

Exploring Elements of Quality Sport Participation for People  
with Limb Deficiency

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## Abstract

Disabled people are often discriminated against, stereotyped, and socially excluded, resulting in reduced access to services (Babik & Gardner, 2021; Patel, 2015; Spaaij et al., 2014). As a way to combat this, disability sport is promoted with the potential to mitigate marginalisation (Howe & Silva, 2016), and empower disabled people, to create a sense of community and connectedness (Forber-Pratt, 2018; Hoogsteen, & Woodgate, 2010; Shapiro & Martin, 2014). For these reasons, sport, health, and disability stakeholders have an interest in encouraging disabled people to participate in sport, where increasing participation forms a major focus.

Efforts to increase participation in disability sport are primarily targeted at improving access through the removal of barriers (Bragaru et al., 2013; Littman et al., 2017). However, it is argued that access alone does not necessarily lead to enhanced engagement, nor increased or sustained participation in sport (Banack et al., 2011; Evans et al., 2018). This is because a focus on objective aspects of participation has been found to minimise subjective experiences for disabled people in some instances (Dijkers, 2010; Hammel et al., 2008; Häggström & Lund, 2008). As an alternative, an emerging quality-based participation perspective is dedicated to improving experiences of sport by facilitating meaningful and satisfying involvement, thereby rendering sport more attractive and enjoyable (Martin Ginis et al., 2017a).

Participant experiences have recently been highlighted as central to fostering participation and desired outcomes (Evans et al., 2018; Martin Ginis et al., 2017a), and may motivate continued involvement in sport (Shirazipour et al., 2017). For these reasons, understanding the participation experiences of disabled people is argued as being central to managing sport and enhancing participation (Sotiriadou & Wicker, 2014). Therefore, the present thesis aims to explore elements of quality sport participation for people with limb deficiency. The research questions consider: 1) how people with limb deficiency and sport providers perceive quality experiences in sport, 2) how people with limb deficiency navigate toward quality experiences in sport, 3) how sport providers support quality sport experiences for people with limb deficiency, and 4) how sport experiences can be enhanced for people with limb deficiency.

To support the proposed investigation, relevant conceptual frameworks and concepts are used to frame the research focus on quality participation experiences in disability sport. In doing so, a social relational model of disability (e.g., Thomas 1999, 2004), the Quality Parasport Participation Framework (e.g., Evans et al., 2018) (with roots in rehabilitative studies and the discipline of psychology), and sport development concepts (e.g., Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008) guide the research. The study engages a basic qualitative design, informed by a

constructivist-interpretive perspective. This perspective embraces reality as socially constructed and highlights the complex variances in individual experiences. Data collection involved capturing the perceptions and experiences of sport participants with limb deficiency and disability sport providers. A total of 20 semi-structured interviews (10 sport participants and 10 sport providers) and one focus group (4 sport participants and 3 sport providers) were undertaken. Data were analysed using thematic analysis.

In order to draw comparisons between the two participant groups, the experiences of sport participants and the perceptions of sport providers were examined with respect to barriers, facilitators, outcomes, and elements of quality experience. Influences on sport participation and quality experiences were largely consistent with existing research on barriers and facilitators to sport. Positive influences on sport participation included supportive attitudes, access to funding for equipment, and increased opportunities for participants on a high performance pathway. However, participation in sport was found to be constrained by a number of factors that were intimately connected to notions of access and equality such as disparities in access to equipment, unfairness in the classification system, a lack of recognition, inequality of power, and a fragmented disability sport system.

Sport participants were found to navigate toward quality experiences through four key approaches. Firstly, participants described an achievement-based approach where they either challenged themselves by competing against others or, improved their personal performance by setting and achieving goals. Secondly, participants sought opportunities to minimise their disability and maximise their ability by seeking support, exercising autonomy, and using sport to feel 'normal'. Next, participants connected socially with others, casually and as part of a sporting community, to satisfy feelings of belonging. Finally, participants advocated for disability sport and disabled people by facilitating access to sport and raising awareness to educate others.

Disability sport providers engaged in five key approaches to support quality, meaningful participant experiences in sport. Three approaches were directly aimed at supporting quality experiences, where providers were well intentioned in fostering inclusion and empowering participants, as well as using education to enhance the system. Two further approaches reinforced these but more effectively supported performance objectives by growing participant numbers and transitioning participants to parasport pathways. A key finding was that as participants moved towards a performance pathway, there was a distinct shift, where the focus of providers changed from prioritising quality experiences to supporting performance objectives by growing and feeding the 'disability sport system'.

The present research contributes to the theoretical body of work in sport management by examining the differences between sport participants with limb deficiency and disability sport providers in the approaches that they utilise to navigate and support quality experiences. Application of the Quality Parasport Participation Framework (e.g., Evans et al., 2018) on a population with limb deficiency, has helped to advance thinking on disability sport participation and to better understand the complexities associated with subjective experiences in sport, including how these may relate to sport development objectives. Most importantly, this study advances research within the field of disability sport by proposing the use of the quality participation construct in sport management research.

The Quality Parasport Participation Framework offers a position from which to extend existing sport development models, or to develop new models that take into consideration the intricacies of disability sport. Specifically, findings that link quality experience to continued engagement in sport provide a way to advance knowledge within the sport development literature. Further to this, an agenda is proposed for sport managers, with the goal to offer sport opportunities to disabled participants that promote quality experiences, whilst meeting sport development objectives. Implications for practice relate to opportunities to review the ways in which disability sport practitioners and managers support quality sport experiences for disabled participants.

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## **Attestation of Authorship**

I hereby declare that this submission is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Olivia Baudinet

05/01/2023

## **Ethics Approval**

Ethics approval to conduct this research was granted by the Auckland University of Technology Ethics Committee (AUTEC).

Approved by the Auckland University of Technology Ethics Committee on 07 June 2019, AUTEC Reference number 19/165 (Appendix A).

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## Chapter One: Introduction

Chapter One presents an introduction to the present study. First, the reader is introduced to the topic, by examining key concepts and relevant guiding frameworks. This is followed by a discussion of key aspects of the research context. The aims and associated questions are then presented, along with a justification for the research, followed by an overview of the study design, and a summary of key limitations and delimitations. Finally, the structure of the thesis is outlined.

### 1.1 Overview of Key Concepts

Disabled people are often discriminated against, stereotyped (Kittson et al., 2013), and socially excluded, resulting in reduced access to services (Babik & Gardner, 2021; Patel, 2015; Spaaij et al., 2014). In New Zealand, disabled people are twice as likely to report being discriminated against as non-disabled people (Statistics New Zealand, 2018). Sport has been recommended as a tool to mitigate marginalisation, by providing a context that can influence and challenge perceptions of disabled people (Howe & Silva, 2016). Disability sport is promoted with the potential to empower disabled people and create a sense of community and connectedness (Forber-Pratt, 2018; Hoogsteen, & Woodgate, 2010; Nicholson & Hoye, 2008; Martin, 2013; Shapiro & Martin, 2014). Indeed, increased sport participation of people with impairment has been found to enhance the visibility of disability (DePauw, 1997), decrease stigma, and improve perceptions of impairment (Kittson et al., 2013; Shehu & Moruisi, 2010).

In attempts to combat oppression, participation in sport has been recognised as a public health and social justice issue (Gill, 2020), meaning people with impairment have a legal right to participate in sport (Lord & Stein, 2009). Participation is considered so vital to functioning that international policy protects the participation rights of disabled people (e.g., CRPD; United Nations, 2006). Accordingly, sport, disability, and health stakeholders promote sport participation for disabled people (Evans et al., 2018), where increasing participation forms the main focus for these stakeholders.

In New Zealand, disability sport organisations aim to increase participation by measuring participation rates, providing accessible opportunities, and resourcing new facilities (Paralympics New Zealand, 2020). Efforts to increase participation in disability sport are primarily targeted at improving access through the removal of barriers (Bragaru et al., 2013; Littman et al., 2017). Access is considered central to facilitating disability sport participation and may influence participation rates (Bragaru et al., 2013; Deans et al., 2012; Gallagher et al., 2011; Jaarsma & Smith, 2018; Poonsiri et al., 2018). Yet, access is not a sole driver of participation (Hubbard & Mannell, 2001; Crawford & Godbey, 1983), and motivation is an important factor influencing sustained participation in disability sport (Banack et al., 2011; McLoughlin et al., 2017). Motivation in sport is an internal state that

drives an individual to participate. Intrinsic motivation stems from a desire to participate due to interest or inherent enjoyment, whilst extrinsic motivation relates to external factors that satisfy external demands or obtain benefits (Deci & Ryan, 1985). Motivation is significant because regular and prolonged involvement in sport is central to obtaining and maximising health and social benefits (World Health Organisation, 2020).

It is argued that perspectives and measures of participation, centred around participation rates and access, do not consider the importance of subjective experiences for disabled people (Dijkers, 2010; Hammel et al., 2008; Häggström & Lund, 2008). As an alternative, an emerging quality-based participation perspective is dedicated to improving experiences of sport by facilitating meaningful and satisfying involvement in sport, thereby rendering sport more attractive and enjoyable (Martin Ginis et al., 2017a). Participant experiences have recently been highlighted as central to fostering participation and desired outcomes (Evans et al., 2018; Martin Ginis et al., 2017a), and can motivate continued involvement in sport (Shirazipour et al., 2017).

For this reason, understanding the participation experiences of disabled people is central to managing sport and enhancing participation (Sotiriadou & Wicker, 2014). Quality experience in sport represents an emerging area of study that may contribute to both social and sport development objectives. A greater understanding of quality sport experiences will support the full participation rights of disabled people. In turn, this may enhance lives through the promotion of health and social wellbeing and could also inform sport development strategies related to participant engagement.

Little is understood about the complexity of participant experiences in disability sport (Orr et al., 2020), but findings from the field of sport psychology suggest that optimal experiences may play a key role in inspiring long-term sport participation (Shirazipour et al., 2017). Research in this space is novel and there has been a call to understand more about how quality of experience influences disability sport participation (Evans et al., 2018). In pursuit of a deeper understanding, the present research applies a sport development lens and may contribute to knowledge on the retention of athletes in disability sport.

Therefore, further examination into sport participation and quality of experience, is warranted in the context of disabled people. The overarching aim of this study is to explore elements of quality sport participation for people with limb deficiency. The associated areas of focus are: 1) to understand how people with limb deficiency and sport providers perceive quality participation in sport, 2) to explore how people with limb deficiency navigate toward quality experiences in sport, 3) to investigate how sport providers support quality sport experiences for people with limb deficiency,

and 4) to determine how sport experiences can be enhanced for people with limb deficiency. The present study will provide insights into the perceptions and experiences of sport for disabled people.

### 1.1.1 Disability: The Experience of Oppression

Disabled people are a minority group in society, who often have reduced access to education, employment, health services, and the wider community (Thomas, 2007). It is well recognised that individuals who belong to non-dominant or marginalised groups, such as those with impairment, are subject to various forms of discrimination in their daily lives, including in their interactions with organisations (Atkins, 2016). Acknowledging this, the present research recognises disability as "a form of social oppression, involving the social imposition of restrictions of activity on people with impairments, and the socially engendered undermining of their psycho-emotional well-being" (Thomas, 1999, p. 60). This is the basis of the social relational model (SRM) of disability, which acknowledges that long standing prejudices and beliefs held around disability inspire the marginalisation of people with impairment, translating to fewer opportunities, rights, and resources, and thereby perpetuating oppression (Thomas, 2004; Thomas, 2007).

There are varying perspectives from which to undertake disability research and central models are discussed at length in Chapter Two. Disability sport research has traditionally been dominated by medical conceptualisations of disability, in which sport is identified as a rehabilitation tool (Legg & Steadward, 2011). This view perpetuates disability as a 'problem' with an individual who could benefit from rehabilitation. The disability rights movement began to challenge this interpretation in the 1970s, leading to a reconceptualisation of disability as socially constructed, wherein an individual is disabled by their environment, and not their impairment (Oliver, 1986). Social constructions regard disability as the social process of oppression, whereby societies lack of awareness creates barriers for people with impairment (Oliver & Barnes, 2012). In advocating for the rights of disabled people, it is important to acknowledge the marginalisation of disabled people when applying a framework from which to conceptualise disability. In adopting the SRM, the present research seeks to understand disability as the experience of social oppression whilst also taking into account the direct effects of impairment. In addition to the selection of an appropriate framework, the language used to describe disability is a central consideration in disability research.

#### 1.1.1.1 Disability Language

Disability language can play a role in shaping the perceptions of society, promoting inclusion and equality, or contributing to stigma (Dunn & Andrews, 2015). Philosophical and cultural backgrounds influence the language used to speak and write about disability (Dunn & Andrews, 2015; Peers et al., 2014). Generally, disabled individuals are encouraged to self-identify with their preferred use of language, but there are two main perspectives: person-first language (e.g., people with disabilities),

and identity-first language (e.g., disabled people). Person-first language places the primary importance on the individual, relegating the impairment to a secondary focus (Dunn & Andrews, 2015). Whereas, identity-first language asserts that disability is imposed by society, and disabled people are considered restricted because of marginalisation from others (Kiuppis, 2018). In the same way, people who are not oppressed by society because of impairment are considered 'non-disabled' (Peers et al., 2014). In short, an internationally accepted form of language does not exist, but it is suggested that the research context should be considered in the decision (Peers et al., 2014).

In New Zealand, the Office for Disability Issues promotes the term 'disabled people', drawing on human rights discourse to recognise that disabling barriers exist within society (Ministry of Social Development, 2022). This is consistent with the social relational model, demonstrating the influence of social construction on the experience of disability. In addition, when referring to an individual's impairment, a person-first approach is recommended (e.g., person with limb deficiency) to acknowledge their identity as a person before their impairment (Ministry of Social Development, 2022). In line with local government agencies, the present research will use the terms 'disabled people', 'people with limb deficiency', and 'non-disabled people' to refer to the populations of interest.

### 1.1.2 Disability Sport

Sport is a collective noun referring to a range of activities, processes, social relationships and its related physical, psychological, and sociological outcomes (Bailey, 2005). To position the present study, Coalter's (2001) description of sporting activities is used, which is comprised of individual, partner, and team sports, contact and non-contact sports, as well as competitive, self-development, and recreational activities. Furthermore, disability sport is designed for and practised by disabled athletes (DePauw & Gavron, 2005). Again, in the context of the current study, the term disability sport is used to refer to "the broadest context of sport inclusive of competitive sport, recreation, leisure, tourism, physical activity, and rehabilitation for and including people with disabilities" (Shapiro & Pitts, 2014, p. 657).

The term 'parasport' also requires consideration here, as an umbrella term incorporating Paralympic and disability sport (Townsend et al., 2018). Parasport refers to disability sport that is directly tied to the Paralympic movement (Vanlandewijck & Thompson, 2011). The present thesis will use the term 'disability sport' in referring to competitive and recreational sport opportunities for people with impairment. The term 'parasport' will be used in describing competitive sport opportunities and pathways linked to participation at the Paralympic Games.

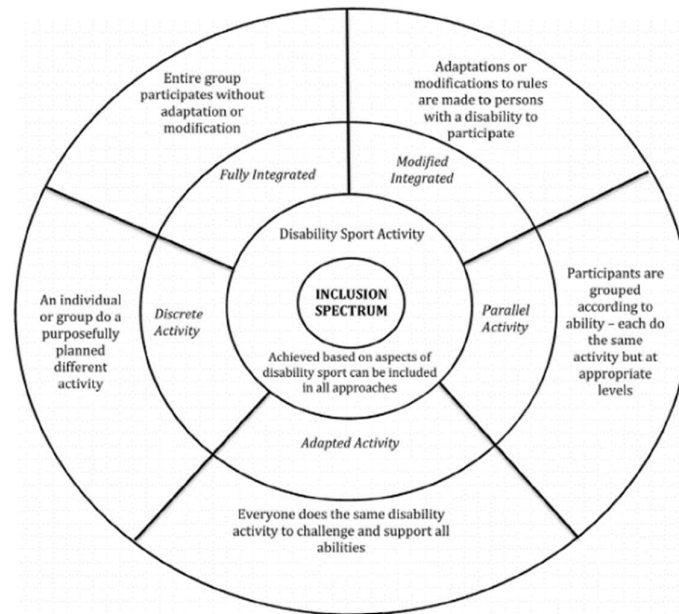
In some ways, disability sport is similar to sport designed for non-disabled people. However, sport designed for non-disabled people can limit accessibility and inclusivity, and accordingly, emphasis has been placed on reducing barriers and improving accessibility to disability sport (Bragaru, et al., 2013). For instance, there are some specific considerations that are relevant to the study of disability sport. Modification and classification are two processes that are distinct in disability sport, aiming to improve access and inclusivity. The process of modifying rules, equipment and activities aims at making sport more accessible and inclusive to participants (DePauw & Gavron, 2005). In addition to this, classification is a sport-specific prerequisite that defines an individual's eligibility to compete in parasport, and then groups the eligible athletes into classes within each sport, to provide a structure for fair and equitable competition (Mashkovskiy & Brittain, 2017). Athletes are assessed and placed into participation categories called 'sport classes', which seeks to group athletes with comparable abilities (Patatas et al., 2018).

Regarding the delivery of disability sport in New Zealand, stakeholders include participants, organisations, facilitators, coaches, and spectators. A range of service providers facilitate opportunities for disabled people including disability advocacy groups, disability sport providers, national sport organisations, and schools. These organisations undertake three main approaches to delivering sport to disabled people. Mainstream sport is typically designed for non-disabled people, though disabled people can train and compete in mainstream contexts if they wish, whereas disability sport caters to people with impairment. In bringing together these two approaches, integrated sport considers the needs of both disabled and non-disabled participants and includes an assortment of inclusive options for participation.

Inclusion in sport focuses on the participation of disabled people who want to engage in sport (Kiuppis, 2018), where non-participation is not equal to social exclusion (Spaaij et al., 2014). The inclusion spectrum, originally conceived by Ken Black (Youth Sport Trust, 1996), explains five modes of integrated sport delivery that cater to various levels of modification and participant ability. Figure 1.1 (Misener & Darcy, 2014) provides an updated version of the inclusion spectrum, which describes the approaches to integrated sport opportunities.

**Figure 1.1**

*Inclusion Spectrum*



*Note.* Sourced from Misener & Darcy, 2014.

As mentioned earlier, sport participation is deemed beneficial to the physical and psychological health of disabled people (Blauwet & Willick, 2012; Bragaru et al., 2011; Carroll et al., 2014; Eime et al., 2013; Orr, et al., 2020). Potential individual wellbeing benefits include improved self-efficacy, empowerment, quality of life, self-esteem, and motivation for continued involvement (Giacobbi et al., 2008; Groff et al., 2009; Sporer et al., 2009; Wetterhahn et al., 2002). Disability sport can also contribute to enhanced social wellbeing by expanding social networks and providing an environment to develop relationships (McConkey, 2016; Reinders et al., 2015; Tint et al., 2017; Wilski et al., 2012). Furthermore, sport has been utilised as a platform to promote accessibility, equality, and inclusion (Blauwet & Willick, 2012).

Disability sport has continually been promoted as beneficial to society (Hoekstra et al., 2018) and as an organic promoter of social inclusion (Jeanes et al., 2019). In order to capture these benefits, it is important to design and deliver sport in a way that is enjoyable and personally valuable so that disabled people are motivated to engage. Sporting organisations are increasingly promoting disability sport (Misener & Wasser, 2016), and sport systems are typically designed to support sport development objectives, where pathways encourage the competitive development of participants, with the view to achieving elite success (Sherry et al., 2016). Discussed further in Chapter Two, this presents a major challenge to sport providers, who must navigate development-oriented systems,

whilst establishing and promoting systems that contribute to health and social objectives (Bowers & Green, 2016; Sherry et al., 2016).

Disability sport represents an evolving segment of the sport sector, with intricacies and complexities that differ from non-disabled sport (Patatas et al., 2018). An improved understanding of subjective sport experiences will support an emerging interest in the development of disability sport (e.g., Dowling et al., 2018a; Misener & Darcy, 2014; Misener et al., 2018; Patatas et al., 2020a). Further research in this area may inform strategies to enhance participant experiences, as well as guide the growth and development of disability sport, by contributing to knowledge on participation.

### 1.1.3 Participation: An Encompassing Conceptualisation

Participation is a complex domain, spanning many disciplines, proving difficult to define and measure (Rowe et al., 2013). Historically, sport participation research has lacked consistency; numerous conceptualisations of participation have therefore ensued (Berger et al., 2008; Breuer et al., 2011; Henderson, 2009; Rowe et al., 2013). Typically, participation has been assessed empirically and determined by an amount of time engaged in a range of activities (e.g., World Health Organisation, 2001). This is true in New Zealand where participation rates are considered in terms of the number of participants, how often they participate, and the barriers and facilitators to their participation (Sport New Zealand, 2019a). A comprehensive understanding of participation in the present study will support the generation of knowledge regarding sport experiences for people with limb deficiency.

In a disability sport context, objective measures of participation emphasise a removal of barriers, with the view to increase participation rates. However, this approach does not account for the way that individual sport experiences influence decisions to engage with sport. Access to disability sport is vital but removing the barriers to sport does not automatically translate to enjoyment or engagement. Furthermore, conceptualising participation regarding performance, fails to recognise the value and satisfaction an individual derives through involvement (Dijkers, 2010; Hammel et al., 2008), or capture the depth and complexity of the individual participation experience (Martin Ginis et al., 2017a). In fact, objectivity promotes normative perspectives of participation (Dijkers, 2010; Mitra & Shakespeare, 2019), thereby minimising the subjective experiences of disabled people (Hammel et al., 2008).

To attend to this, a human rights treaty, the Convention on the Rights of People with Disabilities (CRPD), ratifies the right for disabled people to experience 'full participation' (United Nations, 2006). Full participation in many aspects of society is thought to enhance a sense of belonging, recognise the value and contributions of disabled people, and empower them to fulfil their potential (United

Nations, 2006). Full participation encompasses collective power and control. This includes equal opportunities for involvement in society but is not characterised by integration with non-disabled people (Hammel et al., 2008). Components of full participation have been identified as: 1) involvement in an activity, and 2) a positive subjective evaluation of the experience (Hammel et al., 2008; Imms & Granlund, 2014). Martin Ginis et al. (2016) further developed the full participation concept, referring to involvement as quantity participation, and a positive subjective evaluation of the experience as quality participation.

Quality participation refers to “an athlete’s broad subjective evaluation that his or her sport involvement is (or has been) satisfying, enjoyable, and generates personally-valued outcomes” (Martin Ginis et al., 2017a, p. 37). Quality participation places an emphasis on optimising individual experiences, which may contribute to health and social outcomes and a continued engagement in sporting activities. So far, the literature has indicated that an emphasis on enjoyment is central to inspiring participation (Balyi et al., 2013; Green, 2005) and that positive experiences may influence continued engagement in sport (Shirazipour et al., 2017).

For the purposes of the present research, it is argued that the adoption of an inclusive conceptualisation of sport participation is needed. In undertaking an innovative approach to the challenge of improving and enhancing participation in disability sport, the present study proposes to utilise the quality participation concept, stemming from the field of rehabilitation studies, to inform sport management research. In broadening understandings of participation, it is hoped to extend knowledge on improving sport experiences and engagement (Evans et al., 2018). Stakeholders of disability sport will benefit from further research in this area, where improvements to the management and delivery of disability sport could enhance participant experiences and better contribute to wellbeing and engagement in sport.

#### 1.1.4 Guiding Concepts/Frameworks

Considering the aforementioned position of participation, the present study draws on existing theoretical concepts and frameworks to guide an investigation of disability sport. To understand subjective experiences in sport, the present study will adopt the Quality Parasport Participation Framework (QPPF: Evans et al., 2018). The QPPF provides a descriptive procedural account of how participation conditions support quality experiences and, subsequently, quality participation. Conceptually, the framework is disability-specific, sport-centric, and underpinned by motivational paradigms, namely self-determination theory (e.g., Deci & Ryan, 1985).

The QPPF builds on an existing conceptualisation of subjective participation (e.g., Martin Ginis et al., 2017a), which identified six elements of quality experience: 1) autonomy, 2) belongingness, 3)

challenge, 4) engagement, 5) mastery, and 6) meaning. Building on this conceptualisation, the QPPF details 25 types of prerequisites that constitute a threshold for participation, emphasising the importance of access to sport. The framework contends that repeated enjoyable and satisfying sport experiences lead to quality participation over time (Evans et al., 2018). Consequently, the QPPF provides a unique basis from which to investigate participation whilst incorporating a sport management perspective.

Given its previous applications, the QPPF provides a logical qualitative framework from which to study disability sport participation. The QPPF has been used to explore participation in physical activity (Andrusko, 2018; Fakolade et al., 2021; Kauffedt, 2018; Shirazipour et al., 2018; Shirazipour et al., 2019), community-based exercise programmes (Jackson et al., 2019; Man et al., 2020), adaptive leisure (Labbé et al., 2019), recreational sport (Fong et al., 2020; Orr, 2020) and parasport participation (Allan et al., 2018). Though researchers have identified the utility of this sport psychology-based framework in rehabilitation settings, it is yet to be substantively applied from a sport management perspective.

