere sympathy" to people with disabilities, while at the same time keeping them in subordinate positions. The structural nature of ableism has resulted in "internalized ableism," the process by which disabled people come to believe the assumptions and value the practices embedded within an ableist approach to disability (Kearney, Brittain, & Kipnis, 2019). Ableism, therefore, devalues disabled people and results

in segregation, social isolation, and social policies that limit opportunities for full societal participation.

These models and theories of disability provide different perspectives on disability and may aid in understanding societal behavior and attitudes toward disabled people. Having discussed some of the key theories underpinning disability, we now turn to some of the critical debates around the intersectionality of disability and sport.

## Debates

Perhaps one of the key issues in trying to connect disability, sport, and inclusion is what is actually meant by the term and concept “inclusion.” What should inclusion look like in practice? One of the key problems with the inclusion agenda is that policymakers rarely, if ever, define what they mean by the term. This leaves those responsible for interpreting and operationalizing policy recommendations with an enormous amount of wiggle room in defining inclusion a way that suits their needs (i.e., minimal disruption and effort) rather than in a way that suits those it is designed to “include” (i.e., disabled people).

## What Do We Mean by Inclusion?

At its most basic, inclusion is the state of being included or having the opportunity to take part. However, in reality, it is far more complicated than that, entailing diverse ideas and values about equality, equity, fairness, and distributive justice and how to best achieve these. An example of equality in a sporting context might be as simple as the notion that everyone on a team gets the same shirt to wear (of exactly the same size). In this way, no one can claim to have been treated differently. Yet, in reality, the shirt may actually fit only a small number of the team members. What is lacking from this view of equality is a sense of equity and fairness. If all team members are given the same shirt, but in a size that suits each individual member of the team, then it can be claimed that everyone has been included in an equal and

equitable manner. However, fairness isn't just about everyone getting the same thing. In the end, it is about all people getting what they need in order to achieve their life goals, as well as those goals common to the society they live in. True inclusion, therefore, is about valuing all individuals, giving equal access and opportunity to all, and removing discrimination and other barriers to involvement. The larger goal is to ensure that all people feel a sense of belonging, as well as feeling respected and valued for who they are (Miller & Katz, 2002).

## Differing Interpretations of Inclusion

It has been argued that there is no clear definition of the term "inclusion" (Collins, 1997; Ito, 1999; Thomas, 2004). This leads to one of the key issues in sport and disability policy in that inclusion is often explained using vague terminology that is broadly interpretable. For example, inclusion is often used as a generic term encompassing all underrepresented groups (e.g., age, gender, sexuality, etc. as well as disability). This is illustrated by the latest sport strategy in England "to get more people from every background regularly and meaningfully involved in sport" (Sport England, 2016). While this statement encapsulates the ideology of inclusion, it does not explain what meaningful participation looks like for disabled people in the sport sector. In this state of affairs, there is also an overarching assumption that stakeholders know exactly what is meant by inclusion. By failing to make clear what inclusion actually means, the IPC and international and national policymakers have unfortunately cleared the path for those who are charged with implementing inclusion policy within society, such as community sport clubs, to interpret inclusion in ways that best fit their own needs rather than the needs of disabled people (Christiaens, 2018).

The understandings of inclusion that have developed in the sport landscape undergird two important debates about sport and disability. The first debate is about who should be considered to be included. Is inclusion about including only those with mild disabilities who can achieve non-disabled standards and can potentially adapt themselves to a non-disabled

environment, or is inclusion about all disabled people, even those with severe disabilities who might need additional support and changes to be made? The second foundational debate is whether inclusion is more about access to opportunity or placement within a non-disabled setting. While the answers to such debates remain elusive, according to Christiaens (2018), the answer that people, and the organizations they represent, formulate will guide the operationalization of inclusion in the field of sport and disability.

An illustration of how such “cloudy” matters may play out in the context of community sport can be seen in [Table 45.1](#). Here, in a study of local community sport clubs, ableism was shown to play a key role in the way that senior managers, coaches, and disabled people shaped their understandings of inclusion and how inclusion was differentially operationalized in different clubs and sports organizations (Christiaens & Brittain, 2021).

<Insert Table 45.1 About Here>

Broadly speaking, there were three outcomes that stakeholders strove toward: (1) parallel inclusion, (2) full inclusion, and (3) choice. The first two focus on a strategy of placement, moving disabled people into a non-disabled setting. Parallel inclusion seeks to achieve inclusion by organizing a separate activity for disabled people within the non-disabled environment. In contrast, full inclusion welcomes disabled people to take part in activities alongside non-disabled people. The strategy of choice focuses on access to participation, independent of where and with whom this takes place, and allows disabled people free choice and access.

Furthermore, it is possible to distinguish between five strategies that stakeholders utilize to achieve inclusion. These strategies are not mutually exclusive and can occur at the same time and will lead to one of the outcomes discussed above.

## Able Inclusion

This is a restrictive approach to inclusion based on assumptions underlying the medical model and ableism. In essence, only those who are deemed capable of meeting non-disabled norms, usually persons with mild disabilities, are considered for inclusion. Such an approach creates extra barriers to participation and reinforces the ableist idea that disabled people must “overcome” their disability to take part in sport. This approach establishes the notion of the “able-disabled,” those disabled people who manage to achieve a level of sports participation that is deemed acceptable by non-disabled standards (Kearney et al., 2019).

## Barrier Removal

This approach to inclusion focuses on the removal of (mainly) physical barriers (e.g., by installing a ramp, an accessible toilet, parking spaces near entries) and is often the only consideration for community clubs to consider themselves “inclusive.” This focus on removing physical barriers has its roots within the social model of disability (Owens, 2015) but often results in overlooking other issues such as attitudinal barriers and structural ableism.

## Creation of Opportunity

This approach to inclusion is founded on a broader understanding of the social model of disability and aims to overcome social barriers and create social change. In this sense, new opportunities are created for disabled people to take part within a non-disabled setting (e.g., inclusive learn-to-swim programs). However, when not carefully thought out this can result in segregation and exclusion within the non-disabled environment.

## Creation of Identity

This approach is foundationally concerned with embracing the positive identities of disabled people as embedded in the affirmative model of disability (French & Swain, 2004). At its starting point are the similarities between disabled and non-disabled athletes (i.e., the athletic

activity they take part in such as being a sprinter or thrower). This approach to inclusion moves beyond the social model of disability and is rooted within the affirmative model. It embraces the fact that people identify with and want to be with others who take part in similar activities.

## Equity in Sport Participation

This last approach toward inclusion celebrates diversity. It has as a starting point the needs and wants of disabled people. This means striving toward both parallel and full inclusion, while at the same time valuing sport participation in a non-disabled setting as equal to participation in a disabled-only setting (Misener & Darcy, 2014). A good example of such an approach is seen in the “hybrid” sport club that embraces the fusion of a non-disabled and a disabled sport club, an approach that allows for easy transitions and interactions between the two.

In sum, the approach that community clubs take toward inclusion impacts whether disabled people feel both welcome and able to participate within that environment. Obviously, the choice of approach also shapes attitudes that club members may come to have about the broader sport landscape. Research indicates that, irrespective of policy intent, the way inclusion policy is understood by those who have to operationalize it is often underpinned by an ableist view of disability (Jeanes et al., 2018). Time and time again, this has unfortunately resulted in approaches being taken that best suit the needs of the non-disabled rather than those of disabled people. To some extent, this has been both delusional and dysfunctional. Non-disabled organizers may come away with the sense that they have been successful in being inclusive without having to make too much of an effort to do so or to confirm that their approach was truly inclusive to those who wish to be included (Christiaens, 2018). As a result, the desired increase in sports participation for disabled people may not materialize,

and disabled sportspersons may come to internalize ableist ideas, thus maintaining structural ableism within society.

## What Does This Mean for the Paralympic Movement and Its Vision for a More Inclusive Society?

Before we answer this question, we would like to make it very clear that we truly believe that the Paralympic Games are currently the only truly global platform from which to start a debate around issues of disability in the wider society due to their media coverage and increasing profile within the world of sport. However, that media coverage is unevenly distributed among countries, access to TV and/or the internet may vary greatly both between and within countries (Pearce & Rice, 2013). Therefore, raising awareness of the Paralympic Movement and its broader aims may prove more difficult in some countries than in others. In addition, the quality of coverage may vary depending upon the training of media personnel with regard to how to best present disability and disability sport. Without disability awareness training, the “overcoming disability” supercrip narrative is often dominant, which can undermine the intended message (Silva & Howe, 2012). Countries are also at very different stages of development with regard to disability/human rights, which can impact how, and indeed whether parasport and disabled people more generally receive any kind of recognition. This is often, but not always, related to country’s current state of economic development (Brittain, 2019). A selection of further questions and issues around sport, disability, and inclusion as they relate to the Paralympic Games is discussed next.