The QPPF was designed as a coherent platform for exploring disability sport, but the developers have not explicitly based the model in disability-specific theory. To account for this, the present research is grounded in a social relational model of disability (Thomas, 1999, 2004, 2007). The SRM, with roots in social and critical disability studies, provides an imperative backbone from which to explore the phenomenon of disability. The model emphasises the subjective experiences of people living with impairment (Smith & Perrier, 2014). The SRM has previously been utilised in sport research (Martin, 2013; Cushion et al., 2020; Townsend et al., 2017; Wadey & Day, 2018) including research with a focus on optimal experiences (Allan et al., 2019; Evans et al., 2018; Haslett et al., 2017). Sport management researchers are yet to fully embrace the potential contributions of the SRM. Therefore, the present research applies this model with a view to advancing thinking in sport management with respect to disability sport.

Sport development concepts from the two prominent orientations within the discipline of sport management, that is, the development of sport and development through sport (Shilbury et al., 2008), inform the present study. Sport development is fundamentally concerned with the promotion of sport participation and its associated opportunities and benefits (Shilbury et al., 2008). Concepts related to the advancement of sport (e.g., Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2016), as well as those that underpin the use of sport to influence health and social inclusion (e.g., Bowers & Green, 2016; Lyras & Welty Peachey, 2011) are considered in the present study. In utilising concepts and theory from distinct yet related fields of inquiry (sport management, disability studies,

rehabilitation studies, and psychology), the researcher seeks to advance thinking on disability sport participation. Intersections between these disciplines are considered in the following section.

### 1.1.5 Research Collaboration Opportunities

As indicated by the diversity of the guiding concepts, the present study seeks to integrate bodies of knowledge in pursuit of a more comprehensive understanding of disability sport participation. The present study is supported by relevant participation literature, published in domains such as sport management, sport sociology, health sciences, disability studies, sport psychology, and rehabilitative studies. Drawing on optimal experiences research (from rehabilitation studies and the discipline of psychology), the present study seeks to utilise a social relational lens (from disability studies literature), and sport development concepts (from sport management literature) in the quest for an inclusive, yet comprehensive set of insights into quality experiences in disability sport. This approach will assist in identifying opportunities to advance thinking on participation, from a sport management perspective.

In order to expand understandings and generate knowledge that is sensitive to the complexities of disabled populations, disability researchers often endorse the investigation of traditionally non-disabled topics, through a disability lens. In addition to this, the discipline of sport management inherently lends itself to inter-disciplinary investigation, being that it is a field of study derived from the amalgamation of areas such as business, sociology, and sport. Though sport management research intrinsically leans towards collaboration, sport management academics have been criticised for insufficient considerations of disability sport (Kittson et al., 2013; Patatas et al., 2021a; Shapiro & Pitts, 2014).

In terms of sport management scholarship, disability-focused research has been conducted in the sport-related domains of elite sport (Legg et al., 2009; Quinn et al., 2020), volunteer management (Kappelides & Spoor, 2019; Lachance & Parent, 2021), sport career pathways (Patatas et al., 2020a), event leverage and legacy (Misener, 2015; Misener et al., 2013, 2015a, 2020; Taks et al., 2015), fandom (Doyle et al., 2016), policy and system investigation (Dowling et al., 2018b; Patatas et al., 2018, 2020b, 2021b), and sport-for-development (Forber-Pratt, 2015). Further investigation is warranted to better understand participation in disability sport.

Outside of the sport management discipline, a growing literature base investigating disability sport participation spans the disciplines of sport science, health and social sciences, and disability studies. Existing understandings of participation are largely underpinned by psychological concepts such as motivation and commitment (i.e., self-determination theory: Deci & Ryan, 1985; social cognitive theory: Bandura, 1986; theory of planned behaviour: Ajzen, 1985). It follows that in exploring the

participation of disabled people, sport management academics could benefit by drawing on concepts from other disciplines.

Adding to this, effective inter-disciplinary investigation of sport participation has previously been demonstrated. Jaarsma et al. (2014) utilised a health-based disability model to explore participation in Paralympic athletes. Similarly, Evans et al. (2018) embraced a rehabilitative perspective, together with psychological concepts, to create a conceptual framework of quality participation in parasport. These approaches highlight the inexplicable ties between sport participation, rehabilitation, and psychology in the context of disability, and suggest that further cross-disciplinary collaboration opportunities exist in this space. To this end, the complex intersection of disability, sport, rehabilitation, and psychology provides a unique canvas for sport management researchers to gain an understanding of quality sport experiences and sport engagement.

## 1.2 The Research Context: New Zealand, Disability Sport, and Limb Deficiency

An estimated one in four New Zealanders (24%) live with impairment, 64% of whom identify with physical impairment (Statistics New Zealand, 2013). People with limb deficiency compose a portion of this population, where the prevalence of limb deficiency is around 1 in 1000, amounting to approximately 5000 people (Peke Waihangā Artificial Limb Service, n.d.). This group represents a large portion of participants in the New Zealand disability sport system. Because of this, and an early focus on including amputee athletes at major sporting events (e.g., Torontolympiad, 1976; Sarajevo Winter Olympics demonstration event, 1984), limb deficiency has been the most common impairment type among New Zealand's Paralympians whose recent and enduring success has encouraged the continued development of sporting opportunities for people with limb deficiency in New Zealand.

However, New Zealand's disability sport landscape is complex. Disability sport encompasses a wide range of participation options, classification processes, and integrated pathways, facilitated through a multitude of systems that span several organisations. Responsibility for the provision of sport for disabled people lies with disability-specific organisations as well as groups in the wider sport sector, including government agencies and non-profit organisations (McBean et al., 2022). Sport New Zealand (Sport NZ) is the governing agency for sport in New Zealand whose purpose is to promote and support physical activity through sport, play, and recreation (Sport New Zealand, 2020). Sport NZ work closely with the National Paralympic Committee and Paralympics New Zealand, who cultivate performance pathways to elite parasport and promote participation opportunities in sport to support the health and enjoyment of disabled people (Paralympics New Zealand, n.d.).

The key priorities of Sport NZ are to improve the frequency of participation, enhance the quality of experience, increase cultural variety, and improve the system (Sport New Zealand, 2020). These priorities highlight the contrasting objectives of Sport NZ, to support participant wellbeing, and to achieve elite success. To achieve such objectives, dual intentions are positioned to negotiate the challenge of delivering sport development objectives, through the pursuit of high-performance goals, whilst simultaneously promoting physical activity to enhance wellbeing:

Sport NZ... contribute[s] to the wellbeing of [all] by leading the... sport system... We believe that growing the quality of participation opportunities helps to maximise wellbeing and feeds the pathway to elite sport, and our success on the world stage in turn helps to inspire participation (Sport New Zealand, 2020, p. 6).

Notably, the quality of participation is considered in relation to achieving specific objectives and is highlighted in a range of other formative local documents (e.g., *Disability Plan*: Sport New Zealand, 2019b; *Everybody Active Strategic Direction 2020-2030*: Sport New Zealand, 2020; *Strategy 2019-2022*: Parafed Auckland, 2019). In addition to this, a recent review of the New Zealand disability sport sector (e.g., *Active New Zealand 2018 Spotlight on Disability Report*: Sport New Zealand, 2018a) identified quality experiences in sport for disabled people as a key strategic priority. This is relevant to the present study, which seeks to examine individual experiences in disability sport, with a focus on quality participation.

Disability sport pathways in New Zealand are under investigation, with the view to enhance long-term participation in sport (M. Dawson, personal communication, October 19, 2021). As part of this endeavour, research has been undertaken in New Zealand on the sporting journeys of high-performance athletes with limb deficiency (e.g., Hogg, 2018). Together with the literature, this investigation signals a need for a deeper understanding of the sport experiences of disabled people, in order to provide theoretical and practical contributions that support the provision and development of disability sport. In contributing to the body of research on sport participation, the present research is focused on the sport experiences of people with limb deficiency in New Zealand.

In considering a relationship between sport development objectives and wellbeing objectives, quality experiences have been found to stimulate engagement in sport (Allan et al., 2019; Shirazipour & Latimer-Cheung, 2020), and therefore could also contribute to sport development goals. Therefore, a shift in focus, from measuring quantity-based participation to evaluating positive experiences in disability sport, presents as an initiative that could assist in supporting health and social objectives as well as strategic targets related to sport development. Furthermore, this shift could engender a more detailed level of understanding regarding the role of sporting organisations in supporting quality experiences for people with limb deficiency.

### 1.3 Research Aim and Questions

In preceding sections, disability sport participation was outlined and the importance of moving beyond quantity-based objectives was identified. People with limb deficiency were highlighted as a group that could benefit from improved access to sport and enhanced sport experiences. The above sections also identified limitations and research gaps in the literature associated with participation in disability sport. The concept of quality participation has been introduced, highlighting the attainment of a quality experience as a foundation to enjoyment and engagement in sport.

At present, research on quality experiences in sport is an emerging field of inquiry, and there is a current focus on investigating how quality experiences are fostered and what constitutes quality participation in different populations. In addition to this, Shirazipour et al. (2017) called for research on the relevance of experiential dimensions of sport, conditions enabling access to sport, and fostering quality experience elements within programmes and pathways. As such, the present research seeks to advance understandings of quality experience in disability sport and identify how sport experiences can be enhanced for people with limb deficiency. People with limb deficiency represent a large portion of disability sport participants in New Zealand and research into this group may support their enhanced participation in sport.

Consequently, the aim of the present thesis is to improve understandings of quality sport participation. As part of this, an intention is to deliver evidence to disability sport providers to supplement decision-making and endorse the promotion of quality experiences through sport programmes and pathways. To explore this multi-layered problem, a qualitative approach was adopted, with an overarching aim:

*To explore elements of quality sport participation for people with limb deficiency.*

The following research questions are posed to examine the identified issues regarding participation in disability sport. The questions seek to support the research aim by capturing the perspectives of two participant groups to address identified gaps in the literature:

- RQ1 *How do people with limb deficiency and disability sport providers perceive quality experiences in sport?*
- RQ2 *How do people with limb deficiency navigate toward quality experiences in sport?*
- RQ3 *How do sport providers support quality sport experiences for people with limb deficiency?*
- RQ4 *How can sport experiences be enhanced for people with limb deficiency?*

Chapter Two provides a detailed explanation concerning the development of the research questions. In summary, the first research question seeks to explore perceptions of quality experiences to provide a contextual platform of understanding. The second and third research questions are designed to guide the examination of participant experiences in sport, with the intention to compare the perspectives of the sport participant and the sport provider. Finally, the fourth research question considers suggestions to improve the participant experience.

Research question two seeks to understand how participants engage in sport and facilitate their own quality experiences in sport. The phrasing of this question reflects the cultural foundations of New Zealand, and the ability of individuals and groups to seek and steer themselves toward goals. The phrase 'navigate toward' historically refers to observing the stars to keep a waka (canoe) on course to reach a destination. This is an increasingly utilised term in New Zealand-based research, which has roots in the early journeys of the indigenous Māori and Pasifika people.

Research question three seeks to explore the role of the sport provider in supporting quality participant experiences. Such questions will assist in generating New Zealand-specific insights in relation to sport participation experiences of people with limb deficiency, to provide a deeper understanding of the elements that support and constrain participation in sport. The final research question pertains to the practical implications of enhancing sport experiences in New Zealand. By way of recommendation, research question four seeks to provide insights that may be utilised to strengthen sport delivery in New Zealand. Together, the research questions inform the research design.

## 1.4 Justification for the Research

The following sub-sections provide an overview of the theoretical and practical contributions of the current research project.

### 1.4.1 Theoretical Contributions

The present study seeks to develop knowledge of sport participation for people with limb deficiency, by exploring experiences and perceptions of disability sport. As mentioned above, the quality participation paradigm posits that positive and enjoyable involvement in sport activity optimises the experience for an individual (Martin Ginis et al., 2017a). Therefore, the first theoretical justification for the research relates to an extension beyond objective measures of participation. Participation is a fundamental principle of sport development, where increasing and retaining players in mass participant sport is central to the progression and success of elite athletes (Sotiriadou et al., 2008). This traditional approach to developing sport could be improved by considering the experiences of those participants in addition to their involvement.

Furthermore, sport management scholars have called for interdisciplinary research to examine how sport can contribute to the promotion of health and social goals (e.g., Chalip, 2006; Inoue et al., 2015). In preceding sections, numerous discipline areas were identified in a bid to support an investigation in sport development research and advance thinking on disability sport participation. The QPPF (e.g., Evans et al., 2018), informed by literature from rehabilitative studies and the discipline of psychology, has been identified as a framework that can be applied to the field of sport management, to engage in multi-disciplinary partnership and enhance understandings of participation.

Therefore, a key theoretical contribution of this thesis is the introduction of the quality participation concept to the sport management discipline. This concept is positioned to inform thinking on disability sport participation and to complement traditionally objective assessments of participation that have dominated disability sport research and practice to date. In focusing on participation rates in disability sport, the sport sector has primarily aimed to improve access to sport. Instead, a consideration of an individual's subjective experiences in disability sport appears to be a way to engage participants and enhance participation.

Another theoretical justification for the present study pertains to the expansion of disability knowledge in the field of sport management. Sport management scholars have documented the role of participant sport in population health (Berg et al., 2015; Henderson, 2009; Rowe et al., 2013), psychological outcomes (Chien & Ross, 2012), and wellbeing (Doyle et al., 2016; Filo & Coghlan, 2016; Koortzen & Oosthuizen, 2012; Pawlowski et al., 2014). However, sport development investigation is grounded largely in non-disabled sport literature (Dehghansai et al., 2017b; Lemez et al. 2020; Patatas et al., 2021a; Pitts & Shapiro, 2017).

Disability sport is becoming increasingly professionalised, echoing the progression of non-disabled sport (von Sikorski et al., 2012). However, disability sport has evolved through historic political events (e.g., the Paralympic movement, disability rights movement) and therefore exists in a vastly different landscape from non-disabled sport (DePauw & Gavron, 2005). Additionally, disabled people experience greater challenges, including social and physical barriers to sport participation (Atkins, 2016). Therefore, conclusions drawn from non-disabled research cannot effectively inform disability sport (Radtke & Doll-Tepper, 2014). As such, disability-specific investigation is required in order to understand how to effectively manage and develop disability sport, whilst ensuring it remains inclusive and supports desired outcomes (Patatas et al., 2018).

Therefore, in considering the scholarly contribution, the present thesis seeks to advance knowledge by investigating the sport participation experiences of New Zealanders with limb deficiency. This

subpopulation represents a significant number of disability sport participants. In considering subjective experiences of participation, and how these can be facilitated, the QPPF may assist in developing an understanding of disability sport participation. The examination of people with limb deficiency will generate a better understanding of disability sport, prompting transformative ideas to enhance participation.

#### 1.4.2 Practical Contributions

The present study seeks to contribute to practice in several ways. An initial consideration is the importance of enjoyable experiences in sport, for the direct health and social benefits, as well as the motivation to inspire continued engagement. Disabled people in New Zealand face discrimination (Statistics New Zealand, 2018) and sport can help to mitigate marginalisation (Blodgett et al., 2017) by empowering participants (Hoogsteen, & Woodgate, 2010; Martin, 2013; Shapiro & Martin, 2014), and improving perceptions of impairment (Kittson et al., 2013; Shehu & Moruisi, 2010). However, traditional sport delivery approaches often consider the health and social outcomes of disability sport to be inherent (Coalter, 2007; Shilbury et al., 2020) and because of this, sport practitioners are arguably more invested in the design and delivery of programmes to meet sport development objectives.

A quality-based participation perspective offers a different approach to sport participation, where individual participant experiences are considered, with the view to support health and social outcomes and enhance enjoyment and engagement in sport. A quality approach to sport appears to align with international policy, which advocates for the full participation of disabled people (e.g., CRPD; United Nations, 2006). Furthermore, a quality approach supports current, local strategies aimed at improving experiences (e.g., *Sport New Zealand Disability Plan, 2019b*), and enhancing the quality of sport participation (e.g., Sport New Zealand, 2020).

The present study seeks to examine the sport experiences of people with limb deficiency as well as the perceptions of disability sport providers to better understand and enhance disability sport participation in New Zealand. The present research could help to identify ways that sport programmes can optimise access, and foster satisfaction, enjoyment and personally meaningful outcomes among participants. Exploring experiences of sport participation can identify parts of the system that are successful, as well as uncover areas for further exploration or change, in order to support participant outcomes through disability sport.

From a practical standpoint, an improved understanding of experiences in sport could assist sport practitioners in their challenge to develop optimal sport programmes for disabled people (Shirazipour et al., 2018). A holistic understanding of participation, and greater awareness of issues,

could assist sport managers in recognising the importance of individual participation experiences, which may better position disability sport practitioners to design meaningful programmes, pathways, and policies to enhance participation (Martin Ginis et al., 2017a). Change may take place at the system, organisation, or individual levels with the capability to influence education, marketing, programme design, attitudes, and management. Moreover, insights may be utilised to support disabled people outside of a sport context.

In addition to supporting health and social outcomes for disabled people, an emphasis on quality participation may inadvertently inform strategies that support the development of sport. Satisfying and enjoyable experiences of participation have been linked to motivation and engagement (Fairley et al., 2007; Imms et al., 2016; Kim et al., 2007; Kim et al., 2009; Shirazipour et al., 2017), and therefore could be key to supporting participation rates. In this way, the present research could offer insights into sustained involvement in sport. In short, a focus on quality experiences could lead to improved participant experiences and greater engagement in disability sport. Furthermore, the positive and satisfying experiences shared by existing participants could appeal to other potential participants.

At this stage, it is unclear if, and how, people with limb deficiency experience quality participation in sport, and which factors contribute to a quality experience. It will be valuable to understand how sport providers can promote, not just abject participation, but quality participation experiences with meaningful outcomes. Overall, there is a need to understand more about the quality sport experiences of people in New Zealand with limb deficiency.

## 1.5 Research Design

An overview of the research has identified the breadth of participation conceptualisations in the literature and emphasised the complexities of disability, identifying the need for further disability sport research. Due to the exploratory nature of the research and desired depth of insight, the study is underpinned by a constructivist-interpretive paradigm (Denzin & Lincoln, 2018). A basic qualitative approach is adopted to facilitate a deeper understanding of the inherent complexities of disability as a phenomenon, and how this affects participation in sport. Qualitative research is gaining popularity in sporting contexts, and there is an increasing demand for in-depth exploration from the subjective viewpoint (Martin Ginis et al., 2017a).

Disability sport in New Zealand provides the context from which to examine quality participation experiences of people with limb deficiency. In the present study, the participant pool consisted of sport participants and sport providers. Sport participants had been recently involved in sport at all levels, from recreational to high-performance. In terms of impairment, the sport participant pool is

comprised of individuals with both upper and lower limb deficiencies, various aetiologies, and acquisition across the lifespan. Sport providers were existing suppliers of disability sport opportunities. A range of sport organisations were approached to assist with the recruitment process, resulting in a spread of participants from different regions throughout New Zealand.

Data collection and analysis was informed by the previous research questions. Data were collected through 20 semi-structured interviews with disabled sport participants and sport providers, as well as a focus group consisting of four sport participants and three sport providers. Data were analysed via thematic analysis, informed by Braun and Clarke (2012). The data analysis process involved transcribing interviews, reading transcripts, coding, and generating themes. Data analysis was informed by literature and the research questions, though emergent themes were considered and explored throughout the process. Chapters Four to Six present the findings of the research and are structured into four categories: 1) influences on quality sport experiences, 2) outcomes of quality sport experiences, 3) participant led approaches to navigating quality experiences, and 4) provider led approaches to supporting quality experiences. Next, the limitations and delimitations of the study are considered.

## 1.6 Delimitations and Limitations

In considering practical constraints, delimitations were defined to outline the scope of the present study. Previously, researchers have studied groups with limb deficiency in various ways, depending on study aims. Commonly, individuals with upper (arm) or lower (leg) limb deficiency are represented in distinct groups due to differences in achieving prosthetic success, or the type of sport under investigation. Researchers have also previously comprised groups determined by aetiology, or time since amputation. However, in the present study, it can be argued that the type, aetiology, and time of acquiring limb deficiency is distinct for individuals, so it is difficult to meaningfully group participants based on these factors, which may also have wide-ranging influences on their subjective experiences. Furthermore, in practice, individuals with limb deficiency are commonly grouped collectively in sporting situations for reasons relating to classification, where the focus remains on functionality, not the intricacies of the impairment. Therefore, recruitment invitations were extended to participants with all types of limb deficiency. This meant that the type of limb deficiency varied largely throughout the participant population. Impairments ranged from singular to quad limb deficiency and involved both congenital and acquired deficiencies.

A second delimitation referred to the range of sport types engaged by participants. Due to a focus on understanding and enhancing participants' experiences in disability sport, participants who engaged in any codes or modes of sport were considered for recruitment. Participant engagement

was a mix of professional, competitive, and recreational. Not all athlete participants were engaged in classifiable parasport, however all participants met classification criteria. The classification process will be discussed in Chapter Two. Previous research has commonly observed participants engaged in either elite or participant sport offerings due to the difference in the motivations, strategies, and objectives regarding these two levels of sport. However, due to the focus on participant experiences, the present study was inclusive of participants from all levels of sport. This approach meant that sport-specific suggestions for enhancing participation could not be generated from the present study.

In addition to these delimitations, study limitations were also considered. Limitations will be discussed in detail in Chapter Seven but are introduced here. A participant-based limitation relates to the dual roles of sport participants and sport providers. One of the intentions of the study was to draw comparisons between the participant and provider groups. This proved complex due to the overlapping roles of many participants. People involved in disability sport in New Zealand form a relatively small community. Due to the size of the community and the nature of sport itself, many of the participants in the present study held dual roles. Some individuals recruited as sport participants also had experience in sport provision, and the same was true of those recruited as sport providers. To enable the exploration of the separate perspectives, participants were asked to comment from the position of their primary role. Chapter Three provides a detailed discussion of the dual roles of participants and how the effects of this were managed.

Other limitations stem from intricacies of the research process. One of these limitations relates to the timing of the research. Half of the data was collected prior to the COVID-19 pandemic, and the remainder of the data was collected during the global pandemic. This had an impact on research design as the first interviews were conducted in person, but the second half of the interview data had to be collected via video conference. The consistency in the interview questions minimised the effect of these changes, though inconsistencies in the data collection approaches present as a study limitation.

A final limitation is related to the coding procedures used in the data analysis approach. The transcription of interviews and coding process was conducted by the student researcher. A second coder can improve the trustworthiness of the analysis but this was not a viable option in the present study. Instead, the supervisory team were utilised as critical friends to question assumptions and critique the researcher's interpretations of the data. Due to the nature of PhD research, including the budget and timeline, it was not feasible to support a second coder. To alleviate this limitation, the primary researcher utilised a rigorous data analysis process, as outlined in Chapter Three.

## 1.7 Thesis Outline

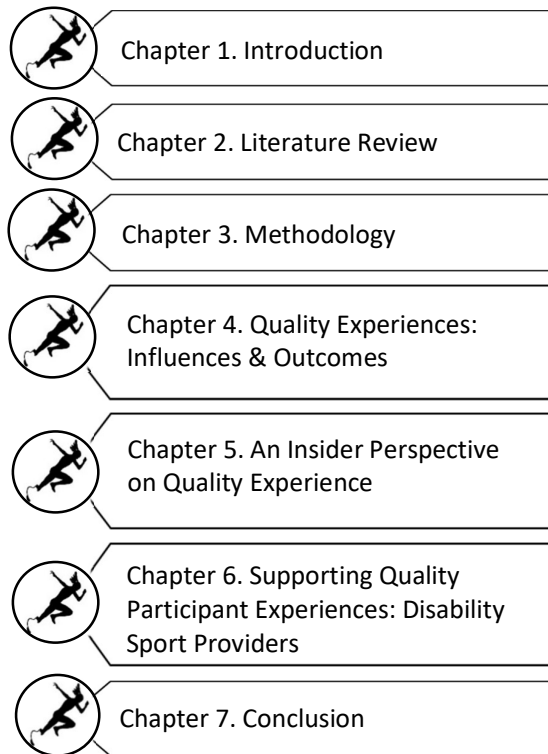
This thesis is structured as per pathway one, via traditional thesis structure. The thesis structure consists of seven comprehensive chapters, highlighted below in Figure 1.2. Chapter One has provided an overview of concepts specific to the research. The rationale and purpose of the study have been presented, signifying the importance of the study, as well as providing justification for the inclusion of various components. Following this introductory chapter, a review of the literature is provided in Chapter Two, building on the extant literature on disability sport participation.

Concepts from disciplines, including disability studies, rehabilitation studies, psychology, and sport management are drawn on to explore multiple perspectives of sport participation. The literature review synthesises multifaceted literature and considers knowledge relevant to the objectives of the thesis in order to guide the study. Chapter Three then expands on the four research questions to focus the thesis and guide the research philosophy. This sees an explanation of the constructivist-interpretive paradigm and underpinning research methodology; a basic qualitative design. Chapter Three continues with an outline of the research processes concerning sampling, data collection, and data analysis. The conclusion of Chapter Three sees a consideration of ethics and study quality.

Following this, Chapters Four, Five, and Six comprise the findings of the study. These results chapters address the prescribed research questions. In Chapter Four, findings are discussed regarding influences on sport participation and outcomes related to quality sport experiences. In Chapter Five, results are presented with respect to participant led approaches in navigating toward quality sport experiences. Building on this, in Chapter Six provider led approaches to supporting the quality experiences of disabled sport participants are explored. Lastly, in Chapter Seven implications of the research findings are considered, to contemplate the relevance of the results, and explore theoretical and practical implications in the context of disability sport experiences. This is followed by a conclusion to the research, to consider limitations of the present study and prospects for future research.