### Disability Rights Policies as a Games Legacy

A recent development in several Paralympic Games host countries has been the introduction of new laws or policies designed to prevent disability discrimination. In Brazil in the lead-up to the Rio 2016 Paralympic Games, the Inclusion of People with Disabilities Act was passed into law (International Paralympic Committee, 2015). The Act eliminates accessibility

barriers in transport, housing, services, education, sport, and the exercise of citizenship. The new law also states that 2.7% of the gross revenues from federal lotteries should be invested in sport, up from the current level of 2%. Of this investment, the Brazilian Olympic Committee will receive 63% and the Brazilian Paralympic Committee 37%, which is a significant increase as the latter received only 15% prior to the Act being implemented (Brittain, 2016). Another example may be seen in Japan in the lead-up to the Tokyo 2020 Games. In 2013, the Japanese government brought into force the Act on the Elimination of Discrimination against Persons with Disabilities in order to bring the country into line with the requirements of the UN Convention, which the Japanese government ratified in January 2014 (Shirasawa, 2014). Clearly, only time will tell whether these laws are actually legally enforced, but at the very least having such the law on the books gives disabled people and the organizations that represent them in Brazil and Japan a legal basis upon which to fight discrimination that did not exist prior to the Paralympic Games taking place in these countries. Regardless of any lingering imperfections, these changes clearly move a step closer to inclusion than previously.

### Who Decides If Inclusion Has Occurred?

There is a saying that history is always written by the victor (in the case of war) or the powerful. This is true of many situations in life, including the perceived outcomes of legacy claims made after a Paralympic Games has taken place. According to Brittain and Beacom (2016), a joint U.K. Government and Mayor of London (2013) report published in July 2013, nearly a year after the London Paralympic Games had ended, cited the following headline achievement under the chapter “The Legacy of the Paralympics”: “81% of people surveyed thought that the Games had a positive effect on how disabled people are viewed by the British public.”



However, research by the charity Scope (2013) published at around the same time reported findings that differed markedly from the upbeat government report. After interviewing approximately 1,000 disabled people, Scope concluded:

- 81% of disabled people said that attitudes toward them hadn't improved in the past 12 months.
- 22% said that things had actually got worse.
- 17% reported they have experienced either hostile or threatening behavior or have even been attacked.

Although the contrasting viewpoints are somewhat worrying, they are perhaps not surprising given that the U.K. government had spent nearly 10 billion pounds to host the Olympic and Paralympic Games and had promised numerous legacies in return. Their need to claim success was especially pressing following the global economic crash of 2008. The contrast does, however, highlight the difficulties and complexities for the Paralympic Movement of actually achieving the goals embraced in its vision statement.

### Greater Inclusion for *All* Disabled People?

Particularly apparent when reading the comments by disabled people's organizations and disabled individuals regarding the London 2012 Paralympic Games is the disconnect they feel with both Paralympians and society in general. Walker (2012) has observed, "The Paralympics showcases the amazing achievements and triumphs of a tiny percentage of disabled people—just as the Olympics demonstrates what a tiny percentage of 'able-bodied' people are able to achieve." Certainly, some Paralympians have become celebrities as a result of the media coverage they received for their sporting successes from the Games. However, the apparent inability of some people to differentiate between Paralympians and the average disabled person has caused more problems than it solves. As Bush, Silk, Porter, and Howe (2013, p. 635) note, Seb, a 16-year-old with cerebral palsy, "already sensed the

disappointment lurking behind people's eyes when he told them he was not training for a future Paralympics. People would now expect this, yet he was more worried about the day-to-day struggles of being disabled.”

Brittain (2016) reports that research carried out by the Australian Paralympic Committee, which interviewed spectators at disability sports events in that country, appear to confirm that it is only spectators' attitudes toward the actual athletes and not those about the disabled population as a whole that are changed. It should also be noted that not all impairment groups get to participate in the Paralympic Games, which raises some foundational questions of how excluded groups can gain greater recognition within the wider society when they don't have access to this important playing field.

### Sports Mega-Events Do Not Take Place in a Vacuum

Sports mega-events are often promoted for the lasting positive legacies they can offer to communities. But sports mega-events are subject to a whole host of complex social, economic, and political dynamics. As a result, it can be extremely challenging to effectively plan for any kind of real legacy to occur or be long-lasting. This includes legacies that facilitate increased inclusion of disabled people in the wider society. Such dynamics can work for or against the legacy process in unexpected ways. Both the London 2012 and Rio 2016 Games were impacted heavily by economics and politics following the global economic crash of 2008. It led the U.K. government to introduce financial austerity policies that appeared to impact the most marginalized people in society, including disabled people, the hardest (Ryan, 2019). Due to the political and economic turmoil in Brazil, Rio ended up in a situation where they were three days from canceling the Paralympic Games because the budget had already been spent to cure problems with the Olympic Games (Brittain & Mataruna, 2018). A more recent outside influence on sports mega-events is the COVID-19

pandemic, which has caused the postponement of the Tokyo 2020 Games, with continuing uncertainty that they will ever actually happen.

## Conclusion

Physical activity and sport are important in the lives of disabled people and bring physical, social, and emotional benefits. However, as demonstrated throughout this chapter, disabled people still face challenges to gaining access to sporting opportunities. This is the result of how disability is viewed within society. Disability remains a culturally embedded phenomenon, often shaped by religious and societal beliefs in addition to societal values and norms. This has resulted in societies developing different “coping” mechanisms to deal with people who are perceived to be different from the “norm,” often resulting in the differential treatment of disabled people. Such perspectives of disability also impact the way a non-disabled society interacts with disabled people, illustrated by being hidden away by families, ending up in poverty, or deprioritized for emergency help, as demonstrated during the COVID-19 outbreak.

This chapter has attempted to provide an overview of the most important models and theories of disability: the medical, social, relational, affirmative, and human rights models of disability and ableism. We have illustrated how these models and theories are useful in helping us to understand the underlying reasons for the differential treatment of disabled people and the various understandings and approaches to inclusion. These models and theories provide perspectives on disability, for example, revealing how society is organized in a disabling way, and can provide guidance to policymakers who adopt the underlying philosophies into legislation (e.g., barrier removal legislation). While legislation is not a sufficient factor in and of itself to produce inclusion, it is nevertheless an essential aspect.

We argued that while inclusion has been uncritically accepted and considered an unambiguously good and desirable policy, the operationalization of inclusion is more

troublesome. The sport sector remains dominated by an ableist culture that sometimes makes it difficult and/or unpleasant for disabled people to engage within the non-disabled sport landscape. That is not to say there are no positive movements. Indeed, there are actors who embrace a transformative belief system that strives toward equality through the creation of a mutual identity based on the sport one participates in. While such views are not new (e.g., Guttmann's view on archery), they can instigate important change in how disabled people are treated within sport.

In conclusion, then, although we firmly believe that the Paralympic Games and Movement have a key role to play in the greater inclusion of disabled people within society, we have highlighted the complexity of the issues at play. The potential for the Games and Movement to increase inclusion is clearly apparent, but there are numerous interconnected issues to be overcome to achieve inclusion goals, some of which can be planned for by organizers (e.g., providing a clear explanation of what constitutes inclusion) and others that are completely beyond their control (e.g., the global economic crash of 2008 or the COVID-19 pandemic). However, by providing an impetus for discussing issues of disability, involving a wide audience, and providing an opportunity for disabled athletes to eliminate some of the social stereotypes regarding their abilities, the Paralympic Games are currently the most important and far-reaching platform available. With their inspiration, experiences for disabled people participating in sport might improve at all levels. The data and arguments presented in this chapter offer some initial insights into disability and sport issues and emphasize that there is still much work to be done to enhance the experiences of disabled people in the sport sector.

## References

- Banda-Chalwe, M., Nitz, J. C., & de Jonge, D. (2014). Impact of inaccessible spaces on community participation of people with mobility limitations in Zambia. *African Journal of Disability*, 3(1), 33–49.
- Banks, L. M., Kuper, H., & Polack, S. (2017). Poverty and disability in low- and middle-income countries: A systematic review. *PLoS ONE*, 12(12).  
<https://doi.org/10.1371/journal.pone.0189996>.
- Barnes, C. (1994). *Disabled people in Britain and discrimination* (2nd ed.). London: Hurst & Co.
- Barnes, C., & Mercer, G. (2010). *Exploring disability* (2nd ed.). Cambridge, U.K.: Polity Press.
- Brittain, I. (2016). *The Paralympic Games explained* (2nd ed.). Routledge.
- Brittain, I. (2019). The impact of resource inequality upon participation and success at the summer and winter Paralympic Games. *Journal of the Nippon Foundation Paralympic Research Group*, 12(September), 41–67.  
[https://www.jstage.jst.go.jp/article/parasapo/12/0/12\\_41/\\_article/-char/ja](https://www.jstage.jst.go.jp/article/parasapo/12/0/12_41/_article/-char/ja).
- Brittain, I., & Beacom, A. (2016). Leveraging the London 2012 Paralympic Games: What legacy for people with disabilities? *Journal of Sport and Social Issues*, 40(6), 499–521.
- Brittain, I., Biscaia, R., & Gerard, S. (2020). Ableism as a regulator of social practice and people with disabilities' self-determination to participate in sport and physical activity. *Leisure Studies*, 39(2), 209–224.
- Brittain, I., & Mataruna, L. (2018). The Rio 2016 Paralympic Games. In I. Brittain & A. Beacom (Eds.), *The Palgrave handbook of Paralympic studies* (pp. 531–550). Palgrave-Macmillan.