**Figure 1.2**

*Thesis Schematic*



## 1.8 Summary

Chapter One has established a background to the present thesis, considering the study aims and four research questions formulated to guide the study. Theoretical and practical justifications were provided for the study, followed by consideration of the research design and limitations. Finally, the structure of the thesis provided a foundation for the chapters that follow. Next, Chapter Two reviews the relevant literature, drawing together concepts from multiple discipline areas, from which to guide the research.

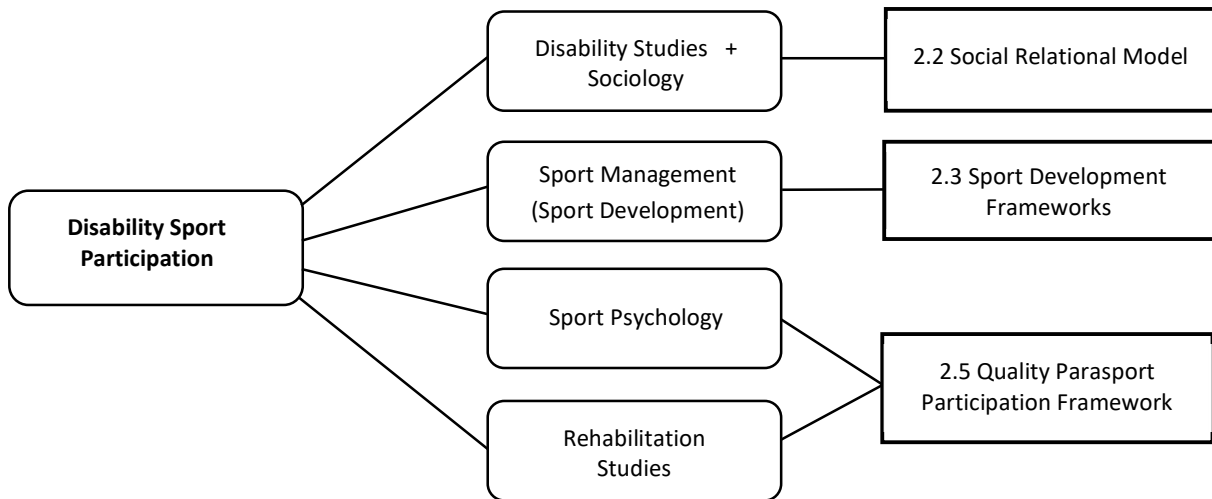
## Chapter Two: Literature Review

### 2.1 Introduction

The following review encompasses literature relevant to the participation of disabled people, in the context of sport. Where possible, a focus on limb deficiency has been included. The present chapter is constructed as a conceptual review of disability sport participation. Conceptual reviews assist in problematising and theory building, helping to connect existing theories, bridge disciplines, and deliver multi-level insights (Gilson & Goldberg, 2015). In order to build on the literature and enhance understandings of sport participation for people with limb deficiency, it is of primary importance to comprehend the ways in which disability has been defined and studied in academic literature. Given the complexities of disability as a phenomenon, Chapter Two examines the intersection of literature spanning disability studies (social relational model), the sport management discipline (sport development principles), rehabilitation studies, and the discipline of sport psychology (quality parasport participation framework). These multi-layered intersections are discussed and considered to guide the present research (see Figure 2.1).

**Figure 2.1**

*Overview of Literature under Consideration*



### 2.2 Disability: A Multidimensional Social Phenomenon

Disability is a multifaceted concept, which has meanings that vary across locations and historic periods, and often reflect an assumed philosophy (Shakespeare, 2006). Therefore, it is crucial to position disability research within an appropriate theoretical stance, drawing from paradigms to contextualise the research in the wider sociocultural and historical landscape of disability (Martin, 2013). Disability has been constructed in varying ways throughout history, culminating in the

development of two dominant models that depict the relationships between: 1) the individual and bodily dysfunction (medical model of disability), or 2) the individual and the social environment (social model of disability), in order to describe how disability is (re)produced (Fitzgerald, 2012). As per Owens (2015), the social model is not technically a model or theory as it does not satisfy the required elements. However, these paradigms, coined models by Oliver (1983), highlight the binary distinction between individual dysfunction and social dysfunction. Oliver (1983) applied the concept of 'distinction' from the Union of the Physically Impaired Against Segregation (UPIAS) (1976) and built the differentiation into a framework to use in teachings on disability issues (Oliver, 1996). Following Oliver's (1983, 1986) reflections, academics and professionals began to acknowledge the two 'models' of disability, and derivatives, which have since underpinned most disability research.

Smith and Bundon (2018) emphasise that each understanding of disability can engender different implications in sport, society, and disabled people's lives. Understandings of disability in sport inform strategic priorities, coach education, athlete support and representation, research objectives and methodologies, policy, and equality (Smith & Bundon, 2018). For these reasons, sport scholars encourage the use of a sound theoretical rationale, with a disability-specific perspective, in order to explore the complexities related to the phenomenon of disability (Kerr & Howe, 2015; Martin, 2013; Smith, 2013a). Shapiro et al. (2012) reiterate the need for a balanced theoretical approach in sport management, where interpretations of disability can influence the management of disability sport and inform policy implementation (Patatas et al., 2021b). In line with this advice, disability sport management scholars have drawn on various models to examine the systems of classification in disability sport (e.g., Howe & Kitchin, 2017), transitions to retirement for disabled athletes (e.g., Bundon et al., 2018), access to, and participation in, disability sport (e.g., Howe & Silva, 2016), disability sport coaching (e.g., Townsend et al., 2015), psychological wellbeing of disabled athletes (e.g., Smith & Perrier, 2014), and the media (mis)representation of disabled athletes (e.g., Kearney et al., 2019; McGillivray et al., 2021; McPherson et al., 2016).

Through the early years of disability sport research, scholars embraced a medicalised perspective of disability; however, a shift in thinking around disability has occurred over the last 50 years, which has seen a more holistic view embraced in the modern era, acknowledging that disability is socially constructed and exists within society, as opposed to existing within an individual (Thomas, 2004). This transformation has links to the disability rights movement and the Paralympic movement and is relevant to the study of disability sport. To investigate this, the current section explores three models of disability: the medical model, the social model, and the social relational model. This highlights the application, appropriations, assumptions, and divergence, for the purpose of positioning disability in the present research as a social relational phenomenon.

### 2.2.1 The Medical Model of Disability

A medicalised view of disability derives from the biomedical model of medicine, the dominant model of illness in the Western world. A medicalised view embodies a set of assumptions around disease, testing, diagnosis, and treatment (Laing, 1971). Originally the dominant disability paradigm, the medical model of disability gained impetus as veterans returned from war (Thomas, 2004). This pathologised disability as a 'problem' with an individual, to be corrected with medical intervention (Terzi, 2004). Framed on a biological foundation, the medical model concentrates on diagnosis and rehabilitation, viewing disability as an outcome of disease or trauma, and an invariable problem with the individual (Kasser & Lytle, 2013; Oliver & Barnes, 2012). This paradigm suggests that impairment is a defining feature of an individual, who is represented as an unfortunate victim (Fitzgerald, 2012).

In this way, the medical model perpetuates ableism, whereby individuals with impairment are discriminated against and characterised as inferior to those without impairment (Wolbring, 2012). Ableism values non-impaired bodies and considers disability to be less than, invisible, and disposable, whilst non-impaired individuals are represented as normal, ideal, and the default (Dolmage, 2017). Although the seemingly archaic medical model may serve some purpose in the medical and rehabilitation sciences (Shakespeare, 2006, 2013) (i.e., engineering prosthetics), due to the ableist positioning, it is outdated in informing most research disciplines. Regarding sport, the medical model promotes the use of sport for the purposes of rehabilitation, where the focus remains on the person with the impairment, and how they can be rehabilitated using adaptive devices and sport training (Legg & Steadward, 2011).

Nonetheless, it has been noted that some sport studies persist in over-representing the medical model (Allan et al., 2019; Townsend et al., 2015), or at times, potentially promote it unknowingly (Smith & Perrier, 2014). For example, Harvey et al. (2012) have noted the use of cycling programmes in rehabilitating military amputees where adaptive devices support high intensity training. Pasquina et al. (2014) have noted the principle medical goals for people with limb loss include treating underlying disease as well as optimising the residual limb with adaptive equipment to promote a return to sport and recreation. These studies do not explicitly employ the medical model but embody it by exploring how to modify the impaired individual to fit in to the environment.

Evidently, the medical model has received heavy criticism, namely from disability rights activists, for a focus on the individual and a disregard for social, environmental, and cultural aspects of disability (Reindal, 2008). A medicalised view is criticised for portraying biophysical assumptions of normality, and the resulting ignorance of sociocultural factors in constructing and challenging normality (Goodley, 2016; Smith & Bundon, 2018). In turn, this can perpetuate a binary where disabled people are labelled as abnormal and defective, and others as normal and superior (Smith & Bundon, 2018).

This can define and determine access, participation, and what it means to be human (Meekosha & Shuttleworth, 2009). The medical model also locates the 'problem' of disability within an individual, rather than challenging the oppressive societal attitudes and structures that define disability (Goodley, 2020; Thomas, 2007). This means that disability is depicted as a personal tragedy to be overcome by the individual, thereby disregarding the complexities of disability (Silva & Howe, 2012). Furthermore, the individual is blamed for 'having a disability', which results in a failure to fully address social aspects of disability (Thomas, 2007).

In addition to this, a medicalised approach to delivering disability sport is believed to promote systemic inequality, through the perpetuation of unequal power relations, positioning disability sport as a segregated practice (Peers, 2012). The medicalised perspective underpins but juxtaposes the philosophy of the Paralympic movement, adding another layer of complexity to the social oppression of disabled sport participants (Purdue & Howe, 2012). The intention of the Paralympic movement is to support the inclusion and equality of disabled people through the provision of sport (Blauwet & Willick, 2012). Somewhat opposingly, the movement was established on the notion of rehabilitation, reproducing a medicalised view of disability, and perpetuating ideals of bodily perfection (Brittain, 2004; DePauw, 1997).

Scholars have argued that in this way, the Paralympic movement undermined the disability rights movement, which advocated for equal rights and opportunities for all disabled people (Brittain & Hutzler, 2009; Howe, 2008; Purdue & Howe, 2012). Showcasing this, Purdue and Howe (2012) allude to the "Paralympic Paradox" (p. 194) in which Paralympic athletes are positioned to showcase athleticism to non-disabled audiences (thus perpetuating ideals of bodily perfection) but simultaneously show solidarity with disabled communities. In this way, the Paralympic movement regressed the disability rights movement instead of embodying it as was intended (Braye et al., 2013 2015; Howe, 2008; Weed & Dowse, 2009). This paradox per se, highlights the importance of a movement towards a more social understanding of disability.

The medical model is important in this conversation as it represents collective thoughts from a time and space across history that influences those who transcend it. Notwithstanding the criticism, certain assumptions of the medical model are relevant to disability sport today. The medical model has dominated interpretations of disability within the Paralympic movement (Legg & Steadward, 2011) and disability sport administration, where the practice of classification relies on input from primarily non-disabled medical professionals, and results in the categorisation of athletes into competition classes based on their level of functioning (Brittain, 2004). Classification is an inherently medicalised practice, conducted by professionals who provide evaluations based on levels of function and impairment (Schantz & Gilbert, 2012). It is argued that classification is the most

important way in which disabled athletes are governed and it “can lead to stigmatisation and alienation because it ultimately creates a hierarchy of bodies” (Howe, 2008, p. 64-65). As a central tenet, classification and its medical underpinnings are prominent in most levels of disability sport.

Most importantly, attitudes towards disabled people have been shaped by dominant patterns of thought throughout history (Legg & Steadward, 2011). The normal/abnormal binary endorsed by the medical model persists, and as a result, disabled people remain disadvantaged, oppressed, and excluded. For these reasons, it is important to acknowledge the impact of the medical model on disability sport practices and participation. Essentially, the role of society is not seen to exist in contributing to disability (Swain & French, 2013; Thomas, 2004), resulting in the experience of stigma for the disabled person (Green, 2007). Stigmatisation by non-disabled societal members was a catalyst for the development of alternative understandings of disability, namely the social model.

### 2.2.2 The Social Model of Disability

The widely adopted social model was a major leap forward for disabled people and disability studies. Currently a dominant paradigm, the social model of disability encompasses various iterations with similar underpinnings, developed around a similar time period, from diverse and contrasting historical and political positions. Social approaches to disability, such as the Nordic social relative model (Antonovsky, 1987), the North American social model (Hahn, 1986), and the UK social model (Oliver, 1983) challenge medicalised constructions of disability, and view society, not impairment, as the cause of disability. Social models campaign political change to encourage inclusion and equality, enabling disabled people a rightful place in society by challenging discrimination and marginalisation (Anastasiou & Kauffman, 2013; Oliver, 2009; Reeve, 2004; Thomas 2004).

The UK social model, known as the original social model of disability, challenges the medical model by arguing that the attitudinal and physical barriers that people face are created by society, in order to disadvantage people with impairment (Oliver, 1986; Smith & Bundon, 2018). Fundamental to this model is the notion that physical impairment does not equate to disability, which is instead regarded as a wholly social process of oppression (Oliver & Barnes, 2012). The premise is that disability is socially constructed and a consequence of society’s lack of awareness about those who may require modifications to live full, productive lives (Oliver, 1996).

As alluded to above, the UK social model was born out of discussions between the Union of the Physically Impaired Against Segregation (UPIAS) and the Disability Alliance in 1975 (Priestley, 1998). Challenging a medical perspective, the UPIAS viewed disability as socially constructed and dependent on society, rather than a defective body. The groups’ discussions aimed to reflect on ways in which disabled people could become more engaged in society. Following this, the UPIAS

published the *Fundamental Principles of Disability* (UPIAS, 1976), which maintained that people were disabled by barriers in society, rather than their impairments. Support for the medical model diminished as this new style of thinking was endorsed by academics (e.g., Finkelstein, 1980; Oliver, 1983), and the disability rights movement. Oliver (1983) delivered the social perspective in teachings, coining the term 'social model' to articulate the content to students.

Social models have been utilised to explain restrictions in disability sport (Darcy et al., 2016; Smith & Sparkes, 2012) and diminished disability sport participation rates (Smith & Sparkes, 2012). For example, Huang and Brittain (2006) interviewed disabled athletes who drew on the social model to explain how barriers, such as prejudice and environmental restrictions, shaped their sport experiences. In a sport management context, Kitchin and Crossin (2018) used the social model to generate understanding around the integration of disability football clubs into mainstream (non-disabled) clubs in Northern Ireland. The social model has also been used widely in literature pertaining to the Paralympic Games. Howe (2008) highlighted a tension between the Paralympic Games and the disability rights movement that resulted in advancements to the social model. Bundon and Hurd Clarke (2015) clarified that the ambivalence in the relationship between the disability rights movement and the Paralympic movement, was explained in part by the rehabilitative and medicalised origins of the Paralympic movement, which contrasted with the fierce adoption of the social model by disability organisations.

Though employed effectively for political activism, academically the UK social model has been identified as requiring further development (Owens, 2015). A major criticism of the model is that it ignores cultural aspects of disability as well as the personal, lived experience of the individual, in favour of a focus on structural and societal barriers (Shakespeare, 2006; Terzi, 2004). Further criticism points to the conceptual separation of impairment from disability, whereby a focus on the cause of exclusion overlooks the physical effects of impairment (Hughes & Paterson, 1997; Terzi, 2004; Thomas, 2007). It has been argued that alongside social barriers, physical impairment does play a direct role in disability (Swain & French, 2013). From a phenomenological perspective, Hughes and Paterson (1997) highlighted the importance of the lived body, noting that the social model disassociated the body from the self. Indeed, the original author of the UK social model, Oliver (1983, 1986) recognises the limitations of the model and rebuts that it was not designed as an all-encompassing theory, merely as a tool to improve the lives of disabled people.

In summary, disability can be experienced in a variety of ways. The social model and medical model present two positions on disability, and each arguably undervalue the experience of impairment (Edwards, 2005; Owens, 2015; Smith & Perrier, 2014). The social model has been utilised in sport and exercise research (Smith & Bundon, 2018) but can become problematic as it is often

undermined by the contradictions that occur between calls for a social understanding of disability and an inherent focus on disabled bodies (Smith & Bundon, 2018). For sport researchers, the limitation of the social model destabilises work that is built on such inconsistencies. Due to this, it is recommended that sport researchers engage with the limitation of the social model, and explore the use of other models (Martin, 2013). A contemporary understanding of disability, such as the social relational model, has emerged and offers a compromise for research on sport (Fitzgerald, 2012).

### 2.2.3 The Social Relational Model

The social relational model builds on the transformational purpose of the social model (Townsend et al., 2021) and is positioned to recognise the role of impairment in disabled people's lives (Culver & Werthner, 2018). Thomas (1999) acknowledged the success of the social model in recasting disability as a process of exclusion as opposed to a problem within an impaired individual. Then, approaching disability from a materialist, feminist perspective, Thomas (1999, 2004) encouraged a reconsideration of social relational factors within the social model of disability. She asserted that a social relational perspective predated the social model and was introduced by the UPIAS in the 1970s. Back then, the UPIAS defined disability as "the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have [impairments] and thus excludes them from the mainstream of social activities" (UPIAS, 1976, p. 14). This definition signifies the importance of social relationships and restriction, and Thomas used this as a foundation to establish the social relational model of disability (SRM) (Thomas, 1999, 2004, 2007).

Politically, the UK social model espoused a powerful point of change but lacks the critical awareness of impairment that is central to the study of disability sport (Smith & Perrier, 2014). Academically, the SRM builds on the social model to generate a deeper and more holistic understanding of disability as a phenomenon (Martin, 2013; Smith & Perrier, 2014; Smith et al., 2016a). The SRM departs from the social model in recognising that impairment plays a role in the lives of disabled people (Culver & Werthner, 2018). A shift in theorising beyond the social model led to the emergence of a critical approach to disability (Meekosha & Shuttleworth, 2009; Townsend et al., 2021). Critical theory explores disability as a historical, social, political, and cultural phenomenon, investigating the complex interplay of inclusion, power dynamics, accessibility, social norms, and privilege (Titchkowsky, 2011).

Couched in critical theory, the SRM (e.g., Thomas, 1999, 2004, 2007) achieves depth and distinction by acknowledging both internalised and externalised forms of oppression, and progressively explains disability as the experience of both social oppression and impairment effects. In reformulating the

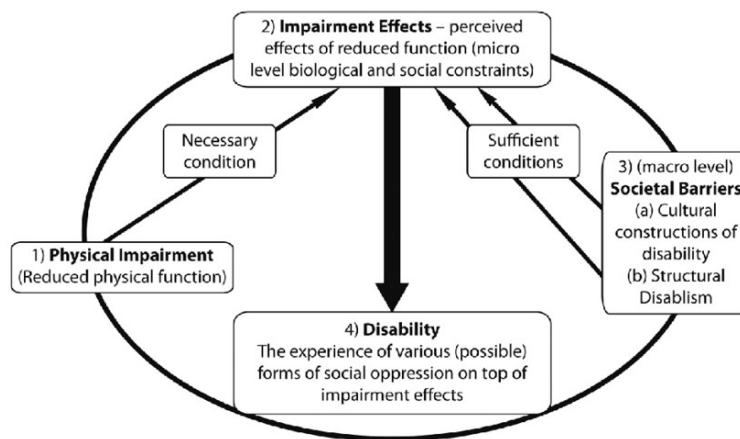
original social model, Thomas (1999) explained disability as the social relationships between those with impairments and those without, promoting the importance of the social relational aspect of disablism. As a central construct, disablism is proposed as “a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being” (Thomas, 1999, p. 60).

Thomas (1999, 2004, 2007) contends that several forms of social oppression may be experienced as part of disablism including structural disablism (e.g., inaccessible swimming pool) and psycho-emotional disablism (e.g., stereotyping and stigma from others). In addition to disablism, the SRM incorporates key elements of the social model, such as the recognition of physical barriers that exclude disabled people (e.g., access to facilities), and social limitations driven by nonimpaired values (e.g., negative attitudes). Furthermore, the SRM captures the individual effects of impairment which restrict activity (e.g., limb pain restricting training). However, one perceived consequence of the SRM is that only those who are impaired and oppressed can experience disability (Shakespeare, 2006).

The SRM frames disability through a sociological approach, as the experience of socialised impairment (Thomas, 1999, 2004, 2007). As depicted in Figure 2.2 (Haslett et al., 2017), *Physical Impairment* (1) is a prerequisite of the disability experience. *Impairment Effects* (2) are individual limitations that arise as a result of the impairment, for example, pain or a need for support. *Societal Barriers* (3) refer to environmental factors as well as the negative social attitudes, behaviours, and practices which discriminate (intentionally or unintentionally) against people with impairment and create barriers to their equal participation. *Societal Barriers* are derived from direct socially engendered oppression (3a), for example, negative societal attitudes due to cultural constructions of disability, as well as indirect oppression (3b), such as exclusion from opportunities and services. Together, individual and social influences contribute to the experience of *Disability* (4). This model gives weight to the lived experience of disability and in doing so, can assist in understanding the restrictions that influence experiences of disability sport.

**Figure 2.2**

*A Social Relational Model of Disability*



*Note.* This model depicts the Social Relational Model as devised by Carol Thomas (1999, 2004, 2007). Sourced from Haslett et al., 2017.

The SRM has previously been utilised in participation research concerning special education (Reindal, 2008), mainstream education (Worth, 2013), working environments (Sang, et al., 2016), physical activity (Javorina et al., 2020; Martin, 2013), physical education (Wang, 2019), and neurodiversity (Gougeon, 2010). De Cruz et al. (2019) noted the endorsement of the SRM within the disability sport literature (e.g., Allan et al., 2019; Braye et al., 2013; Smith et al., 2016a). Disability sport researchers (e.g., Patatas et al., 2020b; Haslett et al., 2017; Martin, 2013; Townsend et al., 2017) are increasingly utilising the SRM because it is conceptually progressive in the way it frames, defines, and analyses disability in sport. In addition to this, Sport Canada, considered leaders in disability sport, utilise the SRM to underpin policy governing sport (Brittain & Beacom, 2018).

Drawing from critical disability studies to investigate sport development can explain how the experience of impairment plays a role in participation (Haslett et al., 2017). Furthermore, the SRM has been touted as a suitable theoretical foundation for exploring the interplay of individual and societal influences on participation in disability sport (Martin, 2013; Smith & Bundon, 2018). The SRM has been applied to disability sport research exploring rehabilitation through sport (Smith, 2013a, 2013b), coaching (Allan et al., 2019; Currie et al., 2021; Townsend et al., 2017; Wareham et al., 2017, 2018), sport policy (Patatas et al., 2020b), wheelchair tennis participation (Grenier et al., 2022), and wheelchair rugby participation (Haslett et al., 2017).

Smith (2013a) utilised a social relational approach to examine the rehabilitation experiences of 17 men who had suffered a spinal cord injury whilst playing sport, illustrating that damage to wellbeing originates through discrimination, which creates barriers to equal participation in sport. Smith

(2013b) utilised the SRM in further research examining the narratives of 20 men who engaged in recreational sport following sport-related spinal cord injuries. There was a focus on interpersonal engagements that impacted negatively on participants' wellbeing. Sport was found to help manage impairment effects and minimise psycho-emotional damage. These studies demonstrate how the SRM has been utilised in sport research to acknowledge the effect of social and impairment related influences on disabled people.

Martin (2013) utilised the SRM to review qualitative research on disability sport, arguing that physical, social, and environmental barriers were inextricably linked. The SRM assisted in understanding interactions between individual and societal influences on disabled people and the resulting impact on sport participation. It was identified that barriers to sport participation can result directly from negative encounters of cultural constructions of impairment (negative social attitudes) and indirectly, from the experience of discrimination against individuals with impairments (exclusion from opportunities and services) (Martin, 2013). The review demonstrates the ability of the SRM to provide insight on sport participation influences from the psychological perspective of the individual with impairment.

Haslett et al. (2017) reinforced the findings from Martin (2013) and utilised the SRM as a conceptual framework to investigate the psychology of participation in disability sport. The aim was to interpret participation through the conceptual lens of the SRM, by exploring the individual and societal influences on wheelchair rugby participation. They identified four social contexts consistent with the SRM, where the experience of disability can arise: impairment effects, direct psycho-emotional oppression (cultural constructions of disability), indirect psycho-emotional oppression (structural disablism), and self-imposed restrictions (psychological wellbeing). Again, individual and societal influences on sport participation were found to be inextricably linked. They also noted that the SRM gives more weight to negative, damaging interactions than positive benefitting interactions. On reflection, there is evidence that suggests the components of the SRM are consistent with those experienced by individuals with impairment in a sport setting, and together, contribute to the experience of disablism.

The SRM was then utilised in coaching research to examine disabled athletes' perceptions of what makes a successful coach (Culver & Werthner, 2018) and to highlight how a dominant medical discourse in coaching contributed to disablism (Townsend et al., 2017). Most notably, Allan et al. (2019) undertook life history interviews with 21 physically disabled athletes in Canada to explore perceptions of the role that coaches played in their development. Coaches were perceived to shape experiences through consideration, collaboration, professionalism, and prejudice. The SRM was utilised to demonstrate how the dominant medical discourse can be challenged by coaches to

improve athlete experiences in sport. Findings demonstrate that the role of impairment needs to be acknowledged by coaches, and that the SRM can be utilised to examine and challenge able-bodied assumptions held by coaches. In relation to the present research, the SRM was utilised to analyse coaching strategies that support quality experiences for disabled people further highlighting its relevance to the present study.