- Bush, A., Silk, M., Porter, J., & Howe, P. D. (2013). Disability [sport] and discourse: Stories within the Paralympic legacy. *Reflective Practice, 14*, 632–647.
- Cameron, M., & MacDougall, C. (2000). Crime prevention through sport and physical activity. *Crime and Criminal Justice, 165*, 1–6.
- Christiaens, M. (2018). *Towards mainstreaming: A principle-practice gap in the UK sports sector* (Unpublished PhD dissertation). Coventry University.
- Christiaens, M. & Brittain, I. (2021). The complexities of implementing inclusion policies for disabled people in UK non-disabled voluntary community sports clubs. *European Sport Management Quarterly, 1-21*.  
<https://doi.org/10.1080/23750472.2021.1985595>
- Collins, D. (1997). *Conference report: National disability sport conference*. London: Kings Fund Centre
- Crabbe, T. (2000). A sporting chance? Using sport to tackle drug use and crime. *Drugs: Education, Prevention and Policy, 7*(4), 381–391.  
<http://curve.coventry.ac.uk/open/items/90fff1fa-cca3-48cf-81e3-f11551f63978/1/>.
- Crawford, J. (2004). *Constraints of elite athletes with disabilities in Kenya* (Unpublished master's thesis). University of Illinois at Urbana-Champaign.
- Davis, A. (2004). Commentary: A disabled person's perspective on euthanasia. *Disability Studies Quarterly, 24*(3). <https://dsq-sds.org/article/view/512/689>.
- Deal, M. (2003). Disabled people's attitudes toward other impairment groups: A hierarchy of impairments. *Disability & Society, 18*(7), 897–910.
- Degener, T. (2017). A new human rights model of disability. In V. la Fina, R. Cera, & G. Palmisano (Eds.), *The United Nations Convention on the rights of persons with disabilities* (pp. 41–59). Springer.

- Dovidio, J. F., Pagotto, L., & Hebl, M. R. (2011). Implicit attitudes and discrimination against people with physical disabilities. In R. Wiener & S. Willborn (Eds.), *Disability and aging discrimination* (pp. 157–183). Springer.
- Dunn, J. M., & Sherrill, C. (1996). Movement and its implication for individuals with disabilities. *Quest*, 48(3), 378–391.
- Filmer, D. (2005, December). Disability, poverty, and schooling in developing countries: results from 11 household surveys. World Bank Policy Research Working Paper No. 3794. Washington, DC.
- French, S., & Swain, J. (2004). Whose tragedy? Towards a personal non-tragedy view of disability. In S. French & J. Swain (Eds.), *Disabling barriers—enabling environments* (pp. 34–40.). Sage.
- Galtung, J. (1990). Cultural violence. *Journal of Peace Research*, 27(3), 290–302.
- Goggin, G., & Ellis, K. (2020). Disability, communication, and life itself in the COVID-19 pandemic. *Health Sociology Review*, 29(2), 168–176.
- Goodley, D. (2014). *Dis/Ability studies: Theorising disablism and ableism*. Routledge.
- Guttmann, L. (1976). *Textbook of sport for the disabled*. Aylesbury, U.K.. HM and M Publishers.
- Hahn, H. (1986). Public support for rehabilitation programs. *Disability, Handicap & Society*, 1(2), 121–137.
- Hargreaves, J. (2000). *Heroines of sport: The politics of difference and identity*. Routledge.
- Harris, A., Cox, E., & Smith, C. (1971). Handicapped and impaired in Great Britain: Part 1. Office of Population Censuses and Surveys. London: H.M.S.O
- Hayashi, R., & Okuhira, M. (2001). The disability rights movement in Japan: Past, present and future. *Disability & Society*, 16(6), 855–869.

- Hogan, A. (1999). Carving out a space to act: Acquired impairment and contested identity. In M. Corker & S. French (Eds.), *Disability discourse* (pp. 79–91). Buckingham, U.K.: Open University Press.
- Howe, D. (2008). *The cultural politics of the Paralympic movement: Through an anthropological lens*. Routledge.
- Hunt, P. (Ed.). (1966). *Stigma: The experience of disability*. London: Chapman.
- Imrie, R., & Thomas, H. (2008). The interrelationships between environment and disability. *Local Environment*, 13(6), 477–483.
- International Paralympic Committee. (2015). New law hailed as a landmark in Brazil. <http://www.paralympic.org/news/new-law-hailed-landmark-brazil>.
- International Paralympic Committee. (2019). Strategic plan (2019–2022). [https://www.paralympic.org/sites/default/files/document/190704145051100\\_2019\\_07+IPC+Strategic+Plan\\_web.pdf](https://www.paralympic.org/sites/default/files/document/190704145051100_2019_07+IPC+Strategic+Plan_web.pdf).
- Ito, C. (1999). Inclusion confusion. Williamsburg, William & Mary School of Education.
- Jeanes, R., Spaaij, R., Magee, J., Farquharson, K., Gorman, S., & Lusher, D. (2018). “Yes we are inclusive”: Examining provision for young people with disabilities in community sport clubs. *Sport Management Review*, 21(1), 1–13.
- Kassah, A. K., Kassah, B. L. L., & Agbota, T. K. (2012). Abuse of disabled children in Ghana. *Disability & Society*, 27(5), 689–701.
- Kearney, S., Brittain, I., & Kipnis, E. (2019). “Superdisabilities” vs “disabilities”? Theorizing the role of ableism in (mis)representational mythology of disability in the marketplace. *Consumption Markets & Culture*, 22(5–6), 545–567.
- Kelly, L. (2010). “Social inclusion” through sports-based interventions? *Critical Social Policy*, 31(1), 126–150.



- Kruk, J. (2007). Physical activity in the prevention of the most frequent chronic diseases: An analysis of the recent evidence. *Asian Pacific Journal of Cancer Prevention*, 8(3), 325–338.
- Livneh, H. (1982). On the origins of negative attitudes toward people with disabilities. *Rehabilitation Literature*, 43, 338–347.
- Llewellyn, A., & Hogan, K. (2000). The use and abuse of models of disability. *Disability & Society*, 15(1), 157–166.
- Loeb, M., Eide, A. H., Jelsma, J., Toni, M., & Maart, S. (2008). Poverty and disability in East and West Cape provinces, South Africa. *Disability and Society*, 23(4), 311–321.
- Mammen, G., & Faulkner, G. (2013). Physical activity and the prevention of depression: A systematic review of prospective studies. *American Journal of Preventive Medicine*, 45(5), 649–657.
- Miller, F. A., & Katz, J. H. (2002). *Inclusion breakthrough: Unleashing the real power of diversity*. Berrett-Koehler.
- Misener, L., & Darcy, S. (2014). Managing disability sport: From athletes with disabilities to inclusive organisational perspectives. *Sport Management Review*, 17, 1–7.
- Mitchell, D., & Snyder, S. (2003). The eugenic Atlantic: Race, disability, and the making of an international eugenic science, 1800–1945. *Disability & Society*, 18(7), 843–864.
- Oliver, M., & Barnes, C. (2012). *The new politics of disablement*. Palgrave Macmillan.
- Oxford Illustrated Dictionary*. (1998). Oxford University Press.
- Owens, J. (2015). Exploring the critiques of the social model of disability: The transformative possibility of Arendt's notion of power. *Sociology of Health & Illness*, 37(3), 385–403.
- Parry, J. (2012). The power of sport in peacemaking and peacekeeping. *Sport in Society*, 15(6), 775–787.

- Pearce, K. E., & Rice, R. E. (2013). Digital divides from access to activities: Comparing mobile and personal computer internet users. *Journal of Communication*, 63(4), 721–744.
- Ryan, F. (2019). *Crippled: Austerity and the demonization of disabled people*. Verso.
- Saxton, M. (2018). Hard bodies: Exploring historical and cultural factors in disabled people's participation in exercise: Applying critical disability theory. *Sport in Society*, 21(1), 22–39.
- Scope. (2013). Paralympics legacy in balance as attitudes fail to improve. <https://www.politicshome.com/members/article/paralympics-legacy-in-balance-as-attitudes-fail-to-improve>.
- Scullion, P. A. (2010). Models of disability: Their influence in nursing and potential role in challenging discrimination. *Journal of Advanced Nursing*, 66(3), 697–707.
- Seymour, W. (1989). *Body alterations*. Unwin Hyman.
- Shakespeare, T. (1994). Cultural representation of disabled people: Dustbins for disavowal? *Disability & Society*, 9(3), 283–299.
- Shakespeare, T., & Watson, N. (2002). The social model of disability: An outdated ideology? *Research in Social Science and Disability*, 2, 9–28.
- Shapiro, D., Pitts, B., Hums, M., & Calloway, J. (2012). Infusing disability sport into the sport management curriculum. *Sport Management International Journal*, 8(1), 101–118.
- Sherrill, C. (Ed.). (1986). *Sport and disabled athletes*. Champaign, IL: Human Kinetics.
- Shirasawa, M. (2014, October 2). The long road to disability rights in Japan. Nippon. <https://www.nippon.com/en/currents/d00133/>.
- Silva, C., & Howe, D. (2012). The (in)validity of supercrip representation of Paralympian athletes. *Journal of Sport & Social Issues*, 36, 174–193.