Patatas et al. (2020b) interviewed 32 stakeholders of parasport in Brazil to analyse the influence of stakeholders and parasport policy factors on para-athlete career pathways. A social relational perspective was used to frame the analysis and identify factors that facilitated and constrained athlete development. Coach education and the classification system emerged as influential policy factors, and coaches with disability specific knowledge were the most influential stakeholders on para-athlete careers. This study demonstrates the importance of considering the influence of the social context on participation, rather than considering impairment as the barrier to participation.

Most recently, Grenier et al. (2022) explored a wheelchair tennis programme for youth in Latvia through a social relational lens. Six disabled athletes and their parents were interviewed to reveal the positive and negative experiences of structural and psychological barriers. Athletes were found to experience disablism in everyday life and described the disability sport programme as a non-disabling space in which they could construct competent identities on the tennis court. The social relational perspective was utilised to demonstrate how disabling barriers were countered through the creation of a programme and an associated community who repositioned disabled people through meaningful relationships.

Despite being largely underutilised until recently in disability sport research, the SRM is valuable in emphasising the biological, psychological, and social nature of impairment (Smith & Perrier, 2014; Thomas, 2007). Considering this, the SRM adds value to disability sport research over and above the social model by acknowledging impairment effects, whilst recognising disability as an experience of social restrictions. A research perspective that ignores the effects of impairment would neglect to accommodate classification, a major component of disability sport. Therefore, SRM was selected as an appropriate framework for the present research over other prominent models due to its focus on the lived experience of disability and philosophical positioning in disability studies.

The application of the social relational model in sport management contexts can help to advance thinking because it enables the evaluation of disability understandings at the individual, social, and cultural levels (Thomas, 2004) of the sport sector. The SRM provides a rational basis to the present research due to its focus on centralising the athlete and emphasising subjective experiences in a disability sport context (Smith & Perrier, 2014). The SRM is positioned to appreciate the socio-

political influences on disability and the resulting impact on participant experiences in disability sport programmes (Allan et al., 2018). Therefore, the SRM has potential in sport management research to inform positions and understandings of the participation experiences of disabled people.

From a sport management perspective, it is valuable to understand the intersection of sport, disability, and impairment (Cushion et al., 2020). But only recently have sport management scholars begun to engage with models of disability (e.g., García et al., 2016; Patatas et al., 2020b, 2021b; Wareham et al., 2019). Consequently, interactions between disabled people and broader social practices remain largely unexplored in the context of sport (Cushion et al., 2020). The purpose of integrating the SRM into sport management discourse is to reveal “the social imposition of restrictions of activity on people with impairments” (Thomas 2007, p. 73), and to advance thinking by acknowledging the multiple restrictions that disabled people face. Next, disability sport literature from the field of sport management is reviewed and the sport development sub-discipline introduced.

### 2.3 Disability and Sport Management

Over the last century, disability sport has undergone extensive professionalisation and been transformed from a rehabilitative practice for reintegrating disabled people, to a sport system with governance, institutionalisation, and establishment in society (von Sikorski et al., 2012). Reflecting on the previous section, various models of disability have influenced the development of disability sport over time. A medicalised perspective inspired the inception of the Paralympic Games (Peers, 2012), now a mega-event endorsing high-performance disability sport. Later, political activism inspired by the social model, transformed thinking, encouraging inclusion and participation of disabled people in sport (Smith et al., 2016b). Disability sport is promoted with the potential to bring a community together, redefine identities, and empower disabled people (Blauwet & Willick, 2012; Forber-Pratt, 2018; Hoogsteen & Woodgate, 2010; Martin, 2013; Shapiro & Martin, 2014). However, sport management scholars have argued that in order to achieve such goals, sport requires strategic and intentional management towards such outcomes (Berg et al., 2015; Edwards, 2015; Eime et al., 2015; Henderson, 2009; Rowe et al., 2013).

Sport management scholars have an important role in growing the disability sport research base to inform stakeholders, practitioners, and further research. The present section will examine the rise and successive development of disability sport. In doing so, the section will illuminate areas for cross-disciplinary collaboration and bring to light relevant gaps in the disability sport management literature. A brief history sets the scene, describing the series of events leading to the professionalisation of disability sport. Next, a review of the sport management literature showcases

the scope of research undertaken on disability sport, highlighting the gaps to be addressed. Following this review, the sport management sub-discipline of sport development is introduced (Section 2.3.3), complete with a discussion on the tensions that exist between the development of sport and the development *through* sport. This discussion is central to the development of disability sport whereby the Paralympic movement operates within this tension. The section will conclude by situating the reader of relevant sport development frameworks and its application to disability sport.

### 2.3.1 The Evolution of Disability Sport

Disability sport has grown over time from a rehabilitative process, through professionalisation, to an institutionalised practice. Early on, disabled people organised sporting events for themselves (Braye, 2016; Peers, 2009). These attempts were bolstered when Doctor Ludwig Guttman, driven by a medical worldview, treated pilots with spinal injuries, at the end of World War II. Guttman believed that sport was a valuable method of mental and physical rehabilitation (Guttman, 1973), delivering sporting events to disabled people, thus creating a foundation for the Paralympic movement. In 1948, Guttman inaugurated the annual Stoke Mandeville Games, a local event which evolved into an international multi-sport event for wheelchair users. The ninth Stoke Mandeville Games, hosted in Rome in 1960, were later recognised as the first Paralympic Games.

Following this, the founding of the International Paralympic Committee (IPC) in 1989 formed a collective voice for advocacy (Tweedy & Howe, 2010) and marked the beginning of the professionalisation of disability sport (Bailey, 2008a; Legg & Steadward, 2011; von Sikorski, et al., 2012). Then in 2001, the IPC and the International Olympic Committee collaborated to adopt the “one bid, one city” model, stipulating that the bid would be contractually linked for the Olympic Games and Paralympic Games to be held in the same city, and organised by the same committee, at the same competition venues (Tweedy & Howe, 2010). This formal agreement revealed the integration of the Paralympic Games with the Olympic Games, cementing the importance of the Paralympic Games in the eyes of stakeholders and the public, and generating exposure for the Paralympic Games.

This progression, together with the momentum of the disability rights movement in the 1960s, inspired the Paralympic movement, which advocates for the equality and inclusion of disabled people in sport (Blauwet & Willick, 2012; Misener & Darcy, 2014). The Paralympic movement incorporates athletes, officials, and stakeholders who agree to be guided by the IPC Constitution and the values that form its foundation (Legg & Steadward, 2011). The Paralympic movement serves to raise the profile of the Paralympic Games by supporting disabled athletes to achieve sporting excellence (Bundon, 2021). A historical exploration of disability sport positions the Paralympic movement as a fixture in the growth and management of disability sport. As part of the movement,

the modern Paralympic Games are geared towards developing parasport and have prompted a shift in focus, from an emphasis on generating participation opportunities, to sporting excellence (DePauw & Gavron, 2005; Legg & Steadward, 2011).

The success of the Paralympic movement has been measured through achievements in athletic performance (Howe, 2008; Thomas & Smith, 2009), along with the momentum of the movement, as indicated by the steadily rising numbers of athletes at the Paralympic Games (Forber-Pratt, 2018). In relation to the underpinning values, Pankowiak (2020) maintains that the Paralympic movement has promoted positive social change towards disabled people, but that constraints to participation and performance in disability sport persist. The dual intentions of the Paralympic movement, to promote sporting excellence alongside the advocacy and inclusion of disabled people, highlight a common tension in sport development research. The challenges that maintain this tension are expected to appear in the present research. Therefore, the tension between sport development objectives is discussed in a later section (2.3.3), following a review of disability sport literature from a sport management perspective.

### 2.3.2 Disability in the Sport Management Literature

Disability sport management research is poised to capture managerial and organisational considerations for athletes, coaches, volunteers, spectators, and managers involved in disability sport (e.g., Shapiro et al., 2012; Townsend et al., 2015). The disability sport management literature base was evoked in 2014, when *Sport Management Review* published a special issue (e.g., Misener & Darcy, 2014) on disability sport, exposing the absence of disability research in the sport management literature. Around the same time, the *Journal of Sport Management* (e.g., Shapiro & Pitts, 2014) published a content analysis, examining 5443 articles published in sport management related journals, of which only 89 articles (.016%) were found to be linked to disability sport. Most recently, Pitts et al. (2022) found the disability-related content in 24 sport management textbooks to be even lower, where disability was mentioned just 0.0006% of the time. This dearth of literature has impacted on the development of policy, as well as the creation of organisational knowledge to support disabled athletes (Smith & Bundon, 2018).

The last decade has seen increased academic attention paid to the management of disability sport (e.g., Jeanes et al., 2018; Kitchin & Crossin, 2018; Misener et al., 2020) and accordingly, the present section reviews the disability sport management literature. A disability sport system has unique management challenges compared to mainstream systems, necessitating unique programmes, policies, and organisational strategies (Patatas et al., 2018). Research is essential in understanding and accounting for these differences in the systems, in order to deliver equal sporting opportunities to disabled participants and non-disabled participants.

The purpose of this section is to illustrate what has been done in the literature and highlight the gaps for the present research. Table 1.1 summarises disability sport management articles that have been published in the leading sport management journals since 2018. These articles span a range of topics, most notably, event leveraging (e.g., Finch et al., 2021; Lu & Misener, 2022; Misener, et al., 2020) and sport policy (e.g., Christiaens & Brittain, 2021; Dowling et al., 2018a; Jeanes et al., 2018; Patatas et al., 2020b). In relation to the present study, some of these studies have been undertaken on the barriers and facilitators to volunteering, and the experiences of disabled (e.g., Kappelides & Spoor, 2019) and non-disabled (e.g., Lachance & Parent, 2020) sport volunteers. The most relevant paper to the present research examined career pathways of para-athletes and found that coach education, classification, and coaches with disability specific knowledge were factors that influenced the development of para-athlete careers (e.g., Patatas et al., 2020b).

It is noted that within these nine articles, the voices of disabled people were captured by just two of them (e.g., Christiaens & Brittain, 2021; Kappelides & Spoor, 2019). Further, research capturing the perspectives of disabled people as a minority group is important to contribute to knowledge in this area. Two of these articles consider the inclusion of disabled participants in sport clubs (e.g., Christiaens & Brittain, 2021; Jeanes et al., 2018). Inclusion is fundamental to participation, however, research specifically on the sport participation of disabled people, including motivations, accessibility, and outcomes of sport, is absent. Another gap identified in these articles pertains to the minimal focus on sport development, particularly in relation to the sport development processes (e.g., Green, 2005; Sotiriadou et al., 2008) associated with disabled sport participants. Disability sport is different to mainstream sport, and it follows that sport development processes for disability sport are likely to be unique, this is discussed further in Section 2.3.4.

**Table 1.1**

*Disability Sport Articles Published in Leading Sport Management Journals from 2018-2022*

<b>Article Title</b>	<b>Author (year)</b>	<b>Journal</b>	<b>Overview</b>
Living with imperfect comparisons: The challenges and limitations of comparative Paralympic sport policy research.	Dowling et al. (2018a)	Sport Management Review	Challenges and limitations of undertaking comparative sport management research were reviewed. To enhance the Paralympic movement, the authors recommend that future comparative research recognises the layers of complexity by considering the broader historical and societal factors of the Paralympic domain.
'Yes, we are inclusive': Examining provision for young people with disabilities in community sport clubs.	Jeanes et al. (2018)	Sport Management Review	A critical analysis of inclusion policies examined how sports clubs implement and enact inclusion agendas. Interviews identified the importance of volunteers in providing opportunities for disabled people but noted a degree of separate provision

			for disabled people. Modifications were made to increase inclusivity, but disabled people remained on the outside of a dominant cultural standard. Policies were found to focus on narrow, competitive pathways that were not wholly inclusive.
Managing sport volunteers with a disability: Human resource management implications.	Kappelides & Spoor (2019)	Sport Management Review	The benefits and barriers to including disabled volunteers were examined in three Australian sporting organisations. Volunteer barriers included a lack of support and negative attitudes. Volunteer benefits included social inclusion and personal development.
Managing parasport: An investigation of sport policy factors and stakeholders influencing para-athletes' career pathways.	Patatas et al. (2020b)	Sport Management Review	Stakeholder and policy factors were identified that influenced the career pathways of athletes in Paralympic sport. 32 non-athlete stakeholders of Brazilian Paralympic sport were interviewed to reveal that coaches with disability-specific knowledge, along with coach education, and classification were the most influential factors on athlete careers.
Leveraging events to develop collaborative partnerships: Examining the formation and collaborative dynamics of the Ontario Parasport Legacy Group.	Misener et al. (2020)	Journal of Sport Management	Contextual factors that inspired the establishment of a parasport event-leveraging partnership were explored. The formation of the Ontario Parasport Legacy Group cross-sector partnership served as a case study. The partnership formation was found to be a leveraging strategy formed through cultural influence, a window of opportunity, and other environmental elements.
The volunteer experience in a parasport event: An autoethnography.	Lachance & Parent (2020)	Journal of Sport Management	An autoethnography explored relationships between four key constructs related to the experiences of a non-disabled parasport volunteer in Canada (motivation, commitment, sense of community, satisfaction). A conceptual framework was developed to understand volunteer experiences. Then, using the framework, two themes were identified that described volunteer experiences: (1) the power of a sense of community, and (2) the volunteer role as a source of dissatisfaction.
The complexities of implementing inclusion policies for disabled people in UK non-disabled voluntary community sports clubs.	Christiaens & Brittain (2021)	European Sport Management Quarterly	The disability inclusion practices of mainstream community sport clubs were considered in analysing the impact of mainstreaming policy. Interviews with 31 sport managers and disabled participants from sport clubs in England found ableism to play a key role in stakeholder understandings of inclusion policy, which then impacted the participation and inclusion of disabled participants.

A social capital view of an Olympic and Paralympic Games bid exploration process.	Finch et al. (2021)	European Sport Management Quarterly	The Olympic and Paralympic bid exploration process for the city of Calgary was examined, to consider future leveraging opportunities for generating social capital. Interviews with 19 individuals involved found that the Calgary bid process did not generate social capital. A conceptual social capital assessment tool was proposed for assessing the potential of future bid processes to contribute to social capital.
Managing and sustaining cross-sector leveraging partnership in the post-event era: A case study of a provincial parasport collective.	Lu & Misener (2022)	European Sport Management Quarterly	Post-event collaboration between leveraging partners was examined longitudinally via document analysis and interviews with eight members of a cross-sector leveraging partnership group. Multi-level factors were found to shape ongoing collaboration, such as policy and the parasport community. Various strategies and mechanisms were used to facilitate the collaborative process, such as developing a collective vision and assembling a central leadership team. Following this, challenges encountered post-event were highlighted, such as difficulties balancing interests and demands.

The remainder of the section casts a wider net to examine the research gaps in other sport management, and related, literature on disability sport. Sport management disability research has been undertaken in several focus areas: consumption, volunteers, sponsorship, organisational capacity, events leverage and legacy, policy, and inclusion. Firstly, in the area of disability sport consumption, scholars have explored spectator motivations (e.g., Cottingham et al., 2013a; Cottingham et al., 2014), and the management of access for disabled spectators (e.g., Grady & James, 2013; Kitchin & Paramio-Salcines, 2018; Paramio-Salcines & Kitchin, 2013; Paramio-Salcines et al., 2018a, 2018b). Major findings illuminate the attitudinal barriers that limit the accessibility of sport venues. However, a consideration of consumer needs was found to support quality experiences for disabled spectators.

Furthermore, research on disability sport sponsorship has been conducted (e.g., Fuchs & Bodet, 2020; Macdougall et al., 2014; Park et al., 2011; Nam & Lee, 2013). This research is applicable in establishing the differences between mainstream and disability sport funding and a resulting lack of government funding for disability sport. In addition to this, a small amount of research has been conducted on disability sport volunteers and disabled volunteers, highlighting the benefits and barriers to volunteering in disability sport (e.g., Dickson et al., 2017; Surujlal, 2010). Volunteer research is applicable to the present study as it highlights the inclusion of disabled people in sport contexts (Kappelides & Spoor, 2019), as well as the barriers that are created by sport providers in these environments (Bartram et al., 2017; Jeanes et al., 2018; Storr, 2021).

Organisational capacity is another research topic area, which often aligns with objectives to generate inclusion and increase participation (e.g., Jeanes et al., 2018; Kitchin et al., 2019; Sotiriadou & Wicker, 2014; Storr, 2021). Therefore, sport management scholars have investigated the integration of mainstream and disability sport systems, programmes, and facilities (e.g., Brown & Pappous, 2018a; Kitchin & Crossin, 2018; Kitchin & Howe, 2014; Kung & Taylor, 2014; Sørensen & Kahrs, 2006; Walker & Hayton, 2017; Wicker & Breuer, 2014). Stakeholder education programmes (e.g., Cottingham et al., 2013b; Cunningham & Warner, 2019; Pate et al., 2020), elite sport development programmes (e.g., Hutzler et al., 2016; Maleske & Sant, 2020), and the increasing professionalisation of disability sport (e.g., Kitchin, 2021) were found to build capacity in disability sport organisations. These insights have relevance within the New Zealand setting (the context of the present study) as it undergoes professionalisation and development of the disability sport system.

Moreover, scholars have investigated strategies for leveraging disability sporting events and believe that the inclusion of disabled athletes in major sporting events creates social legacies for marginalised individuals (e.g., Brittain & Beacom, 2016; Coates & Vickerman, 2016; Darcy & Appleby, 2011; Cashman & Darcy, 2008; Misener, 2015; Misener et al. 2013, 2018). Whereas some contend that legacy research has been unable to provide evidence that the Paralympic Games increases participation in grass roots disability sport (Brown & Pappous, 2018b, 2021; Coward & Legg, 2011; Pappous & Brown, 2018). Legacy research is relevant to the present study because it demonstrates a strong focus on increasing participation in sport.

Sport management scholars have also explored policy implementation in disability sport (e.g., Dowling et al., 2018a, 2018b; Hammond et al., 2019; Jeanes et al., 2018, 2019; Kitchin & Howe, 2014; Kitchin et al., 2019; Patatas et al., 2020b; Thomas & Smith, 2009). Major differences were found in sport policy between non-disabled and disability sport systems (Patatas et al., 2018). Policy intent to increase inclusion and sport participation has seen the initiation of integrated sporting environments (Hammond & Jeanes, 2018; Howe, 2007; Hums et al., 2003; Kitchin & Crossin, 2018; Thomas & Smith, 2009). It is thought that mainstreaming likely had a significant impact on the development of disability sport and the Paralympic Games (Karageorgos & Higgs, 2018). Policy research is relevant to the present study as it establishes system level differences between mainstream and disability sport. Furthermore, emerging research explores para-athlete development pathways (e.g., Hutzler, et al., 2016; Patatas et al., 2021a, 2022) to consider Paralympic development pathways; this includes athlete progress and challenges. Researchers have concluded that a model for para-athlete development is absent (e.g., Patatas et al., 2020b).

The final sport management research topic pertains to the social inclusion of disabled people and related multi-level barriers in areas such as employment in sport (e.g., Wright & Cunningham, 2017), participation in sport (e.g., Albrecht et al., 2019; Brittain et al., 2019; Darcy et al., 2016; Darcy & Dowse, 2012; Legg et al., 2022; Ives et al., 2021; Sotiriadou & Wicker, 2014), culture and acculturation (e.g., Howe, 2007; Hums et al., 2003; Kitchin et al., 2020; Kitchin & Crossin, 2018; Quinn et al., 2020; Sørensen & Kahrs, 2006), and sport spectatorship (e.g., García et al., 2016; Paramio-Salcines et al., 2018b; Penfold & Kitchin, 2020). The integration of disabled people into mainstream sport organisations is a widely adopted strategy to enable efficiency in provision and promote social inclusion (Hammond et al., 2019; Hammond & Jeanes, 2018; Jeanes et al., 2018, 2019; Kitchin & Howe, 2014).

Integration is favoured by providers, but elite para-athletes report both positive and negative experiences related to integration (Quinn et al., 2020). Integration does not necessarily remove barriers for disabled participants (Nixon, 2007) and can perpetuate disability by minimising the power of disabled people (Howe, 2007; Thomas & Guett, 2014). Therefore, it can be argued that integration does not inherently facilitate inclusion. Furthermore, integration does not necessarily reduce or remove attitudinal, or structural barriers, for disabled people (Nixon, 2007) and proves challenging for smaller or voluntary clubs with limited resources (Jeanes et al., 2019; Kitchin & Crossin, 2018; Kitchin & Howe, 2014). To summarise this review, Table 2.1 outlines the wider sport management literature pertaining to disability sport, highlighting the key findings and relevance of each topic area to the present study.

**Table 2.1**

*Summary of Disability Research in the Sport Management Literature*

<b>Theme</b>	<b>Major Contributors</b>	<b>Key findings</b>	<b>Relevance</b>
<i>Disability Sport Consumption</i>	Grady & James (2013) Kitchin & Paramio-Salcines (2018) Paramio-Salcines & Kitchin (2013) Paramio-Salcines et al. (2018a, 2018b)	- Many sport managers operate at the minimum accessibility standards. - Attitudes towards disability and accessibility are the greatest barrier to achieving accessible sport venues.	A consideration of consumer needs at a venue has been found to support quality experiences for disabled spectators. However, venue managers face challenges in complying with accessibility needs.

<i>Volunteers</i>	Bartram et al. (2017) Dickson et al. (2017) Jeanes et al. (2018) Kappelides & Spoor (2019) Storr (2021) Surujlal (2010)	- Community contribution and altruism were major motivators for volunteers. - Volunteers amass a wide range of benefits including social inclusion. - There are barriers to volunteering such as negative attitudes, lack of staff support, and physical access.	Disabled people benefit from being involved in sport in a volunteer capacity, but also face barriers.
<i>Sponsorship</i>	Fuchs & Bodet (2020) Macdougall et al. (2014) Park et al. (2011) Nam & Lee (2013)	- Promotion of Paralympic sponsors can lead to positive corporate image, increased purchase intention, and increased sales. - Paralympic sponsors are initially motivated by altruism and philanthropy, and over time, motivations become more opportunistic or strategic.	Funding can create barriers to participation.
<i>Organisational Capacity</i>	Brown & Pappous (2018a) Cottingham et al. (2013b) Cunningham & Warner (2019) Kitchin (2021) Kitchin & Crossin (2018) Kitchin & Howe (2014) Kung & Taylor (2014) Maleske & Sant (2020) Pate et al. (2020) Sørensen & Kahrs (2006) Walker & Hayton (2017) Wicker & Breuer (2014)	- Stakeholder education programmes are essential in impacting disability sport participation. - Elite sport development programmes build capacity in disability sport organisations.	Policy changes, influenced by the increasing professionalisation of disability sport, improve coordination in the disability sport system but also promotes resistance at the micro level.
<i>Event Leverage and Legacies</i>	Brittain & Beacom (2016) Brown & Pappous (2018b) Brown & Pappous (2021) Cashman & Darcy (2008) Coates & Vickerman (2016) Coward & Legg (2011) Darcy & Appleby (2011) Misener (2015) Misener et al. (2013, 2018) Pappous & Brown (2018)	- Disability sport events are uniquely situated to create long-term infrastructural and social legacies for local disabled communities. - But legacy research has been unable to provide evidence that the Paralympic Games increases participation in grass roots.	Ableist perspectives of disability within society can reinforce or undermine participation in sport.
<i>Policy</i>	Hammond et al. (2019) Howe (2007) Hums et al. (2003) Jeanes et al. (2018, 2019) Kitchin & Crossin (2018) Kitchin et al. (2019) Patatas et al. (2018) Patatas et al. (2020b)	- Coaches enact policy directives as pedagogic guidelines and procedures. - Policy intent to increase sport participation levels for disabled people has initiated the integration of disability sport and mainstream sport.	There are major differences in sport policy between disabled and non-disabled sport systems.
<i>Inclusion</i>	Hammond & Jeanes (2018) Jeanes et al. (2019)	- Sport governing bodies in several countries have prioritised inclusion and	Integration is often promoted but has been found to be

Kitchin & Howe (2014)	developed strategies to	flawed in minimising the power of disabled athletes, perpetuating disability, and contributing to a highly fragmented sport system.
Nixon (2007)	increase accessibility to sport.	
Spaaij et al. (2014)	- Mainstream practices are	
Thomas & Guett (2014)	adopted to increase efficiency	
Thomas & Smith (2009)	and promote social inclusion.	
Wright & Cunningham (2017)		

This review of the disability sport management literature identifies the prominent areas of research interest and emphasises the relevance to the present study. A need for more research capturing the voice and perspective of the disabled person is highlighted. Further to this, the review establishes a gap in the sport development literature, where the development of disability sport has seldom been prioritised and there is a paucity of research on the relationship between quality sporting experiences and the development of sport. Despite burgeoning literature on the management of disability sport, more work is required to explore participation experiences of disabled athletes in order to inform sport development strategies. The final gap identified pertains to the sport participation of disabled people. There are pockets of literature on volunteers, spectators, sponsors, and sport managers, but relatively small amounts of literature on participant experiences and how these can be improved to develop sport, increase participation, and work towards sport development objectives.

A better understanding of quality experiences in sport, from the perspective of disabled sportspeople (with limb deficiency in the case of the present research) and those who deliver sport experiences, may contribute to inclusion agendas and produce greater understanding around athlete engagement and retention to further grow disability sport. On this point, the development of disability sport will be discussed in the remainder of Section 2.3, with consideration for sport development research that is applicable to disability sport and that goes beyond a mainstream sport agenda.

### 2.3.3 Sport Development Tensions

Sport development is commonly considered to be about “getting more people to play more sport” (Houlihan, 2011, p. 3). However, others argue that the literature has not captured the complexities of sport development as they pertain to practice (e.g., Bloyce et al., 2008). Intricacies include the competing interests of agencies undertaking the sport development, the settings they operate in, and their expectations or objectives (Astle et al., 2018). Common objectives of sport development include increasing participation, talent development, and using sport to address wider societal issues (Coalter, 2007; Houlihan & White, 2002; Schulenkorf et al., 2016; Shilbury et al., 2008). In essence, sport development is about “developing not just sport but also the individual within sport, the sports

organisation to better provide for the sport, sport within the community and sport for its own sake” (Watt, 2003, p. 66).

As a component of sport management research, sport development pertains to the implementation of intentional and progressive actions, with the aim to produce improvement (Black, 2010; Girginov, 2008; Hartmann & Kwauk, 2011), and involves the design of policies and programmes to provide accessible opportunities for sport participation to ensure continued involvement (Astle et al., 2018). Sport development comprises the policies, processes and practices involved in the provision of sporting opportunities and positive sporting experiences (Bramham & Hylton, 2008; Hylton & Totten, 2013). In the literature, interpretations and definitions of sport development vary (Bramham & Hylton 2008; Houlihan, 2011). Each interpretation highlights varied perspectives on the priorities of sport development as it is studied by researchers and undertaken by practitioners.

The present study will refer to Houlihan and White’s (2002) interpretation of sport development, which describes: 1) *development of sport*, which is about enhancing performance, and 2) *development through sport*, which utilises sport as a vehicle to attain economic, social, and health outcomes. This interpretation is commonly referenced in the sport development literature (e.g., Bowers & Green, 2016; Schulenkorf et al., 2016; Shilbury et al., 2008) and described by Schulenkorf et al. (2016) as the “two arms of sport development” (p. 6). In theory, these two arms have separate purposes and outcomes, and though not mutually exclusive, they are purported to have significant differences in emphasis (Schulenkorf et al., 2016). However, Bowers and Green (2016) point out the interconnectedness of the two arms and note that sport development programmes can simultaneously achieve objectives across both of those arms. Accordingly, the intention of the present section is to examine the tensions that exist between the development *of* sport and the development *through* sport, and to identify how disability sport navigates these two arms of sport development.

The development *of* sport incorporates participation opportunities for elite and participant sport (Carney et al., 2012; Misener et al., 2015b), and aims to enhance performance quality with a focus on developing systems, personnel, and athletes (Bowers & Green, 2016). Sport development research and practice in this area is largely focused on athletes, coaches, and systems that promote success and participation in sport (Bowers & Green, 2016; Shilbury et al., 2008). Researchers have a keen interest in the relationship between participation and the development of sport (Sotiriadou et al., 2018), and examine ways to optimise the recruitment, retention, and transition of athletes through sporting pathways to contribute to further development of sport (Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008). The ongoing development of disability sport is important for

supporting participation, and creating opportunities for success, and the present research intends to contribute to knowledge in this area.

To achieve success on the international stage, organisations and stakeholders establish systems, programmes, and pathways in sporting organisations which act to progress participants towards elite sport (Green, 2005; Shilbury et al., 2008; Sotiriadou et al., 2016). A key objective is expansion of the participant pool, which encompasses attracting new athletes and the retention of existing ones (Sotiriadou et al., 2008). Grassroots clubs and local organisations play a significant role in this process by recruiting participants and then feeding them through the system (Sherry et al., 2016; Shilbury et al., 2020). Then, high-performance programmes focus on developing the athletes through talent identification, comprehensive training programmes, and elite competition opportunities (De Bosscher et al., 2009; Smolianov et al., 2015; Sotiriadou & De Bosscher, 2013, 2018; Sotiriadou et al., 2016).

In terms of disability sport, the Paralympic Games plays an important role in developing disability sport by providing a high-performance platform to inspire and support international competition (Brittain, 2011). However, the features of prosperous development pathways are less established in disability sport (Townsend et al., 2022). Elements of successful high-performance pathways include the development of facilities, access to coaching, sustained financial support, developed competition structures, and a substantial pool of athletes (Green & Houlihan, 2005). However, in disability sport, many of these features are often absent (Taylor et al., 2014), and on top of this, a universal model for para-athlete development is lacking (Patatas et al., 2020a).

Sporting organisations benefit from success on the world stage, but sport can also enact social justice (Schinke et al., 2016; Smith et al., 2016b). As such, the development *through* sport arm is concerned with optimising sport as a vehicle to create change in society, communities, groups, or individuals (Bowers & Green, 2016). Sport has the potential to achieve positive outcomes for disadvantaged people, including those with impairment (Devine et al., 2017). As such, inclusion is an important objective of development *through* sport programmes. Sport has the potential to contribute to the process of inclusion through four elements (e.g., Bailey, 2005, 2008b):

***Spatial:*** sport activities bring people together from a range of social and economic backgrounds.

***Relational:*** sport offers a sense of acceptance and belonging to a club, team, or programme.

***Functional:*** sport provides opportunities to develop capabilities and competencies.

***Power:*** sport increases community capital through increased cohesion and pride.

A considerable body of theoretical and empirical disability research has led to a growing awareness among researchers and policy makers of the individual, organisational, and societal benefits of increased inclusion in society (Cobigo et al., 2012; Cunningham, 2015; Hums et al., 2016).

Oftentimes, sport is perceived to inherently promote developmental qualities and social inclusion (Coalter, 2007). Indeed, Fay and Wolff (2009) found that organisations who promote inclusion through sport can change constructions of disability. However, it is argued that sport does not inherently support inclusion outcomes without a development *through* sport lens on the planning and programming, which can emphasise relevant associated benefits (Coalter, 2010; Green, 2008; Levermore, 2008). Inclusive practices and policies, however well intentioned, can create new and subtle forms of marginalisation through the structures and discourse intended to address exclusion (Atkins, 2016).

Bowers and Green (2016) acknowledge the tension between the two arms of sport development, where pathways and programmes with high-performance aims may also embrace inclusion objectives, and in the same way, programmes with directives for development *through* sport can incidentally reinforce the development *of* sport. As alluded to above, disability sport is perpetually navigating this tension in a bid to be inclusive and promote health and social outcomes, whilst the Paralympic Games specifically promote achievement and excellence. The Paralympic movement embodies the tension between developing sport for sport-related outcomes and developing participants to achieve non-sport related outcomes. In this way, the objectives of the movement are dual and often competing.

Governing sport body, the IPC, simultaneously advocate for inclusion and equality alongside high-performance in sport. The vision of the IPC is to “make for an inclusive world through Para sport... challenge stereotypes, transform attitudes and break down social barriers and discrimination towards persons with disabilities” (International Paralympic Committee, 2019, p. 6), whilst the IPC’s mission is “to enable Para athletes to achieve sporting excellence” (International Paralympic Committee, 2019, p. 6). As a central driver of disability sport, the four values of the Paralympic movement (International Paralympic Committee, 2019) illustrate the joint emphasis on developing sport, and people through sport:

***Courage:*** athletes push themselves to the limits to achieve greatness

***Determination:*** athletes produce outstanding performances through strength of character.

***Inspiration:*** athletes empower others to participate in sport.

***Equality:*** athletes celebrate diversity, transform attitudes, and advocate inclusion.

Bowers and Green (2016) identify the challenge of managing the disconnect between competing objectives to develop high-performance athletes and to utilise sport as a vehicle to achieve non-sport related outcomes. They emphasise the considerable obstacles to managing this tension, where policy directives inform programme design and target populations. The focus of the present study is more strongly aligned with development *of* sport objectives. However, this section has highlighted the undeniable connection to development *through* disability sport. In essence, the sport

development tension is an important consideration for disability sport researchers and stakeholders in order to recognise competing objectives and strategise suitably. Accordingly, the following section will explore sport development frameworks and application in disability sport contexts.

### 2.3.4 Sport Development Frameworks

Disability sport systems across the globe have seen considerable growth over the last two decades (Hutzler et al., 2016; Radtke & Doll-Tepper, 2014). However, there remains a substantial deficit in disability sport development research compared to mainstream sport literature, (Brittain & Beacom, 2018; Dehghansai et al., 2017a; Radtke & Doll-Tepper, 2014). One challenge being that many existing sport development frameworks do not account for disability-specific factors (Dehghansai et al., 2017a; Sherry et al., 2016). However, the concepts from these existing frameworks can provide valuable insights on organisational perspectives and the development *of* and *through* disability sport (Patatas et al., 2020b). The present section will introduce a selection of sport and athlete development frameworks with the purpose of acknowledging the gap in disability sport theory. The aim is to bring to light the dominant focus on non-disabled sport, and address what is being done in the disability space, in order to identify where the contributions of the present research can enhance the development of disability sport.

Sport development frameworks and pathways typically promote increased engagement and retention in sport (Balyi et al., 2013; Côté, 1999; Côté, et al., 2007). One original concept, the pyramid model, has dominated sport pathway scholarship for many years (e.g., Bramham et al., 2007; Eady, 1993; Green, 2005; Houlihan, 2000). The wide base of the pyramid represents the large number of participants at entry level recreational sport, then moving up the pyramid, skill levels increase, and the number of participants decrease (Schulenkorf et al., 2016). In this model, mass participant sport is understood to complement high-performance sport, by providing a continuous supply of athlete talent to high-performance pathways, and elite sport is assumed to serve as a point of inspiration, increasing public interest and attracting young athletes into sport (Bailey & Talbot, 2015; De Bosscher & van Bottenburg, 2011; Green, 2005; Grix & Carmichael, 2012). Indeed, this phenomenon, described as the double pyramid theory (e.g., van Bottenburg, 2002), or the virtuous cycle of sport (e.g., Grix & Carmichael, 2012), has been embraced within sport development systems and by researchers and policymakers (e.g., De Bosscher & van Bottenburg, 2011; De Bosscher et al., 2013; Sotiriadou et al., 2008). However, it has been suggested that the original pyramid model lacks the ability to capture the progressive and sophisticated nature of sport (Sotiriadou et al., 2008; Rowe, 2020).

Utilising the pyramid model, Green (2005) proposed a micro-level theory of sport development, presenting athlete recruitment, retention, and advancement as three strategies necessary for an

effective pyramid model. She indicated that recruitment requires the provision of club sport programmes and support from significant others, retention is influenced by participant motivation, socialisation, and commitment, and advancement involves movement up the pyramid with organisational links and social support. Such strategies were proposed to optimise sport programmes. Green (2005) also suggested a re-examination of sporting environments “to determine how particular aspects of the sport experience come to be perceived as positive or negative... and how those perceptions affect athletes’ behaviour and intentions” (p. 240).

Green’s (2005) work was followed by a more detailed and empirically derived Sport Development Processes framework (SDP: Sotiriadou et al., 2008). The SDP features the attraction, retention/transition, nurturing (ARTN) processes, exemplifying key sport development practices. These processes are also considered relevant to disability sport, where disability sport researchers have studied transitions to retirement (e.g., Bundon et al., 2018) and career pathways from participation to excellence (e.g., Patatas et al., 2020a). Further to this, Sotiriadou et al. (2014) remarked on the importance of being inclusive of disabled athletes in the ARTN process. However, the SDP framework was found to be lacking in support for inclusion when utilised in disability sport research (Darcy & Dowse, 2012).

Other prominent sport development frameworks (presented in Table 2.2) conceptualise the progress of athletes through pathway phases. The practitioner-derived Foundations, Talent, Elite, Mastery framework (e.g., Gulbin et al., 2013) presents a similar structure to ARTN, but goes beyond it to feature the holistic inclusion of active lifestyle, sport, and elite sport contexts. This framework integrates active lifestyle, sport participation, and sporting excellence. The Developmental Model of Sport Participation (DMSP: Côté 1999; Côté et al., 2007) supports early diversity and later specialisation in sport. Regarding the present research, the DMSP has been used to contextualise the developmental history of wheelchair basketball players, where it was found to be relevant to some talent development pathways for disabled athletes (Lemez et al., 2020). It was suggested that an athlete’s developmental history could be utilised to personalise sport development pathways (Lemez et al., 2020).

Most of these commonly endorsed sport and athlete development frameworks are established in mainstream sport, and by design do not accommodate disability sport or disabled participants (Patatas et al., 2020a, 2021b). However, they may provide some relevant insights to the development of disability sport (Lemez et al., 2020). The Long-Term Athlete Development framework (LTAD: Balyi & Hamilton 2004; Balyi et al., 2013) is an exception in that it appreciates the importance of creating awareness around disabled people in sport. The framework considers seven chronological phases of engagement in sport and specifies training phases according to age and

gender for early specialisation sports and late specialisation sports. Positive experiences and lifelong participation in sport are encouraged by this model (Shilbury et al., 2020). Building on the LTAD, the Sport for Life No Accidental Champions Model (Higgs et al., 2006, 2021) identifies impairment type and degree as additional factors of long-term development for athletes with impairment.

Furthermore, the framework identifies two additional stages of long-term development for disabled athletes including awareness of the opportunities available, and first involvement, where athletes have a positive first experience. However, these additional stages are at the initiation end of athlete development and do not consider the system aspects of development. Table 2.2 presents an overview of these frameworks.

**Table 2.2**

*Overview of Prominent Sport and Athlete Development Frameworks*

<b>Framework</b>	<b>Methodology</b>	<b>Stages of Development</b>
Pyramid model (Eady, 1993)	Observations	1. Mass participation sport 2. Competitive sport 3. High-performance sport
Theory of Sport Development (Green, 2005)	Review of literature and observations	Three tasks necessary for an effective pyramid model 1. Athlete recruitment – entrance: refers to how athletes are first introduced to sports 2. Athlete retention: each athlete’s choice to continue to participate in sport, encompassing motivation, socialisation and commitment 3. Athlete transition – advancement: as the athlete’s skills and conditioning improve, the athlete should move to more advanced levels of training and competition
Developmental Model of Sport Participation (Côté, 1999; Côté et al., 2007)	Review of literature and qualitative data	1. Sampling years (6–12 years) 2. Early specialisation (6–18 years) 3. Recreational years (12–18 years) 4. Specialising years (12–15 years) 5. Investment years (15–18 years)
Sport Development Processes (Sotiriadou et al., 2008)	Qualitative data and document analysis	1. Attraction 2. Retention/transition 3. Nurturing
Foundations, Talent, Elite, Mastery (Gulbin et al. 2013)	Inductive/deductive approach	1. Foundations: basic movement, refinement, sport-specific commitment, competition 2. Talent: potential, verification, achieving, reward 3. Elite: representation and success 4. Mastery: sustained success
Long-Term Athlete Development (Balyi et al., 2013)	Review of literature and observations	1. Active start 2. FUNdamental 3. Learn to train 4. Training to train 5. Training to compete 6. Training to win 7. Active for life

Drawing on several existing sport development frameworks, Patatas et al. (2020a) explored the developmental trajectories of para-athlete career pathways, with the view to inform future para-athlete development models. They interviewed 32 stakeholders from the Brazilian Paralympic Committee, whose perceptions were found to support the structure of existing athlete development frameworks (e.g., Balyi et al., 2013; Green 2005; Gulbin et al. 2013; Sotiriadou et al., 2008; Wylleman 2019). However, para-athlete development was found to be highly variable corresponding to the sport and impairment type. In addition to this, Dehghansai et al. (2017a, 2017b) explored the developmental pathways of disabled athletes, noting that impairment-related characteristics can impact development timelines. Specifically, wheelchair basketball athletes were found to engage in the early sampling of multiple sports and continue with deliberate practice in a chosen sport (Dehghansai et al., 2017b). Recommendations suggest that sport development frameworks become sport specific (Marcotte, 2018; Teixeira Matias & Parent, 2018). Researchers agree that athlete development frameworks for disability sport need greater flexibility, to reflect the unique characteristics of skill acquisition related to a variety of impairment types (Lemez et al., 2020; Patatas et al., 2020b).

Disability sport systems are built on social, political, and cultural environments that shape access to, and opportunities in, sport for disabled people (Dowling et al., 2018b). The systems are complex (Thomas & Guett, 2014) in accommodating a wide range of impairments and associated classification classes (Lemez et al., 2020). Additionally, the development of disability sport is fundamentally different from non-disabled sport due to distinctive developmental trajectories and the factors affecting these (Lemez et al., 2020). Empirical evidence addressing the development of disabled athletes and disability sport structures is insufficient (Patatas et al., 2018; 2020b). Therefore, disability sport stakeholders typically rely on athlete development frameworks that have been designed for non-disabled athletes (Lemez et al., 2020) and most of these frameworks fail to incorporate awareness around disability sport (Patatas et al., 2020b; Sotiriadou & Wicker, 2014).

Scholars note the importance of considering the extent to which non-disabled sport research findings apply to disability sport (Dehghansai et al., 2017a; Hutzler et al., 2016). Patatas et al. (2020b) highlight the significance of producing evidence for models of para-athlete development that represent the experiences of disabled athletes. Further research in this area could contribute to the strengthening of existing frameworks in a disability sport context, or the creation of novel disability sport development frameworks. The present research will contribute to this agenda by generating knowledge on quality participant experiences in disability sport and providing considerations for programming and practice in disability sport. First, access to sport is considered as a prerequisite to full participation.

## 2.4 Access to Disability Sport

Following an exploration of disability in the sport management literature, the present section delivers a synopsis on the factors that influence accessibility to disability sport. For example, sport administrators must consider a range of factors regarding accessibility to sport such as classification, infrastructure, prostheses and adaptive equipment, funding, and societal attitudes (Martin Ginis et al., 2016). The present section provides an overview of barriers and facilitators to disability sport participation as a foundation to a discussion on full participation. This overview will help to contextualise the present research and situate the reader. Access is a key consideration for sport organisations in maintaining objectives to improve participation rates and maintaining the quality of services they deliver to disabled people, who often have additional challenges and limitations to participation (Martin Ginis et al., 2016).

Insight into factors associated with sport participation can support the removal of barriers and has the potential to increase participation rates (Bloemen et al., 2015). Accessibility is also a leading priority in delivering positive sport experiences (Evans et al., 2018). If the activity is not accessible, participation is not possible and the individual, organisational, and societal benefits attributed to sport participation are not attainable. A considerable amount of participation research has explored barriers and facilitators to sport and endorsed accessibility as a means to grow participation (Bragaru, et al., 2013; Deans et al., 2012; Gallagher et al., 2011; Hogg, 2018; Jaarsma et al., 2013, 2014; Kars et al., 2009; Martin, 2013).

Various frameworks have addressed barriers to participation for disabled people. Darcy et al. (2016) built upon a non-disabled leisure constraints model (e.g., Crawford & Godbey, 1987) from a disability context to note that barriers were related to interpersonal and intrapersonal factors, transport, equipment, time, support, and economic factors. In addition to this, Brittain et al. (2019) proposed a framework to explain how ableism regulates social practice and the self-determination of disabled people, which influences access to and participation in sport for disabled people. Most recently, Legg et al. (2022) proposed the model of global barriers to participation in sport and recreation for persons with disability, encompassing sociocultural, physical, and sport-specific barriers to participation, from grassroots to high-performance sport in all cultural contexts.

However, the majority of research focused on factors influencing sport participation is underpinned by the ICF (World Health Organisation, 2001), which has been pivotal in disability sport participation research, where barriers and facilitators are observed in a bid to improve access and increase participation opportunities for disabled people, including those with limb deficiency (e.g., Bragaru et al., 2013; Buffart et al., 2009; Deans et al., 2012; Gallagher et al., 2011; Jaarsma et al., 2014, 2015,

2016; Jaarsma & Smith, 2018; Monteiro et al., 2014; Poonsiri et al., 2018; Rimmer, 2006; Tweedy & Vanlandewijck, 2011; Wilhite & Shank, 2009). Sport management researchers have also recognised the role of the ICF in advancing understandings of disability (Misener & Darcy, 2014; Shapiro et al., 2012).

Despite successful application, the ICF has several limitations from a social relational perspective. Critics contend that the ICF highlights the medical consequences of impairment over the social, and in doing so, objectifies disabled people and risks marginalising and dehumanising them (Lundälv et al., 2015; Mpofo & Oakland, 2010). It also neglects to acknowledge impairment within the context of broader social constraints (Cott, 2005). However, an understanding of barriers and facilitators is useful in appreciating access to sport. For these reasons, the present research will report facilitators to sport participation, but go beyond the ICF and utilise a framework (discussed in 2.5.2) aligned more closely with the SRM, the guiding disability perspective.

Barriers and facilitators to disability sport have been examined in a wide range of contexts involving children (e.g., Buffart et al., 2009; Darcy et al., 2020; Jaarsma et al., 2015), Paralympic athletes (e.g., Jaarsma et al., 2013; McLoughlin et al., 2017; Marques & Alves, 2021), and veterans (e.g., Littman et al., 2017). Several reviews have been undertaken on factors affecting access to disability sport and physical activity (e.g., Bragaru et al., 2013; Jaarsma et al., 2014; Martin Ginis et al., 2016; Shields et al., 2012). Due to the depth and breadth of this literature, only work pertaining to people with limb deficiency will be reviewed here. The present section highlights barriers and facilitators to sport participation inclusive of prostheses and adaptive equipment, resources, social support and attitudes, physical environment, health, and programme management.

The role of the prosthetic in restricting or enabling participation is debated. When functioning optimally, purpose designed prosthetics or adaptive equipment are found to facilitate sport in athletes with amputation (Batten et al., 2020; Pepper & Willick, 2009). On the contrary, prosthetics have been found at times, to impede sensory input, restrict certain movements, and cause injury (Bragaru et al., 2011, Pepper & Willick, 2009; Walker et al., 2008). The expense of sport-specific prosthesis (Pepper & Willick, 2009; Walker et al., 2008), along with insufficient financial or material resource, are barriers to participation (Batten et al., 2020; Couture et al., 2010; Gallagher et al., 2011; Littman et al., 2017), though grants were found to offset this (Sayed Ahmed et al., 2018).

Attitudes of others were found to be both a barrier and facilitator to sport depending on whether they were supportive or unsupportive (Gallagher et al., 2011; Littman et al., 2017; Martin Ginis et al., 2016). Facilitators include support from peers, increasing the number of sport partners or social contacts (Bragaru et al., 2013; Kars et al., 2009; Littman et al., 2017), and talking to others with

similar experiences (Crawford et al., 2016; Miller et al., 2020). Barriers include a lack of encouragement from peers, shame (Batten et al., 2020; Bragaru et al., 2013; Couture et al., 2010; Littman et al., 2017), unwanted attention (Batten et al., 2020), and stigmatisation (Sayed Ahmed et al., 2018; Sjö Dahl et al., 2004).

In addition to economic and social barriers, physical and psychological factors were widely cited. Crowds proved to be both a social and environmental barrier (Batten et al., 2020), along with inaccessible infrastructure, such as sport facilities (Couture et al., 2010; Kars et al., 2009). However, well-designed facilities were found to enable participation for people with limb deficiency (Bragaru et al., 2013; Gallagher et al., 2011; Miller et al., 2020). Lack of time (Bragaru et al., 2013; Deans et al., 2012; Crawford et al., 2016; Miller et al., 2020), transport (Bragaru et al., 2013; Couture et al., 2010; Miller et al., 2020), terrain (Batten et al., 2020), and wet or icy climates (Batten et al., 2020; Couture et al., 2010; Gallagher et al., 2011; Miller et al., 2020) were also found to be considerable barriers to sport participation.

Physically, people with limb deficiency experienced concerns such as skin lesions, stump pain, phantom limb pain, and injuries which can prevent participation (Batten et al., 2020; Deans et al., 2012; Kars et al., 2009; Pepper & Willick, 2009). These barriers can be offset by psychological factors such as a love for the game, satisfaction, happiness, feeling capable and proud (Sayed Ahmed et al., 2018), a positive attitude, purpose, goal setting (Batten et al., 2020), motivation (Miller et al., 2020), self-efficacy and confidence (Littman et al., 2017), which are all perceived to facilitate participation in sport. In terms of organisational factors, an absence of organised programmes, or programme restrictions present as barriers to people with limb deficiency (Sayed Ahmed et al., 2018). Whereas well-organised and advertised programmes facilitate participation (Bragaru et al., 2013). The classification process can also be an organisational barrier to participation for parasport athletes when assessment guidelines are unclear (Fliess Douer et al., 2021).

Importantly, sport must be accessible in order to obtain the associated benefits. Of relevance to the present research, scholars note that barriers and facilitators to disability sport not only impact access, but also influence the quality of participation (Evans et al., 2018). The environmental and attitudinal conditions that enable access to disability sport are central to the participation experiences of individuals (Shirazipour et al., 2017). To reiterate, accessibility is an important consideration, but it is not the only consideration for improving participation in disability sport. As demonstrated, accessibility to sport is a well-researched area. Accordingly, the present study will consider programme conditions as a precursor to quality experience, however, these conditions to participation will not form the bulk of the focus. The emphasis of the present study will instead be centred on approaches to fostering quality experiences.

## 2.5 Full Participation: An Encompassing Conceptualisation

Participation is a fundamental principle of the sport development discipline, where increasing and retaining players in mass participant sport is central to the progression and success of elite athletes (Sotiriadou et al., 2008). The current section introduces conceptualisations from participation literature and presents *full participation* in life as an important consideration for, and a human right of, disabled people. This concept has been acknowledged by participation and sport researchers (e.g., Granlund et al., 2012; Imms & Granlund, 2014; Shirazipour et al., 2017). Here, subsections delve into a bidimensional representation of full participation, exploring objective and subjective interpretations. These dimensions are presented as: 1) quantity participation, and 2) quality participation, and together build to the encompassing conceptualisation of full participation.