- Siperstein, G. N., Pociask, S. E., & Collins, M. A. (2010). Sticks, stones, and stigma: A study of students' use of the derogatory term "retard." *Intellectual and Developmental Disabilities, 48*(2), 126–134.
- Smart, J. (2009). The power of models of disability. *Journal of Rehabilitation, 75*, 3–11.
- Smith, A., & Waddington, I. (2004). Using "sport in the community schemes" to tackle crime and drug use among young people: Some policy issues and problems. *European Physical Education Review, 10*(3), 279–298.
- Smith, B. (2013a). Disability, sport and men's narratives of health: A qualitative study. *Health Psychology, 32*(1), 110–119.
- Smith, B. (2013b). Sporting spinal cord injuries, social relations, and rehabilitation narratives: An ethnographic creative non-fiction of becoming disabled through sport. *Sociology of Sport Journal, 30*(2), 132–152.
- Smith, B., & Bundon, A. (2018). Disability models: Explaining and understanding disability sport in different ways. In I. Brittain & A. Beacom (Eds.), *The Palgrave handbook of Paralympic studies* (pp. 15–34). Palgrave Macmillan.
- Spaaij, R., Magee, J., Farquharson, K., Gorman, S., Jeanes, R., Lusher, D., & Storr, R. (2016). Diversity work in community sport organizations: Commitment, resistance and institutional change. *International Review for the Sociology of Sport, 51*, 1–18.
- Sport England. (2016). Towards an active nation: Strategy 2016–2021. <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/sport-england-towards-an-active-nation.pdf>.
- Steint, M. A. (2007). Disability human rights. *William & Mary Law School Scholarship Repository: Faculty Publications, 264*, 1–49.

- Stephens, L., Spalding, K., Aslam, H., Scott, H., Ruddick, S., Young, N. L., & McKeever, P. (2017). Inaccessible childhoods: Evaluating accessibility in homes, schools and neighbourhoods with disabled children. *Children's Geographies*, 15(5), 583–599.
- Thomas, C. (2007). *Sociologies of disability and illness: Contested ideas in disability studies and medical sociology*. Palgrave Macmillan.
- Thomas, N. (2004). *An examination of the disability sport policy network in England: A case study of the English Federation of Disability Sport and mainstreaming in seven sports* (Unpublished doctoral dissertation). Loughborough University.
- Tringo, J. L. (1970). The hierarchy of preference toward disability groups. *Journal of Special Education*, 4(3), 295–306.
- U.K. Government & Mayor of London Office. (2013). *Inspired by 2012: The legacy from the London 2012 Olympic and Paralympic Games*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224148/2901179\\_OlympicLegacy\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224148/2901179_OlympicLegacy_acc.pdf).
- Union of the Physically Impaired Against Segregation. (1976). *Fundamental principles of disability*.  
<https://disabledpeoplesarchive.com/wp-content/uploads/sites/39/2021/01/001-FundamentalPrinciplesOfDisability-UPIAS-DA-22Nov1975.pdf>
- United Nations. (2006). *United Nations Convention on the rights of persons with disabilities*.  
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.
- U.S. Social Security Administration. (2019). *Disability benefits*. No. 05-10029.  
<https://www.ssa.gov/pubs/EN-05-10029.pdf>.

- Walker, S. W. (2012). And so begins demonisation's subtle new post-Paralympic form. Black Triangle Campaign. <https://blacktrianglecampaign.org/2012/09/03/and-so-begins-demonisations-subtle-new-post-paralympic-form-skwalker1964-blog/>
- Watermeyer, B., Swartz, L., Lorenzo, T., Schneider, M., & Priestley, M. (2006) *Disability and social change: A South African agenda*. Cape Town: HSRC Press.
- Winzer, B., Woitek, F., & Linke, A. (2018). Physical activity in the prevention and treatment of coronary artery disease. *Journal of the American Heart Association*, 7(4), 1–16.
- Wolbring, G. (2012). Expanding ableism: Taking down the ghettoization of impact of disability studies scholars. *Societies*, 2(4), 75–83.
- World Health Organization. (2002). Towards a common language for functioning. Disability and Health ICF. <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>.
- World Health Organization. (2010). Definition and typology of violence. <https://www.who.int/groups/violence-prevention-alliance/approach>
- World Health Organization & World Bank. (2018). Disability and health: Key facts. <http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>.
- Yan, K. K., Accordino, M. P., Boutin, D. L., & Wilson, K. B. (2014). Disability and the Asian culture. *Journal of Applied Rehabilitation Counseling*, 45(2), 4–8.