As a concept, participation is rooted deeply within rehabilitation studies. Participation grew in prominence in the rehabilitation literature in 2001, when the World Health Organisation (2001) replaced the terminology 'absence of handicap' with 'participation' in a revision of the classification of disablement. Since then, the concept of participation has gained impetus in rehabilitation contexts as an outcome variable and a research focus (Hammel et al., 2008). In fact, the participation of disabled people is stipulated as a key outcome of rehabilitation (Cardol et al., 2002; Cicerone, 2004; Dijkers, 2010), where the objective is to facilitate increased involvement in society via participation in employment, education, social roles, and other valued aspects of life (Barclay et al., 2015; Whiteneck, 2006). In conjunction with this, the CRPD (United Nations, 2006), ratifies the right to "full and effective participation and inclusion in society" (p. 8), acknowledging the complexities and challenges associated with the participation of disabled people.

Currently, participation is defined and operationalised in many ways, throughout and within academic disciplines. It has been identified as a crucial, but inadequately conceptualised abstraction (Whiteneck & Dijkers, 2009). Amidst disability literature, the World Health Organisation perspective is frequently adopted, whereby participation is defined as "involvement in a life situation" (2001, p. 10). However, this description is rather ambiguous (Hammel et al., 2008; Heinemann et al., 2013) and quantifies participation regarding socially normative levels of involvement, emphasising a domain of functioning beyond impairment (Dijkers, 2010). Objective definitions like this are utilised to underpin assessments of participation frequency, and are useful for comparing groups, designing basic interventions, and increasing accessibility, but do not represent an overall impression of the participation experience.

Arguably, participation is more than performance and other objective actions (Dijkers, 2010; Hammel et al., 2008; Häggström & Lund, 2008). Indeed, an emphasis on performance is said to

ignore the satisfaction and value that individuals obtain from participating (Hammel et al., 2008; Ueda & Okawa, 2003), and to measure disabled people against non-disabled norms (Hammel et al., 2008). Hammel et al. (2008) and Kramer et al. (2012) agree that participation for disabled people is more than involvement in an activity and cannot be predetermined by social norms. Instead, individual, subjective experiences are important to disabled people achieving satisfactory participation (Dijkers, 2010; Häggström & Lund, 2008). Inclusion in sport is more than access (Kiuppis, 2018) and subjective experiences are important for motivating continued participation (Imms et al., 2016; Shirazipour et al., 2017). Meaningful participation can also separate disabled sport participants from ableist narratives (Bates et al., 2019; Richardson et al., 2017).

In developing understandings, Granlund et al. (2012) sought to advance the concept of full participation by emphasising the significance of both objective and subjective participation experiences. They conceded that subjective experiences of involvement are a part of the lived experience of disabled people, and thereby central to full participation (Granlund et al., 2012). Following this, in an editorial, Imms and Granlund (2014) briefly described two elements of full participation that they labelled *attendance* (being present) and *engagement* (involvement in the task). Subsequently, Imms and colleagues (2016) conducted a language analysis review on the construct of participation for disabled people. Consistent with previous work, the authors derived two main themes and established them as dimensions of the participation construct. The first theme, attendance, was described as 'being there' and related to the frequency and duration of participation. The second theme, involvement, referred to the subjective participation experience and notably included aspects such as motivation, social connection, and enjoyment (Imms et al., 2016).

Researchers have continued to develop the full participation construct over the past five years, referring to the two dimensions as quantity and quality participation, whilst acknowledging that both are central to improving participation for disabled people (Imms & Granlund, 2014; Shirazipour et al., 2017). Consequently, the remainder of the section will explore the theoretical underpinnings of each dimension and application of frameworks, culminating in dialogue about sport-based research within the full participation literature.

### 2.5.1 Quantity Participation

Quantity participation has been defined as the access to, or frequency of attendance in various aspects of life and describes objective, observable aspects of participation (Shirazipour et al., 2017). From a sport perspective, participation may be operationalised to quantify an amount or type of participation in competition or training, for example, minutes spent swimming per week. Sport participation trends are important to governing bodies, sport agencies, and organisations (Eime et

al., 2015). The metrics can be utilised to inform evidence-based policy development, strategic investment, and the design and delivery of programmes (Eime et al., 2015; Henderson, 2009; Rowe et al., 2013).

A substantial body of literature has explored barriers and facilitators to disability sport with the view to increasing participation (e.g., Bragaru et al., 2013; Buffart et al., 2009; Deans et al., 2012; Jaarsma et al., 2015) (see Section 2.5). Most of this work is underpinned by the aforementioned International Classification of Functioning, Disability, and Health (ICF) framework (World Health Organisation, 2001). The ICF is a framework devised to assess functioning and participation in society. It acknowledges impairment, activity limitations, and participation restrictions for disabled people (Peers et al., 2014).

In order to support full participation in sport, it follows that scholars and practitioners first need to consider accessibility to sport, to encourage participant engagement (Evans et al., 2018; Imms & Granlund, 2014). It is important to understand the factors that shape sport participation for people with limb deficiency because access to sport is a prerequisite to experiencing full participation. Once sport is accessible, then consideration can turn to the design of sport programmes. Acknowledging this, the present study will investigate influences on full participation in disability sport as a foundation to exploring quality participation experiences.

Despite extensive use of participation frameworks such as the ICF, there are limitations to measuring participation objectively. Firstly, the ability to accurately establish exact sport participation rates has been called into question (Macniven et al., 2012). This may be due, in part, to fluctuations in participation rates relating to the domain and measure used (Minnes et al., 2003; Martin & Cobigo, 2011). Furthermore, objective measurement perpetuates normative perspectives of participation (Mitra & Shakespeare, 2019), thereby emphasising performance-based outcomes (Heinemann et al., 2013; Hurst, 2003) and minimising the subjective experience (Hammel et al., 2008). In this way, opportunities to acknowledge important elements of participation are taken away from disabled individuals (Mitra & Shakespeare, 2019). Nevertheless, the shortcomings of quantitative models, such as the ICF, have compelled thought and exploration, provoking the development and advancement of the quality participation concept, which will be explained in the following section.

The concept of quantity participation is widely accepted and valued as a way to measure success and plan strategically (Shirazipour et al., 2017). However, investigations that universalise the participation experiences of disabled people perpetuate disability ideologies, and promote dysfunction (Imrie, 2004; Pfeiffer, 2002). In essence, quantification assists in evaluating objectives and enhancing access to disability sport, where interventions aimed at increasing participation are

likely to result in an increase in measurable participation, as opposed to improving the quality of such experiences (Cobigo et al., 2012; Cummins et al., 2003). Yet, scholars have argued that objective measures do not satisfactorily capture the complete meaning of participation and that a more holistic approach is necessary to influence the participation of disabled people (Dijkers, 2010; Ueda & Okawa 2003; Wade & Halligan, 2003).

### 2.5.2 Quality Participation

Quality participation is the second element of full participation. Though less researched, the quality component of full participation is equally essential to enhancing participation for disabled people (Imms & Granlund, 2014; Shirazipour et al., 2017). Without consensus around what constitutes quality participation, there has been a limited understanding of how it can be facilitated (Martin Ginis et al., 2017a). Accordingly, Evans et al. (2018) defined a quality experience as “a feeling state involving satisfaction and enjoyment, based on an athlete’s appraisals of whether Paraspport experiences satisfy one or more of their own sport values and needs” (p. 37). They went on to suggest that quality participation occurs through repeated exposure to quality experiences, in which participants feel satisfaction and enjoyment regarding their experiences based on their individual values and needs (Evans et al., 2018).

Over the previous two decades, a number of researchers have contributed to the development of the quality participation concept, employing a variety of terminology including subjective experience (Ueda & Okawa, 2003), qualitative, subjective, and evaluative participation (Dijkers, 2010), full participation (Hammel et al., 2008), participation enfranchisement (Heinemann et al., 2011), optimal participation (Barletta & Loy, 2006; Kang et al., 2014), engagement as involvement in a task (Imms & Granlund, 2014), meaningful participation (Law, 2002; Palisano et al., 2012), and subjective participation (Martin Ginis et al., 2017a).

Subjective aspects of participation are commonly related to ideas of social inclusion or acceptance and capture personal feelings of equality and social value (Hammel et al., 2015). A concept analysis (Hoogsteen & Woodgate, 2010) and an exploration of disabled people’s experiences (Hammel et al., 2008) identified similar elements of full participation that relate to engagement, impact, and inclusion. Häggström and Lund (2008) also promoted the importance of subjective participation experiences, presenting themes such as belonging, and doing things for others. Likewise, in participation enfranchisement research, Heinemann et al. (2011) identified three factors of participation related to equality and social value: choice and control, community contributions, and value.

Subsequently, Hjelle and Vik (2011) explored the perspectives of disabled people and highlighted crucial elements of participation related to engagement, society, and interaction. Researchers concluded that disabled people evaluate their quality of participation in terms of engagement with peers, and inclusion in various activities (Kramer et al., 2012). These findings demonstrated consistency in the elements of subjective participation and inspired further research, culminating in the conceptualisation of quality participation. Table 2.3 provides an overview of subjective participation concepts and characteristics that contribute to present day understandings.

**Table 2.3**

*Review of the Literature on Subjective Participation*

<b>Author</b>	<b>Purpose</b>	<b>Findings</b>	<b>Field</b>
Ueda & Okawa (2003)	Emphasise the importance of integrating objective and subjective dimensions in classifying disability	A framework detailing subjective dimensions of disability and functioning	Rehabilitation
Eriksson & Granlund (2004)	Investigate conception of participation in disabled students and their teachers and parents	Three components to participation identified: 1. Activity 2. Feeling of participation 3. Context	Health
Hammel et al. (2008)	Explore insider perspectives on what participation means	Full participation encompasses: 1. Active and meaningful engagement 2. Choice and control 3. Access and opportunity 4. Personal and societal responsibilities 5. Having an impact and supporting others 6. Social connection, inclusion, and membership	Rehabilitation
Häggström & Lund (2008)	Enhance understandings of participation experiences for disabled adults	Five categories of participation experiences: 1. Performing tasks 2. Making decisions and exerting influence 3. Being engaged in meaningful activity 4. Doing things for others 5. Belonging	Rehabilitation
Dijkers (2010)	Explore issues in the conceptualisation and measurement of participation	Participation can be: 1. Qualitative/subjective/evaluative AND 2. Quantitative/objective/externally observable	Rehabilitation

Hoogsteen & Woodgate (2010)	Define attributes of the concept of participation within the context of disabled children, through concept analysis	Defining attributes of participation: 1. Engagement 2. Inclusion 3. Choice and control 4. Meaning	Occupational Therapy
Heinemann et al. (2011)	Measurement of participation enfranchisement in disabled and non-disabled people	Three factors of participation identified: 1. Choice and control 2. Contributing to community 3. Valued by others	Rehabilitation
Hjelle & Vik (2011)	Explore participation experiences for disabled people	Three categories crucial to participation: 1. Being engaged 2. Being a member of society 3. Interacting as a citizen	Rehabilitation
Imms, et al. (2016)	Systematic review of participation constructs used with disabled children	Two essential components of participation: 1. Attendance or 'being there' 2. Involvement, including elements of engagement, motivation, persistence, social connection, and level of affect	Medicine
Martin Ginis et al. (2017a)	Configurative review of subjective conceptualisations of participation	Six building blocks of a quality experience: 1. Autonomy 2. Belongingness 3. Challenge 4. Engagement 5. Mastery 6. Meaning	Rehabilitation
Man et al. (2017)	Explore strategies to foster quality participation in physical activity programmes	A seventh element of quality experience: Validation – feeling important, worthy, valued, and supported	Psychology
Evans et al. (2018)	Define optimal parasport experiences via an evidence-informed framework	Quality Parasport Participation Framework	Rehabilitation & Psychology

Service providers are challenged to design meaningful programmes that enhance participation experiences (Martin Ginis et al., 2017a). A deeper understanding of participation, including how it is perceived, experienced, and valued by disabled people may inform research and assessment (Hammel et al., 2008). This can translate to increased insight to support the design and facilitation of satisfactory, meaningful, and inclusive programmes and policies (Martin Ginis et al., 2017a; Orr et al., 2020). Consequently, the present research will capture the lived experiences of disabled people in order to promote their perspective and provide a deeper understanding of participation.

Subjective quality experiences commonly involve satisfaction and enjoyment (Evans et al., 2018). Satisfaction has previously been linked to motivation, commitment, and retention in various

contexts including sport (Chelladurai & Ogasawara, 2003; Currivan, 2000; Fairley et al., 2007; Kim et al., 2007; Kim et al., 2009). It follows that people who have positive participation experiences are more likely to be motivated to continue engaging (Shirazipour et al., 2017). Enjoyment is also recognised as a motivator for engaging in an activity and maintaining involvement over time (Barletta & Loy, 2006; Specht et al., 2002) and has been promoted as key to promoting long-term participation in sport (Scanlan et al., 1993).

Self-determination theory (e.g., Deci & Ryan, 1985; Ryan & Deci, 2000), from the field of psychology, provides an explanation for this phenomenon, whereby intrinsic motivation results from engaging in enjoyable tasks, generating continued participation in the activity. According to self-determination theory, there are three basic psychological needs (autonomy, competence, and relatedness), that when satisfied, can lead to greater intrinsic motivation and enhanced wellbeing (Ryan & Deci, 2000). Other psychological theories, such as personal assets framework (e.g., Côté et al., 2014), flow (e.g., Csikszentmihalyi, 2000), and PERMA (positive emotion, engagement, relationships, meaning, & achievement) (e.g., Seligman, 2011) have commonly been utilised to investigate positive experiences in sport.

Another motivational theory from the field of education and extensively applied in a sporting context is achievement goal theory (e.g., Duda, 1989; Nicholls, 1989). Achievement goal theory explains achievement-related behaviours and motivations that reflect an individual's aim and purpose. There are two distinctive achievement goals. Firstly, a task orientation explains the goal of learning and mastery of a task, and secondly, an ego orientation refers to perceived competence in relation to others (Nicholls, 1989). Achievement goals have been linked to SDT in sport (e.g., Ntoumanis, 2001), where task orientation was related to high self-determination, and ego orientation was related to low self-determination.

These theories demonstrate the relationship between the quality dimension of participation and motivation, which may be key to increasing participation rates (Imms et al., 2016). Shirazipour et al. (2017) reiterated this, explaining that along with ensuring access to sport, subjective experiences within disability sport are likely to influence involvement in sport over time. Prior to this, Eriksson and Granlund (2004) acknowledged that understanding the experiences of individuals helped to develop and provide services that increase participation. Similarly, Häggström and Lund (2008) indicated that unique participation experiences and individually tailored rehabilitation programmes are key to enhancing an individual's participation. Evans et al. (2018) agreed, suggesting that sport organisations who cultivate quality conditions may promote involvement in disability sport.

Sport management scholars have previously acknowledged the value of service quality, however, this is yet to be established in the context of disability sport. Sport marketing researchers and practitioners recognised the importance of facilitating quality service in consumer retention (Clemes et al., 2011; Howat & Assaker, 2016; Ko et al., 2008; Murray & Howat, 2002; Theodorakis et al., 2013; Yoshida & James, 2011). Specifically, Yoshida (2017) recognised the importance of service quality in participant and spectator sport. The beneficial effects of quality experiences were commonly linked with loyalty to a sport or organisation, perceived satisfaction, and value. They also noted that “there is still a significant void in understanding the quality of a sport consumer experience” (Yoshida, 2017, p. 428).

Recently, a small number of sport management scholars have begun to explore service quality through the scope of transformative sport service research (e.g., Inoue et al., 2020; Misener, 2020; Wicker & Downward, 2019) to understand the role of sport organisations in supporting quality consumer outcomes and the effect on retention of sport consumers. If quality experiences stimulate engagement in sport (e.g., Allan et al., 2019; Shirazipour et al., 2017), then quality participation needs to be considered by sport management academics and practitioners. Embracing a holistic, inclusive conceptualisation of sport participation could deliver benefits to individuals and support the development of disability sport. Arguably, evaluating the quality of participation could assist sport management practitioners to design and deliver better programmes. This discussion will continue later, in Section 2.6. At this point, the focus of attention in the next section turns to a review of the quality participation literature, to consider the application of various frameworks.

#### *2.5.2.1 Experiential Aspects of Subjective Participation*

Martin Ginis and colleagues (2017a) made a prominent contribution to the quality participation literature in conceptualising experiential aspects of subjective participation experiences. The multidisciplinary team, with expertise in disability, psychology, rehabilitation studies, and occupational therapy, undertook a configurative review of the subjective participation literature. Ten articles originating in the occupational therapy and rehabilitation literature were reviewed through a two-stage iterative process. The intention of the review was to develop a conceptualisation focused exclusively on the subjective dimensions of participation.

As mentioned earlier, Martin Ginis et al. (2017a) identified six themes that encompass a quality participation experience: *autonomy* – having independence, choice or control; *belongingness* – a sense of belonging or acceptance; *challenge* – feeling suitably challenged; *engagement* – engaged, focused, and motivated in an activity; *mastery* – experiencing achievement, competence, and self-worth; and *meaning* – contributing towards a personal or socially-meaningful goal (Martin Ginis et al., 2017a). Alongside the six components sit assumptions about subjective participation; that it is

unique to the individual, it can be specific to a situation or environment, and it is a multidimensional concept. Importantly, Martin Ginis et al. (2017a) also drew parallels between the six themes of quality participation and theoretical conceptualisations of wellbeing (e.g., self-determination theory: Deci & Ryan, 1985; Ryan & Deci, 2000).

From the beginning, the conceptualisation proposed by Martin Ginis et al. (2017a) has been a catalyst for further exploration. Notably, Man et al. (2017) explored strategies utilised by administrators to foster experiential aspects of subjective participation in physical activity programmes. They found evidence to support the six existing components of subjective participation and revealed a seventh component of subjective experiences. The seventh domain was termed 'validation' and reflected feeling supported, valued, and worthy of experiencing good service. The findings of Man et al. (2017) have since been supported by Fong et al. (2020) who presented evidence for the validation domain in a dragon boating context, where the team leaders of the boats promoted validation in their crew by offering opportunities for feedback and reflection.

Martin Ginis et al. (2017a) conceptualisation was also used to formulate a 12-item measure of experiential aspects of participation (MeEAP) for physically disabled people (Caron et al., 2019). The MeEAP has been utilised in research investigating people with spinal cord injury (e.g., Bremer et al., 2022; Santino et al., 2021), where a higher quality of physical activity experiences was found to be linked to lower levels of loneliness. In addition to informing the MeEAP, Martin Ginis et al. (2017a) conceptualisation was used as a foundation for Evans et al. (2018) Quality Parasport Participation Framework, which is discussed next.

#### *2.5.2.2 Quality Parasport Participation Framework*

Encouraged by the limited research on quality experience in sport settings, Evans et al. (2018) utilised Martin Ginis et al. (2017a) experiential aspects of subjective participation, to develop a descriptive model of the precursors to disability sport, which permit participation and reinforce quality experiences. Engaging in a rigorous process, informed by literature from rehabilitative studies and the discipline of psychology, Evans et al. (2018) developed the Quality Parasport Participation Framework (QPPF) (see Figure 2.3). The QPPF builds on Martin Ginis et al. (2017a) experiential aspects of quality participation to emphasise the unique context of disability sport and operates on the premise that quality experiences in sport can be conditional on a range of 25 prerequisites (Evans et al., 2018). The importance of contextualising participation by capturing context-specific prerequisites has been previously noted (Imms & Granlund, 2014). In terms of the present research, the QPPF provides a framework from which to examine subjective experiences of participation in disability sport. This framework captures the concept under consideration and in

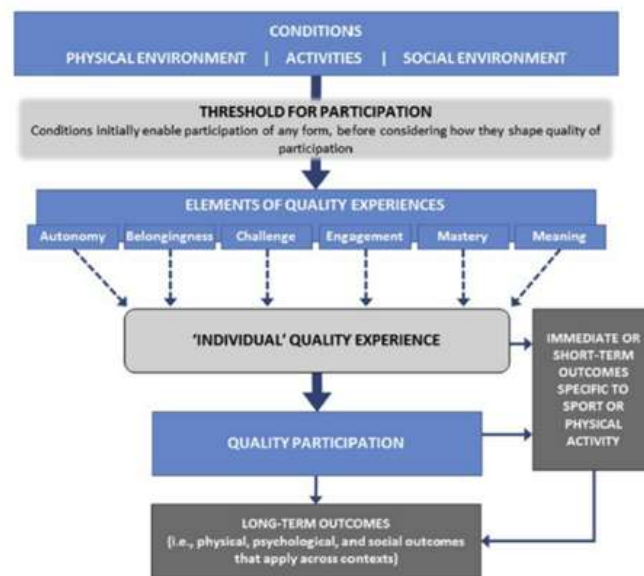
doing so, directly supports the research aim and questions. In the present study, the QPPF will be utilised to support the exploration of sport experiences for individuals with limb deficiency.

The QPPF, as illustrated in Figure 2.3 (Evans et al., 2018), describes 25 *Conditions*, or prerequisites to quality participation in sport, that exist across domains of the *Physical Environment*, sport *Activities*, and the *Social Environment* of disability sport organisations. The conditions enable access to sport at the *Threshold for Participation*. Next, the framework draws on the existing experiential aspects of subjective participation (e.g., Martin Ginis et al., 2017a) to incorporate the six *Elements of Quality Experiences*. The six elements are experienced in various ways, unique to the individual and context, to create the *Individual Quality Experience*. Over time, these positive experiences reinforce *Quality Participation*. In addition to the core of model, Figure 2.3 (Evans et al., 2018) features the potential short and long-term outcomes of quality experiences as an area for future research.

The QPPF will be used to guide the present research where the focus lies in exploring quality participation experiences from the perspectives of disabled sport participants, and disability sport providers, to determine how organisations can enhance participant experiences in sport programmes. The QPPF has been chosen in the present research to support the aim of exploring quality participation. As detailed above, a quantity-based perspective of participation is not adequate in measuring or enhancing the participation of disabled people (Dijkers, 2010). However, most existing research on participation has been undertaken from a quantity-based perspective. Therefore, the present study aims to fill a gap by exploring quality participation.

**Figure 2.3**

*The Quality Parasport Participation Framework*



*Note.* Sourced from Evans et al., 2018.

The QPPF is informed by literature from two disciplines. As discussed earlier, the Martin Ginis et al. (2017a) conceptualisation was formulated from the rehabilitation studies literature. Going beyond this, Evans et al. (2018) based the QPPF in the optimal experience literature, inspired by the discipline of psychology. Attempts to define optimal experiences are linked to philosophical debates on describing fundamental elements of the ‘good life’ (Waterman, 2013), and are ground in a positive psychology or humanistic perspective. Prominent work in the area of optimal experiences includes Hackman and Oldman’s (1976) job characteristics model, which posits that varied and meaningful job tasks will motivate and engage the employee. Self-determination theory (Deci & Ryan, 1985; Ryan & Deci, 2000) is another, positing that the satisfaction of basic needs enhances internal motivation and encourages optimal experiences (Ryan & Deci, 2017; Gunnell et al., 2013). As mentioned earlier, self-determination theory and other positive psychology theories, such as PERMA (Seligman, 2011) and flow (Csikszentmihalyi, 2000), have been applied in research to explain how needs or assets contribute to positive experiences in sport (e.g., Doyle et al., 2016; Kim et al., 2020; Lee et al., 2017). Positive psychology theories have also been used in sport management research to explain motivation to participate in sport tourism (e.g., Aicher et al., 2015), intention to continue sport (Keshtidar & Behzadnia, 2017), and benefits of sport consumption (Doyle et al., 2016). Positive youth development is another popular psychological framework that has been

utilised in sport-for-development research (Schulenkorf et al., 2016). These inter-disciplinary footings of the QPPF demonstrate its rigour and resilience for use in sport research.

In developing the QPPF, Evans et al. (2018) first determined the scope of the model, then they synthesised existing literature, and finally they integrated stakeholder and expert insights. After determining the scope and purpose of the framework, relevant disability sport participation literature (e.g., Allan et al., 2018; Martin Ginis et al., 2016; Shirazipour et al., 2017) was synthesised to provide insights on quality experiences for athletes with physical impairment. Alongside this, a review was undertaken on programme conditions that foster quality participation (e.g., Shirazipour et al., 2020). The review of literature identified concepts to be included in the framework.

Next, the framework was constructed through stakeholder engagement in a process guided by the AGREE-II framework (e.g., Brouwers et al., 2010), which evaluates rigour, richness, and transparency of the process. This internationally recognised protocol utilises a 23-item instrument to inform the development and reporting of practice guidelines but has also been modified for use to support physical activity in physically disabled people (e.g., Arbour-Nicitopoulos et al., 2013; Latimer-Cheung et al., 2013; Martin Ginis et al., 2017b). Based on the AGREE-II principles, the stakeholder-centred process transpired across four phases. In the first phase, the authors drafted principles and definitions related to quality sport experiences from the literature synthesis. In the second and third phases, stakeholders informed the development of a provisional framework through two focus groups with experts, and an online survey with parents, coaches, athletes, and administrators. In the fourth and final phase, an expert panel of 20 researchers and sport providers refined and finalised the framework.

The QPPF was devised to recognise the diverse and unique sporting needs of disabled people. The framework identifies constructs that resonate with individual sport experiences, and then collectively considers these constructs, to understand quality participation experiences (Shirazipour, et al., 2020). Exploring the concept of quality participation could aid in building an understanding about why some people are motivated to remain engaged in sport, and others are not. As inferred in the model, quality experiences may bring about positive short- and long-term changes in sport behaviour and, physical or psychosocial outcomes (Evans et al., 2018). Because the QPPF offers a disability sport-focused model from which to consider participation, it will be utilised to guide the present study in exploring elements of quality participation for disabled sport participants, and the conditions that support them. This model has been chosen due to its focus on disability sport and the rigour in which it was developed.

The QPPF has been applied in multiple settings over the last five years including community-based exercise programmes (Man et al., 2020), physical activity programmes for veterans (Shirazipour et al., 2020), dragon boating for cancer survivors (Fong et al. 2020), recreational sport programmes (Orr et al., 2020), and parasport (Allan et al. 2018). Some of the studies have inadvertently captured people with limb deficiency or amputation (Shirazipour et al., 2017; Shirazipour & Latimer-Cheung, 2021), but none have directly targeted this population. Considering this population is important as people with limb deficiency represent a significant proportion of participants engaged in disability sport.

Most of the research in this area depicts the insider perspective, giving voice to disabled people. Some researchers have captured other perspectives, engaging the voices of team leaders (e.g., Fong et al., 2020), volunteers (e.g., Man et al., 2020), service providers (e.g., Fakolade et al., 2021), and coaches (Allan et al., 2019). The insider perspective is understood to be the most valuable in understanding the participation of disabled people (Hammel et al., 2008). These studies demonstrate the appropriateness and strength of the framework for use on disabled populations, in a variety of sport-related contexts.

A focus on the participant experience has increased the voice of disabled people in the sport management literature (Kitchin, 2021). However, Orr et al. (2020) contend that in order to generate a better understanding of participation experiences, disability sport should be considered from multiple perspectives. Recent sport management research has captured the perspective of stakeholders (i.e., managers and directors) to generate insight on disability sport policy factors (Patatas et al., 2018, 2020b, 2021b). They maintained that capturing the lived experiences of disabled sport participants would add further insight to their findings (Patatas et al., 2021b). Indeed, Fakolade et al. (2021) noted that service users and service providers may have differing perspectives around quality participation and noted this as an area for future research. Accordingly, the present research aims to capture both the perspectives of disabled participants as well as the disability sport providers who support their endeavours.

The QPPF has been applied in the literature to investigate four key areas: 1) programme conditions, 2) strategies to foster quality experiences, 3) the process by which quality participation transpires, and 4) outcomes of experiencing quality participation. These areas will now be discussed, with the intention of drawing attention to where and how the QPPF has been applied and highlighting the gap where the present research aims to make a contribution.

Firstly, a range of programme conditions have been found to contribute to various aspects of quality experiences for disabled people. These include relationships with teammates and volunteers,

adaptability of programmes (Andrusko, 2018), a small ratio of athletes to coaches, and the support of enjoyment through autonomy (Orr et al., 2020). Quality participation has also been examined outside of the disability sport and physical activity context. In a dance therapy programme for people with Parkinson's disease, the conditions found to best enable participation were physical accessibility, affordability, professional instructors, and emotional safety (Kalashnikova, 2018). In another investigation of non-disabled individuals, Man et al. (2020) sought to examine how quality participation fluctuates over time for volunteers at community-based exercise programmes for disabled people. They found conditions pertaining to the social environment and physical accessibility supported the volunteers' quality participation (Man et al., 2020).

The second key area covered in the quality participation literature comprises a focus on exploring strategies that foster quality experiences. In the context of physically disabled athletes, Allan et al. (2019) revealed that coaches play a central role in shaping the athlete experience. Analysing their findings through the lens of the social relational model (Thomas, 1999, 2004, 2007), Allan et al. (2019) discovered that coaching strategies reflecting consideration, collaboration, and professionalism positively shaped the athlete sport experience, whereas prejudice and inequality from coaches negatively impacted athlete experiences. Man et al., (2017), Shirazipour et al. (2018), and Fakolade et al. (2021) interviewed programme facilitators who were tasked with delivering physical activity programmes to disabled veterans. They identified strategies such as using knowledgeable coaches, tailoring programmes to participant needs, and assisting veterans to be drivers of their own experiences. They also noted that strategies built around the socially related aspects of quality experiences may be more beneficial in facilitating quality participation (Fakolade et al., 2021; Man et al., 2017).

Researchers have also examined the strategies that foster quality experiences using the QPPF with non-disabled groups. Providers of community-based exercise programmes were found to experience aspects of quality participation when delivering programmes to disabled people (Jackson et al., 2019), and they were motivated by the positive impact they were having on disabled members (Jackson et al., 2019). Furthermore, the authors suggest that this may enhance the quality experiences of their members (Jackson et al., 2019). The QPPF has also been utilised to explore strategies designed to foster quality participation with breast cancer survivors (e.g., Fong et al., 2020; Kauffeldt, 2018). Optimal factors for fostering quality participation in physical activity programmes were identified as qualified or knowledgeable instructors, opportunities to participate with peers, access to programmes, and encouragement of self-efficacy through goal setting (Kauffeldt, 2018). In another study focused on breast cancer survivors, interviews with the leaders of dragon boat teams detailed strategies used to foster quality participation with team members such

as creating friendly competition between athletes and using social media to share athletes' successes (Fong et al., 2020).

The third area covered, related to the process of developing quality participation. Quality participation was found to be fostered through experiencing community, self-efficacy, meaning, and guidance from others (Fong et al., 2020). In another study, volunteers in physical activity programmes were found to develop quality participation through having purpose and motivation, experiencing progression, receiving validation through feedback, and seeing the outcomes of their work, for example, if group members were also experiencing quality participation (Man et al., 2020). However, Orr et al. (2020) argued that the mechanisms by which quality experiences accumulate into quality participation is not yet known, and neither are the outcomes.

The final area of investigation in the literature was on the outcomes associated with quality participation, which few studies have explored. Fakolade et al. (2021) commenced an investigation into quality participation for disabled people and highlighted a possible relationship between experiences of autonomy in physical activity and increased self-worth, for disabled veterans. In another study, outcomes such as pride and fun were found to be products of quality experience in community-based exercise settings (Andrusko, 2018). Similarly, Jackson et al. (2019) found fun and enjoyment to be outcomes of quality participation. Shirazipour and Latimer-Cheung (2020) explored outcomes linked to quality experiences in adapted physical activity programmes. They interviewed 18 physically disabled veterans, with spinal cord injuries and amputations from Canada, UK, and USA. They found that quality experiences promote psychosocial outcomes such as psychological benefits, social and societal growth, and opportunities for advancement (Shirazipour & Latimer-Cheung, 2020).

Increasing participation and engagement in disability sport is a common objective for academics and practitioners, due to the range of associated benefits (Dehghansai et al., 2017a; Orr et al., 2020). As noted earlier, participant engagement contributes to sport development objectives. Interestingly, Shirazipour et al. (2017) perceived engagement to be an outcome, rather than an element of quality experience. Extending this finding and utilising the same dataset from earlier work (e.g., Shirazipour & Latimer-Cheung, 2020), Shirazipour and Latimer-Cheung (2021) investigated phases of successful long-term sport engagement, and the elements of quality participation that promote continued participation. They derived three pathways that promote long-term engagement in sport, based around competitive and recreational opportunities. The study provided insight as to why some disabled participants maintain involvement in sport and others drop out. This review presents a gap in the literature and further investigation is required to ascertain the outcomes of quality

participation, and how these influence engagement in sport (Evans et al., 2018; Jackson et al. 2019). The present study is poised to make a contribution in this area.

In reviewing the quality participation literature, it is apparent that there are limited studies utilising the QPPF in a sport environment. Most research using the QPPF has been undertaken in a physical activity context, and a portion has examined non-disabled groups. The present research will contribute to understandings on the QPPF by employing the framework in a disability sport context. Furthermore, most of the research in this area considers the perspective of the service provider (e.g., Allan et al., 2019; Fakolade et al., 2021; Man et al., 2017; Shirazipour et al., 2018). The present research offers a novel contribution in comparing the perspectives of sport providers and disabled participants in sport settings. The QPPF will frame the present study to explore the various approaches, used by sport participants and disability sport providers, to foster quality experiences.

In summary, this section has acknowledged the two dimensions of full participation outlined by researchers and discussed the relevance of each to the aim of the present study. While literature on quantity participation is well-established, the quality dimension is less understood, and additional focus is required (Evans et al., 2018). Therefore, further investigation into quality sport participation is warranted. Consequently, the aim of the present study is to explore elements of quality sport participation for people with limb deficiency, using the QPPF to compare the perspectives of sport participants and disability sport providers. As discussed above, programme conditions are a precursor to a quality experience. Evans et al. (2018) observed a paucity of research on programme conditions, in respect to quality participation, and called for further applied research to explore the circumstances in which these conditions impact quality experiences. Accordingly, the next section will review the literature on the barriers and facilitators (conditions) to participation in disability sport.

## **2.6 Quality Parasport Participation Framework: Evolution in Sport Management**

The preceding literature review has introduced relevant concepts and highlighted gaps in the literature pertaining to quality participation and disability sport. The present section examines an opportunity for cross-disciplinary collaboration, in order to expand understandings of disability sport and strengthen knowledge in the sport management field. This section will evaluate potential value in the addition of the QPPF to the discipline of sport management. The QPPF was devised from an existing collaboration between the fields of sport psychology and rehabilitative studies. Having been rigorously developed in a parasport context, it can arguably contribute to the discipline of sport

management by illuminating the significance of meaningful, individual experiences in sport for disabled people to broaden understandings of participation.

Participation is a key objective of sport development (Carney et al., 2012). As identified above, traditional methods that define participation objectively do not adequately capture full participation for disabled people (Wade & Halligan, 2003). A collaborative approach could improve participation in disability sport. In the present research, the quality participation concept and framework, originating from the rehabilitation literature, will be utilised in a sport management context. The concept of quality participation will be employed to explore the sport participation experiences of people with limb deficiency.

As outlined above, quality participation is a significant component of full participation (Shirazipour et al., 2017), which is recognised as a human right for disabled people (United Nations, 2006). Many countries have ratified the CRPD human rights treaty and are obligated to provide opportunities for full and effective participation of disabled people in society, including in sport. Internationally, this generates implications for disability sport stakeholder groups such as government departments, national Paralympic committees, national sport organisations, and disability organisations around designing sport to facilitate quality experiences and inclusion. In order to fulfil obligations to the CRPD, and to disabled people, sport organisations and stakeholder could benefit from utilising the quality participation concept, which was developed with the CRPD in mind. This may encourage stakeholders and sport providers to consider the perspective of the participants and their sport experiences.

Disabled people prioritise meaningful and satisfying participation experiences (Dijkers, 2010; Hammel et al., 2008; Ueda & Okawa, 2003). Conversely, an objective approach to participation evaluates disabled people against predetermined societal norms (Hammel et al., 2008), and arguably results in policies and programmes targeting an increase in the number of participants, rather than the quality of experience (Cobigo et al., 2012). In considering subjective sport experiences, service providers are better positioned to design meaningful programmes, pathways, and policies to enhance participation (Martin Ginis et al., 2017a). Therefore, the present research proposes to adopt the quality participation concept into the field of sport management, with the desired outcome of generating deeper understandings of participation in disability sport.

The discipline of sport management can benefit by becoming more informed on individual participation experiences. It can also consider how the quality participation concept can be utilised to facilitate better sport experiences for disabled people. Sport managers can benefit from using rehabilitation and psychology perspectives to potentially enhance participation and engagement in

sport programmes. These examples demonstrate the need for further research on full participation in order to improve participation for disabled people and to highlight the relevance of drawing on multiple branches of literature to examine disability sport participation.

Disability sport systems are complex and benefit from approaches designed for disability settings. The QPPF has been identified in the above literature review as a disability-focused framework that provides a guideline for evaluating and promoting quality experiences in disability sport (Evans et al., 2018). The above discussion of the QPPF demonstrates it is a robust framework, with a sport focus, underpinned by rehabilitation and psychology perspectives. However, to date, the model has primarily been applied in physical activity settings and there is a shortage of investigation applying it in sport settings.

As noted earlier, improving the quality of participation experiences in sport may contribute to sport related and non-sport related outcomes. This demonstrates the potential capacity of the quality participation concept in supporting multiple sport management objectives. In terms of the implementation of programmes and policies, the QPPF may assist sport providers in generating a more holistic understanding of participation, by recognising the importance of individual participation experiences. Though it is not likely viable for this to translate into programmes designed individually, there is arguably value in considering individual experiences to improve programming, and the influence of a quality experience on engagement in a pathway or programme.

In terms of contributing to the quality participation literature, the present research utilises the QPPF in a disability sport context. Most studies utilising the QPPF have applied it in a physical activity or non-sport related context. Very few studies (e, g., Allan et al., 2019; Shirazipour & Latimer-Cheung, 2021) have applied the framework in a disability sport context. Further to this, the present research employs the framework in a novel way, with a unique participant base of people with limb deficiency. People with limb deficiency are an important group to understand more about as they represent a significant proportion of disability sport participants. In taking a sport management perspective, the present study can generate understanding in comparing the perspectives and experiences of sport participants with those of disability sport providers.

## 2.7 Summary, Research Aim, and Research Questions

To summarise, participation in sport is a human right for disabled people, and arguably affords those with limb deficiency a host of physical, mental, and social health benefits. This chapter presented disability as a phenomenon and reviewed relevant content regarding disability, participation, and sport, positioning the present research within an appropriate theoretical stance. The SRM (Thomas 1999, 2004, 2007) explains disability as the social relationships between people with impairment,

and those without impairment. This model was selected to contextualise the present research within the wider historical and sociocultural landscape of disability and acknowledge the complexities surrounding disability and participation.

Full participation in disability sport was considered in terms of quality and quantity participation, and the gaps in the research on quality participation were made apparent. Previous research on participation expresses concern for the issue of low participation rates in disability sport, with most of the work framed around removing barriers, increasing access to sport, and measuring the quantity of sport participation for disabled people (e.g., Bragaru et al., 2013; Jaarsma et al., 2013). However, it has been argued that measuring participation quantitatively does not capture the meaning of participation for disabled people (Dijkers, 2010). In asserting this, Martin Ginis et al. (2017a) proposed that researchers and practitioners instead contemplate optimal experiences, or 'quality participation' to capture more in-depth information regarding the participation of disabled people.

Quality participation research has been undertaken over the last five years with the view to supporting the participation of disabled people. The quality participation construct has been examined in multiple contexts across various geographical locations and with a variety of participants. However, this concept has not been investigated in depth from a sport management perspective, nor specifically on a population with limb deficiency. And scholars have noted the need to generate more information on quality participation from a variety of contexts (e.g., Evans et al., 2018).

Efforts to promote quantity participation have minimised the importance of quality participation. Sport managers and stakeholders have traditionally pushed for large numbers in mass participant sport, with the intention to supply a pool, from which to identify talented performers (e.g., Bailey & Talbot, 2015; De Bosscher & van Bottenburg, 2011; Green 2005). Accordingly, academics and practitioners have also prioritised accessibility as a means to increase participant numbers in disability sport. Quantity-based considerations are important to ensure accessibility to sport is a key focus. However, access does not necessarily promote enjoyment and engagement in sport, nor does it promote sustained participation. In fact, objectivity promotes normative perspectives of participation (Mitra & Shakespeare, 2019), which minimise subjective experiences (Hammel et al., 2008). Subjective experiences in sport are important to disabled people because they give the disabled person a voice and can empower the disadvantaged (Smith & Perrier, 2014). Furthermore, satisfying and enjoyable experiences of participation have been linked to motivation and engagement (Fairley et al., 2007; Kim et al., 2009), and therefore could be key to supporting participation and even enhancing rates of participation.

The present review illustrates the potential to bring the quality participation concept across, from rehabilitation studies and sport psychology literature to the field of sport management, through its application in a sport development context. Opportunities for cross-disciplinary collaboration exist, with the view to expand understandings of disability sport participation in sport management research and practice. A cross-disciplinary collaboration could improve disability sport management research through a focus on enhancing participation in disability sport. From a sport development perspective, this could result in positive outcomes such as increased engagement in disability sport, through satisfactory and enjoyable participation. Moreover, quality sport experiences may result in greater engagement in sport and over time contribute to social and sport development objectives. In order to investigate this, the present research aims to:

*Explore elements of quality sport participation for people with limb deficiency.*

A research aim and associated research questions were informed by the disability sport literature, with support from relevant policy and strategy documents. The research questions are qualitative in nature and explore the 'what', 'why', and 'how' of quality participation, as an alternative to establishing and testing hypotheses and quantitatively asking 'how much' (e.g., Green & Thorogood, 2018). Research questions guide the research design and should be developed based on the purpose of the research and reflect the epistemological and ontological positions of the researcher (Demuth & Terkildsen, 2015). Four research questions have been developed to support the research aim in addressing the aforementioned gaps in the literature.

In accordance with the stated research aim, research question one seeks to explore elements of quality participation in sport for people with limb deficiency. This question is posed with the intention of enhancing knowledge on quality sport participation for people with limb deficiency by capturing sport participant and provider perceptions of quality experience. This question will seek to understand the emphasis placed on each element of quality experience as well as constraints and enablers to experiencing a quality experience:

*RQ1: How do people with limb deficiency and sport providers perceive quality experiences in sport?*

Research questions two and three are posed with the view to enhance understandings of approaches to attaining quality experiences in sport. These questions are positioned to explore perspective of sport participants and disability sport providers and then compare the two perspectives to identify areas where there is consensus, or where understandings and experiences diverge. As mentioned previously, there is value in capturing multiple perspectives in disability sport research (Hammel et al., 2008). The voice of the sport provider has previously been captured in the

quality participation literature (e.g., Allan et al., 2019; Fakolade et al., 2021; Shirazipour et al., 2018). Consequently, research questions two and three reflect the desire of the researcher to capture different perspectives of a phenomenon in order to draw comparisons and explore tensions. Research question two is designed to capture the insider perspective and the voice of people with limb deficiency:

*RQ2: How do people with limb deficiency navigate toward quality experiences in sport?*

Research question three is posed to consider an additional perspective by capturing the voice of sport providers who facilitate and deliver disability sport programmes:

*RQ3: How do sport providers support quality experiences in sport for people with limb deficiency?*

The final research question is posed with a view to support the delivery of disability sport in New Zealand. Indeed, Allan et al. (2018) suggest extending research past definitions of quality participation to use generative questions regarding the implications of quality participation and how it can be improved. In conjunction with an emerging academic focus on the quality participation construct, the leading sport organisation in New Zealand acknowledges the value of quality experiences for disabled people: “We promote and support quality experiences in... sport... to improve levels of physical activity and... ensure the greatest impact on wellbeing” (Sport New Zealand, 2020, p. 2).

Key documents guide the development of sport by directing the thinking and practice of sport organisations (Hylton & Totten, 2013). In New Zealand, key documents highlight quality experiences and inclusion of disabled people as priorities (see Section 3.4 for further detail). Priorities to deliver quality experiences and inclusive practice demonstrate a willingness of the sector to improve sport participation for disabled people. Referring to strategic documents in designing the research questions can give rise to relevant research and suggestions that may be more easily adopted into the sport system. Therefore, research question four is focused on the practical implications:

*RQ4: How can sport experiences be enhanced for people with limb deficiency?*

Chapter Two concludes a conceptual review on disability sport, including the identification of a participation framework that can contribute to sport development research objectives. The aim of the study and the research questions have been posed to guide the inquiry. Next, Chapter Three presents methodological considerations relating to the research paradigm, study design, recruitment of participants, and data collection and analysis processes. The research methodology, including philosophy and relevant details are described at depth.

## Chapter Three: Methods

Chapter Two captured the complexities of disability research, and the inconsistencies in the study of disability sport participation. Whilst a conceptual framework for quality participation exists (e.g., Evans et al., 2018), this model is yet to be utilised in a sport management context to answer sport management research questions. To address these issues, the intent of the current research was to engage with people with limb deficiency who play sport, in order to understand how they navigate towards quality experiences. Also, to look at how disability sport providers support them in this journey, how quality experiences can be enhanced, and what this means for sport management. A desire to explore complexities around sport participation, along with the quality participation construct, resulted in a qualitative approach, framed with the aforementioned research questions.

Now, Chapter Three profiles the methodological considerations of the present thesis. This includes: the research paradigm, research design, study participants, and data analysis processes. First, the research paradigm provides a philosophical underpinning for the enquiry. This leads to a discussion on qualitative research and design. Then, the research participants are identified and defined, followed by an explanation of data collection and analyses. The section concludes with a discussion on ethical considerations including study quality and credibility.

### 3.1 Research Paradigm

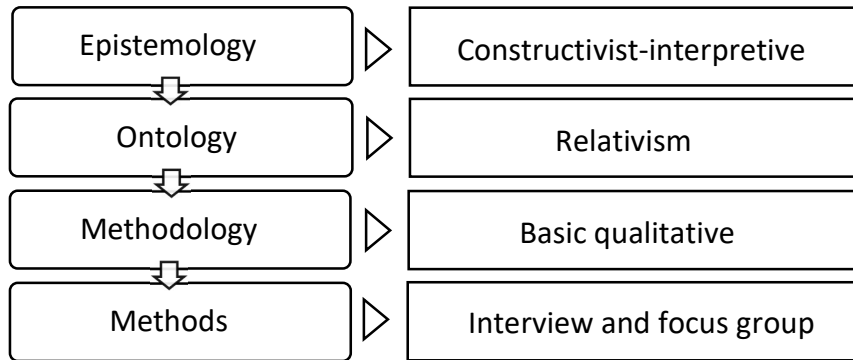
Paradigms are a set of assumptions that assist researchers by guiding methods of inquiry (Kuhn, 2012). Paradigms, by nature, infer that there are different ways to explore the world through research. A research paradigm is defined as “a set of propositions that explain how the world is perceived” (Edwards & Corbett, 2018, p. 608). Researchers use such frameworks to organise and facilitate research, guiding the ways in which research is undertaken, and how the results are interpreted (Bryman, 2013). An appropriate paradigm helps to ensure the relevance and representativeness of the data throughout the research process. The chosen paradigm guides researcher operations, shaping the research questions, the methods, and the impact of the research on society (Frisby, 2005).

Each paradigm comprises three elements (Guba et al., 2017; Healy & Perry, 2000) including epistemology (the relationship between the researchers and the knowledge), ontology (the nature of reality), and methodology (the way a researcher acquires knowledge) (Denzin & Lincoln, 2018). Developing an understanding of the history and origin of theoretical perspectives is thought to contribute to a better informed, and therefore superior research practice (Skinner et al., 2020). Crotty (1998) identified the method as an additional element for consideration in the research process. Furthermore, the selected methods should reflect the research questions to enhance the

research quality (Abernethy et al., 1999). The philosophical positioning adopted in the present thesis is detailed in Figure 3.1, which denotes the four critical elements of the research process and how they will be serviced.

**Figure 3.1**

*Research Elements and the Associated Research Process Used to Guide this Thesis*



*Note.* Adapted from Crotty (1998).

Paradigm selection for the present study was achieved by considering the major paradigms and their alignment with the research questions and study aim. Skinner et al. (2020) outlined the most relevant paradigms for sport management research, examining the relevance of positivism, postpositivism, constructivism, interpretivism, and critical theory in particular. Positivism assumes the social world is independent from human interpretation and is concerned with measurement, prediction, and reliability (Denzin & Lincoln, 2018). Postpositivism, or realism, argues that the truth is unverifiable and that critical examination is necessary in order to gain a thorough understanding of reality (Guba et al., 2017). Positivism and postpositivism are similar approaches in that they logically link effects and outcomes, reduce phenomena to testable sets, and are assessed on validity (Creswell, 2014).

Constructivism, however, proposes the existence of multiple realities (relativist ontology), a cocreation of knowledge between the knower and the researcher (subjectivist epistemology), and methodological procedures existing in the natural world (naturalist methodology) (Denzin & Lincoln, 2018). Interpretivism is a similar approach that aims to develop understandings of human action by reproducing and reconstructing its original meaning (Denzin & Lincoln, 2018). Constructivism and interpretivism view knowledge as produced through exploration and understanding of the people being studied. These paradigms both focus on meaning and interpretation, and constructivism emphasises the socially constructed nature of those interpretations. Lastly, the critical theory paradigm positions reality as discursively implicated in relationships of power (Kincheloe & McLaren,

2005). A critical theory reality is “shaped by social, political, cultural, economic, and gender values; crystallised over time” (Denzin & Lincoln, 2018, p. 98). Critical researchers aim to generate social criticism whilst acting transparently.

Disputes exist regarding the merits of each of these paradigms, which are typically associated with either qualitative or quantitative methods. Positivism often underpins quantitative research, which has been rebuked for its pursuit of statistical relationships, to the detriment of context and meaning (Guba et al., 2017). Indeed, sport research has characteristically been influenced by the positivist paradigm (Amis & Silk, 2005), where researchers have focused on prediction and scientific explanation (Glesne, 2021). Such considerations of paradigms are necessary to understand the origin of research methods and enhance the research practice (Skinner et al., 2020). In addition to this, the philosophical roots of each method influence the researchers position on topic selection, knowledge generation, and data interpretation (Jackson et al., 2019).