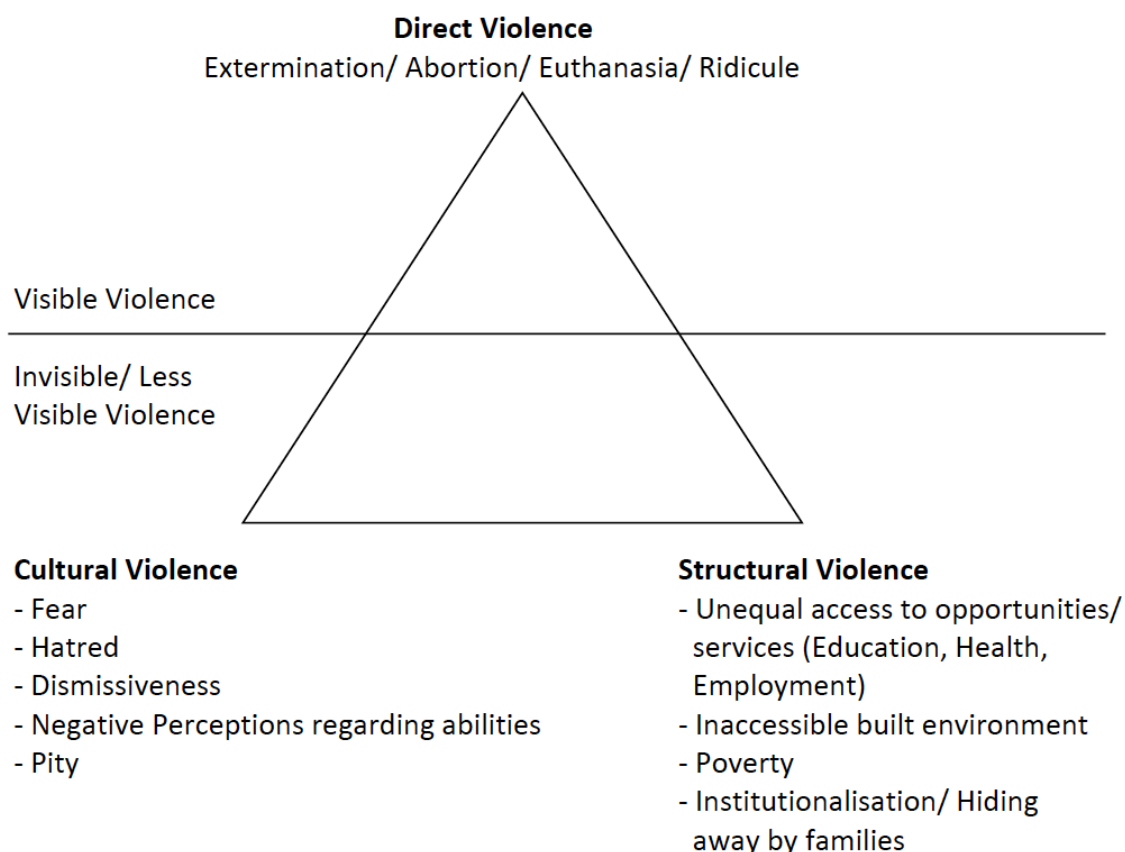


Figure 1. Disability and the triangle of violence (adapted from Johan Galtung, 1990)

Table 45.1

Community Sports Clubs' Approaches to Inclusion

	<i>Placement</i>		<i>Opportunity</i>
<i>Outcome</i>	<i>Parallel inclusion</i>	<i>Full inclusion</i>	<i>Choice</i>
	Barrier removal. <sup>1</sup>	Able inclusion. <sup>2</sup>	Achieving both parallel and full inclusion.
<i>Approaches Adopted</i>	Creation of opportunity. <sup>3</sup>	Barrier removal. <sup>1</sup> Creation of opportunity. <sup>3</sup> Creation of identity.	Valuing disability sport clubs as equal.

Notes: 1. When focused on physical barrier removal, this does not address structural ableism in the club. 2. Ableist discourse in which only people with a disability who are similar to people without a disability are accepted. 3. Creation of opportunities can result in segregated participation which is considered to be ableist.