Regarding my position as a researcher, I am non-disabled and have had a long involvement in sport and with disabled people. I became engaged in equestrian sport as a child and competed nationally and internationally through to adulthood. Alongside my competition career I was involved in the delivery of mainstream equestrian sport through my regional sport organisation. Further to this, I have volunteered with multiple disability sporting organisations and coach both disabled and non-disabled equestrians. My working career has comprised of work with disabled people in communities, education, and sport, as well as various roles in the mainstream education sector, including sport research coordination and assistance at a university. Together with an undergraduate degree in psychology, a postgraduate degree in sport management, and a Master’s Degree in sport psychology – the present research builds on my prior learning and interests. The combination of my work experience with disabled people, university education, and history as an equestrian athlete and coach influenced my decision to undertake sport management research looking at the involvement of disabled people. Through my experience as an athlete and my work with disabled people, I have become intimately aware of the importance of meaningful and enjoyable experiences in sport, which has driven my motivation to explore this area further.

The present study set out to explore sport participants’ experiences. As such, I wished to interpret social meanings of quality participation in sport by constructing knowledge with individuals who had experience in the chosen setting, with the research phenomenon. For this reason, an interpretivist perspective and paradigm were deemed relevant. In the present research, I sought rich depictions of the participants’ experience, to generate an understanding of quality participation in disability sport, whilst allowing participants to explore quality participation within their own terms. To do so, a co-creation of meaning through subjective interpretations of participant experiences in disability sport

was facilitated. For these reasons, I chose a constructivist-interpretive paradigm (Denzin & Lincoln, 2018) as the overarching theoretical perspective of the present study, to underpin the research methods, and guide the analysis of data. From this point on, I will write primarily in the third person, as this is how I was trained to write.

A constructivist-interpretivist paradigm is a philosophical standpoint that guides researchers to reflect their interpretations of research findings and does not aim to capture an absolute reality (Skinner et al., 2020). This paradigm was chosen as the guiding philosophy for the present research, to acknowledge that multiple realities exist, and that the experiences shared by participants are socially constructed and result from the interaction between the participant and the researcher. The practical implications of choosing a constructivist-interpretivist paradigm meant that the researcher sought to establish meaning among participants subjective evaluations of quality participation in sport. In doing so, the perspectives of people with limb deficiency were compared with those of disability sport providers. These differing perspectives were explored to identify similarities and differences between the two groups regarding understandings and experiences of quality participation in sport. A key focus was to understand each participant's perceptions and experiences within their individual context.

The next element for consideration is ontology, which refers to the nature of reality, and how an individual sees the world (Perry et al., 1999). Realism and relativism are two ontological positions shaping social science, from which reality is viewed as primarily objective (realism), or primarily subjective (relativism). It follows that these polarising ontological camps are associated with quantitative and qualitative research respectively. Ontologically, positivists embrace a realist view that a single reality exists and can be ascertained through facts (Denzin & Lincoln, 2008). Realism provides an ontological position from which casual explanations are valued, and an objective, external reality is presumed to exist independently of understandings and beliefs (Blaikie, 2007).

On the contrary, qualitative researchers generally consider reality as subjective, multiple, and humanly constructed (Smith & Caddick, 2012). An interpretivist paradigm largely reinforces qualitative research, whereby multiple socially constructed realities exist based on individual interpretation (Sale et al., 2002). A constructivist-interpretivist (Denzin & Lincoln, 2018) paradigm is ontologically based in relativism, accounting for the existence of multiple realities, where meanings are constructed, as opposed to discovered (Crotty, 1998). Relativism supports an interpretivist paradigm, by maintaining that reality is socially constructed through human meaning making and does not exist externally (Hughes & Sharrock, 2016).

From an ontologically relativist position, qualitative researchers are inseparable from what is being studied (Smith & Noblit, 1989). In this way, the “knower and the known are interdependent and fused together in such a way that the ‘findings’ are the creation of a process of interaction between the two” (Smith & Caddick, 2012, p. 61). In addition, a researcher’s perspective is commonly influenced by their experiences in the world, including factors such as gender, race, political orientation, and education (Skinner et al., 2020). An individual’s philosophical perspective is both consciously and unconsciously shaped by an internal belief system that governs their perception of the world. The present study was framed by a relativist ontology to compliment the constructivist-interpretive perspective and to capture the multiple subjective realities of participants. Moving forward, the methodology is examined. The methodology is the plan, strategy, process, and design used to guide the researcher on choosing a particular method (Crotty, 1998).

### 3.2 Qualitative Research

As established above, a constructivist-interpretive paradigm served as the guiding research philosophy in the present research. In accordance with this paradigm, qualitative methodologies were identified as an appropriate way to capture understandings of the social world. Qualitative methodology is recognised as a valid and mainstream approach to undertaking research (Denzin & Lincoln, 2018; Yin, 2018), and is informed by a range of philosophical assumptions, namely constructionism, phenomenology, and symbolic interaction (Merriam & Tisdell, 2015). It follows that qualitative research aims to interpret phenomena in a natural setting and to understand the meanings that participants bring, and the related implications of these (Denzin & Lincoln, 2018).

Qualitative data are detailed, rich, complex, and provide an opportunity to derive in-depth understandings of the social world (Ritchie et al., 2013). Therefore, an interpretive approach aims to provide an explanation, rather than a description, of the phenomenon (Kielmann et al., 2012).

Qualitative research is identified as holistic and humanistic, in that researchers can capture what is meaningful to people based on their experiences, and it is holistic in seeking the meaning of behaviour in certain contexts (Kielmann et al., 2012). In addition to this, a focus on subjective and experiential knowledge gives qualitative research a humanistic property (Skinner et al., 2020). In relation to the present study, meaning was sought in a disability sport context, in addition to the emphasis on individual, quality experiences.

Qualitative researchers are fascinated by subjective experiences, the ways these are constructed through multiple meanings (Smith & Caddick, 2012), and the meanings that are attributed to those experiences (Merriam & Tisdell, 2015). Qualitative researchers embrace complex explanations of individuals, societies, and cultures, and due to this, study designs are circular and flexible rather than

rigid and linear (Smith & Caddick, 2012). Furthermore, a reflexive orientation results in researchers explicitly highlighting the connection between the nature of enquiry and the conclusions reached (Walker & Dewar, 2000).

In the field of sport management, positivist, quantitative methodologies have traditionally been promoted as the dominant approach to research (Amis & Silk, 2005). However, Skinner et al. (2020) believe that positivist assumptions are not as suitable for examining complex phenomena in contemporary sport management, and that an interpretive approach can generate greater insights as to the performance of organisations in sport management research. Furthermore, a qualitative, interpretive approach to research may unearth novel knowledge areas that may be overlooked in a traditional quantitative research design (Eklund et al. 2011). Therefore, there is a need to supplement quantitative studies with qualitative research designs, to understand the context and unpick the meaning of factors that influence participation in disability sport (Williams et al., 2014; Smith & Sparkes, 2016).

In questioning the social world, sport management scholars are increasingly contemplating and incorporating alternative worldviews and diverse methodological approaches (Hoerber & Shaw, 2017). Sport management scholars have highlighted the value of qualitative research in exploring the meanings that lie beneath the lived experiences of individuals and their sport participation (Perrier et al., 2012; Shirazipour et al., 2017). However, Amis and Silk (2005) note that sport management research has historically taken a neutral stance, “with little regard for the historical, social, political, and cultural context in which the work takes place” (p. 357). Regarding disability sport research, consideration of such contexts is critical as they influence access and opportunities for sport participation (Dowling et al., 2018a). Indeed, Thomas (1999, 2004, 2007) emphasised the importance of considering the broader historical and socio-cultural landscape of disability in undertaking research.

In relation to quality participation in sport, researchers argue that a qualitative approach is vital in addressing interconnectedness, subjectivity, and the varied individual value of quality sport participation experiences (Evans et al., 2018). Orr et al. (2020) drew attention to the richness in detail provided by a qualitative methodology in exploring quality experiences. Furthermore, pioneers in the quality participation literature, Martin Ginis et al. (2017a), recommend the use of qualitative methodology to explore individuals’ experiences of participation. They maintain that quantitative measures are unlikely to sufficiently capture the range of possible participation experiences (Martin Ginis et al., 2017a).

In deciding to undertake a qualitative approach to the research, there are several considerations to reflect on. The first consideration pertains to the type of logical reasoning that will guide the study. Two main types of reasoning are considered when conducting research: induction and deduction. Using an inductive approach, a researcher would collect data with the aim of improving, or developing theories (Skinner et al., 2020). Induction commences with focused observations and builds to generalisations. By comparison, a deductive approach is guided by theory, which provides a predetermined structure from which to analyse the data (Skinner et al., 2020). Both approaches to reasoning are useful, though qualitative methodologies are often underpinned by inductive reasoning, where interpretation is based in the data, whereas quantitative methodologies lean towards deductive approaches (Yin, 2016). A third, and less prevalent approach, abductive reasoning, attempts to span both inductive and deductive approaches (Dubois & Gadde, 2002; Lipscomb, 2012). An abductive approach considers existing theory where relevant, by maintaining a theoretical framework, whilst collecting rich and detailed novel insights (Lipscomb, 2012). An abductive approach was chosen to guide the present study, in which observations were synthesised alongside the used of an existing framework where applicable.

The next decision consideration centres around the qualitative research design, with there being several variants that each offer different approaches to the research. Denzin and Lincoln (2018) refer to these variants as “strategies of inquiry” (p. 29) and note the complex history and literature pertaining to each strategy. Creswell (2014) emphasised five variations of qualitative research: case study, ethnography, grounded theory, phenomenology, and narrative research. In the context of sport management research, Skinner et al. (2020) extended this list to include conversation analysis and action research. Building on this, Yin (2016) recognised twelve types, or variants of qualitative research, each marked by “slightly different methodological and philosophical heritages” (p. 65). He also noted that there may be an overlap between two or more research types (e.g., case study research and ethnography).

Merriam and Tisdell (2015) offered an additional research strategy in their identification of six qualitative research designs: basic qualitative research, phenomenology, grounded theory, ethnography, narrative analysis, and qualitative case study. They maintain that “the most common ‘type’ of qualitative research is a basic interpretive study” (Merriam & Tisdell, 2015, p. 23), which they go on to promote as a basic qualitative study. Basic qualitative research is concerned with understanding how people perceive and interpret experiences and the significance of those experiences (Merriam & Tisdell, 2015). Merriam & Tisdell (2015) assert that basic qualitative research captures: “1) how people interpret their experiences, 2) how they construct their worlds, and 3) what meaning they attribute to their experiences” (p. 24).

A basic qualitative design has been identified as a popular, but often overlooked, variant of qualitative study, and is commonly confused with phenomenological research (Merriam & Tisdell, 2015). Researchers using a basic qualitative approach are interested to understand how different individuals ascribe meaning to their lived experiences. In this way, basic qualitative research is similar to phenomenological research. However, these approaches differ in focus as basic qualitative research can be utilised to examine processes and uncover techniques and practices that people use (Merriam & Tisdell, 2015). Phenomenological research, however, looks to multiple perspectives to develop a universal description of the phenomenon of interest (van Manen, 2016).

A basic qualitative design informed the present study to support a focus on perceptions, experiences, and the process of quality participation. In order to explore elements of quality participation in disability sport, an approach was required that facilitated an in-depth understanding of individual experiences. A balance was sought between gathering data from a range of different viewpoints which involved several participants and achieving a sufficient level of depth and richness in the data. The basic qualitative approach was suitable because the researcher wished to explore individual perceptions and experiences of quality participation in sport by capturing the subjective meanings ascribed to sporting experiences.

Regarding the role of the qualitative researcher, they are acknowledged as an integral part of the research process (Skinner et al., 2020). As such, the researcher may reflect on their influence on, and experience in the research process. Additionally, the experiences and knowledge of the researcher should be acknowledged under a constructivist perspective. To obtain insight into the participants' lives, the researcher must personally reflect on their own beliefs, values, and experiences (Poczwadowski et al., 2004). As discussed earlier, I am a student researcher, and was familiar with the New Zealand sport sector prior to commencing this PhD study. I have experience as a coach and former athlete in non-disabled sport, as well as with volunteering and coaching disability sport, and working with disabled people. I also have experience in designing surveys, and collecting quantitative disability health and exercise data, in the context of gyms and fitness centres. However, I had limited experience in qualitative techniques prior to commencing this PhD study.

The present section has discussed the benefits of qualitative research approaches, but all research designs have inherent weaknesses (Creswell & Creswell, 2018). A known limitation of a qualitative research design lies in the researcher's ability to objectively verify the results (Creswell, 2014), and to generalise the findings to a broader context or population (Sandelowski et al., 1997; Kearney 2001). Qualitative researchers are not generally motivated to meet these positivist benchmarks, however, study credibility is fundamental to the approach, and is discussed further in section 3.7.

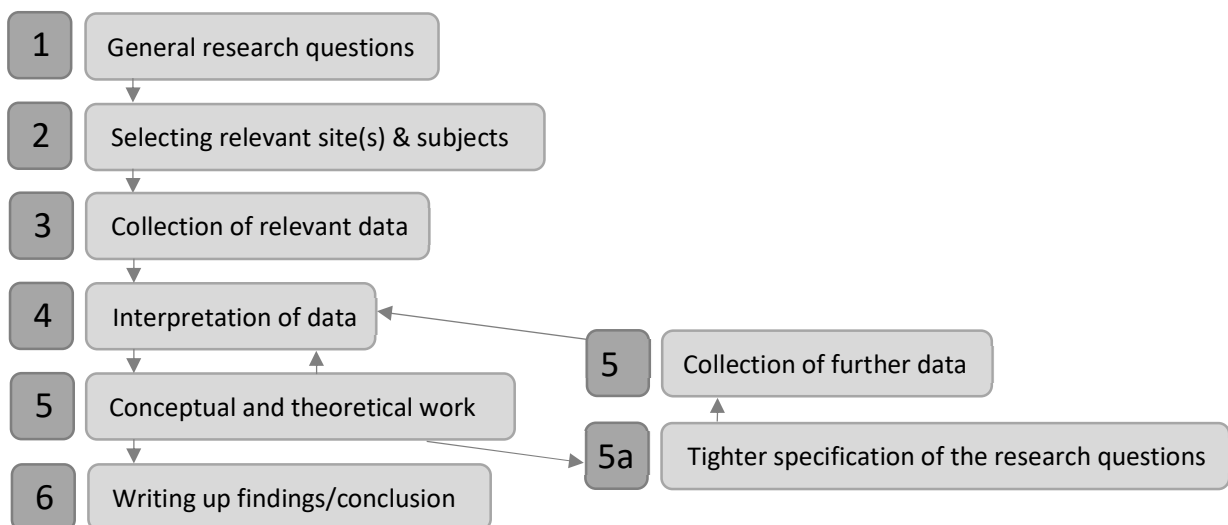
A qualitative approach was selected for the present research because it supported the generation of in-depth, rich insights into participants' lives (Smith & Sparkes, 2016) and was also driven by the research questions of the present study (e.g., Tashakkori & Teddlie, 2003). The aim of the present research was to explore elements of quality sport participation for people with limb deficiency. Considering the aim, a qualitative approach was deemed the best method of inquiry to explore perceptions and to capture detail-rich insights from participants, by exploring their individual sporting experiences. The next section considers the design of the present study.

### 3.3 Research Design

The research paradigm and accompanying epistemological and ontological assumptions discussed above informed the research design of the present study. According to Bell et al. (2022), a research design is a framework used to guide the collection and analysis of data. It can detail processes for collecting data, analysing data, and reporting results (Creswell & Guetterman, 2019). Bell et al. (2022) proposed principal guidelines of qualitative research as part of their explanation of the research design. These six steps are presented in Figure 3.2 (Bell et al., 2022) and were used as a guide for the present study.

**Figure 3.2**

*Principal Guidelines of Qualitative Research*



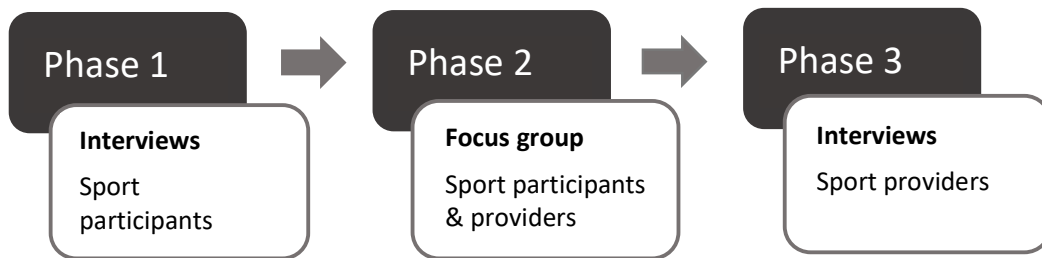
*Note.* Adapted from Bell et al., 2022.

Consistent with Bell et al. (2022) guidelines, each principle was taken into consideration when designing the research and then worked through the guidelines, with an iterative and reflexive approach. First, initial research questions were developed, then the participant groups were selected. Data were then collected and interpreted. After considering conceptual application, the

research questions were progressively and reflectively adjusted. Following this, one further participant group was identified, recruited, and further data were collected, interpreted, and considered theoretically. Finally, conclusions were drawn, and the findings reported. Figure 3.3 represents the three-phase research design. Initially, the research design incorporated phase one and two. After further consideration, the third phase was designed and initiated.

**Figure 3.3**

*Research Design: Three Phases*



The following sub-sections discuss the research design processes and considerations involved in the present study. First, the research context of the present study is discussed with reference to sampling. Then the discussion turns to the sampling and recruitment of three cohorts of participants.

### 3.3.1. Research Context: Disability Sport in New Zealand

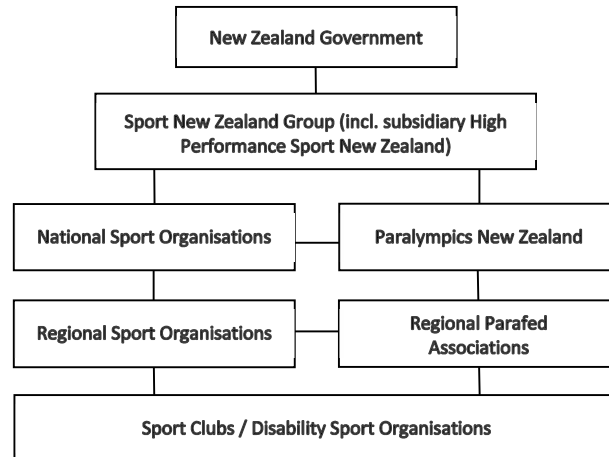
The purpose of this section is to provide context for the reader regarding the disability sport landscape of New Zealand, and to describe how the research context informed the research design. Sporting organisations are central to facilitating participation opportunities, so therefore influence the quality of disability sport participation in New Zealand. The research context (disability sport organisations) ultimately informed research design decisions related to sampling and units of analysis. To contextualise the research, the researcher undertook familiarisation of sector stakeholders and strategies by reading relevant policy and key supporting documents and speaking to sector leaders. Through this exercise, organisations from the New Zealand sport sector were targeted.

The sport sector in New Zealand incorporates an interconnected structure of sporting organisations (see Figure 3.4 for a basic interpretation). Interorganisational relationships across the sector are fundamental to the provision of mass participation opportunities and pathways to elite success. The New Zealand sport sector consists of disability-specific organisations that work alongside, and in collaboration with other mainstream sporting bodies. From the perspective of the New Zealand government, the responsibility for national sport strategies lies with the Sport New Zealand Group,

which is comprised of Sport and Recreation New Zealand (Sport NZ) and its subsidiary, High Performance Sport New Zealand (HPSNZ). Together, the organisations provide end-to-end leadership of New Zealand’s sport system (Sport New Zealand, 2020). An understanding of the sector structure assisted in defining the sample and enabled the targeting of disability sporting organisations to capture a range of perspectives.

**Figure 3.4**

*Basic Structure of New Zealand Sport*



The present study sought to recruit sport participants with limb deficiency, and providers who were involved in the delivery of disability sport for this group. A network of disability-specific and mainstream organisations provides sporting opportunities for people with limb deficiency in New Zealand. The New Zealand sport sector comprises a connected structure of organisations that deliver sport with a range of inclusive options. Mainstream organisations have historically delivered sport to non-disabled people whilst disability-specific organisations have provided sport for disabled people. Currently, the sector is working towards developing a more integrated approach, where national sporting organisations offer opportunities to both disabled and non-disabled people. At present, this process has begun with a select few national sporting organisations. For this reason, individuals with connections to the following organisations were targeted: Halberg Foundation, regional Parafed associations, Paralympics New Zealand, and Sport NZ.

At the grassroots level, people with limb deficiency in New Zealand may engage with mainstream organisations or regional Parafed associations. The Halberg Foundation also provides opportunities to disabled youth through ‘have a go’ days and funding support. For those interested in pursuing sport, ten regional Parafed associations offer a range of sport programmes, services, and equipment to people with limb deficiency. Regional Parafed associations collaborate with other organisations

and may refer sport participants to regional sporting organisations, national sporting organisations, or Paralympics New Zealand to provide access to sporting opportunities at a more competitive level. Paralympics New Zealand works closely with HPSNZ to deliver high-performance pathways and programmes to people with limb deficiency. Sport New Zealand oversees the sector and disperses funding. This understanding of the New Zealand sport sector helped to guide the researcher in selecting and recruiting participants.

Examination of relevant disability sport strategic and policy documents also helped provide insight into the sector's strategic plans and to consider how strategy influenced the delivery of disability sport (see Table 3.1). For context, in New Zealand, the management and provision of sport is directed by the *Sport and Recreation New Zealand Act (2002)*. The Act (Parliamentary Council Office, 2002) is a lawful document that shapes expectations for the planning and promotion of sport and includes responsibilities to disabled people. Of equal significance, is the legally binding international human rights treaty, the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)* (United Nations, 2006). The UNCRPD provides a foundation for disability policy by promoting and protecting the human rights of disabled people, whilst advocating respect for their dignity (United Nations, 2006).

These two documents provide guidance to the *New Zealand Disability Strategy 2016-2026* (Ministry of Social Development, 2016), which informs the work of government agencies (e.g., Sport NZ), and provides a mechanism for realising obligations under the UNCRPD. The *New Zealand Disability Strategy 2016-2026* (Ministry of Social Development, 2016), along with the *Disability Active Recreation and Sport Review* (Sport New Zealand, 2018b), guide the formation and implementation of policy, such as the *Sport New Zealand Disability Plan* (Sport New Zealand, 2019b). The *Sport New Zealand Disability Plan* aims to address inequalities in sport to develop an inclusive sport system. Finally, the *Paralympics New Zealand Strategic Plan 2021-2032* (Paralympics New Zealand, 2020) provides a framework for provider organisations to collaborate in delivering equitable sport opportunities to athletes with impairment. Together, these key documents assist disability sport stakeholders in the development and implementation of strategy. Knowledge of these documents helped to inform the research questions and to provide strategic recommendations from the findings. Next, the sampling and recruitment of the research participants is discussed.

**Table 3.1***Key Documents Informing Disability Sport in New Zealand*

<b>Document</b>	<b>Organisation</b>	<b>Aim</b>	<b>Relevant Conclusions</b>
<i>Sport and Recreation New Zealand Act (2002)</i>	Sport NZ	To promote, encourage, and support sport and physical recreation in New Zealand	Responsibilities to disabled people: - <i>encourage participation in physical recreation and sport</i> - <i>recognise the role of physical recreation and sport in rehabilitation</i>
<i>The United Nations Convention on the Rights of Persons with Disabilities (2006)</i>	United Nations	To promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities	Guiding principle: <i>Full and effective participation and inclusion in society</i>
<i>New Zealand Disability Strategy 2016-2026</i>	Office for Disability Issues (Ministry of Social Development)	To fulfil the vision that New Zealand is a non-disabling society	Priority for change: <i>Choice and control over support and services and the importance of belonging and participation (in sport)</i>
<i>Disability Active Recreation &amp; Sport Review (2018b)</i>	Sport NZ	To support disabled people in enjoying sport and active recreation	Strategic priority: <i>Provide quality experiences</i>
<i>Sport New Zealand Disability Plan (2019b)</i>	Sport NZ	To support the development of an inclusive sport system by addressing inequalities to create a non-disabling society	Outcomes: - <i>Improved frequency</i> - <i>Improved experience</i> - <i>Increased cultural pathways</i> - <i>Improved sport system</i>
<i>Paralympics New Zealand Strategic Plan 2021-2032</i>	Paralympics New Zealand	To provide a framework for members and partners to work together to ensure equitable opportunities for Para-athletes	<i>Quality experiences will be paramount, whether at the community level or at a Paralympic Games</i>

**3.3.2 Research Participants: Sampling and Recruitment**

Qualitative researchers select small participant samples in order to understand the complexities of individuals and society at depth (Smith & Caddick, 2012). In quantitative research designs, a randomly selected sample ensures representation of the wider population, but probability sampling is not relevant to qualitative research. Qualitative sampling instead considers the relevance of participants to the research phenomena (Skinner et al., 2020). Sampling in qualitative research is complex, flexible, and evolves throughout the study (Smith & Caddick, 2012). It is related to both recruited individuals, as well as the sites where those individuals may be located (Flick, 2007). For these reasons, qualitative researchers favour non-probability sampling, where participant selection is based on the researcher's judgement instead of being randomly selected.

In capturing a smaller sample, considerations of sample size remain relevant. Data saturation is a widely utilised technique to guide sample size in qualitative research. Data saturation is recognised as the point when interview data ceases to contribute new information, or codes (Smith & Sparkes, 2016). Patton (2014) identified that saturation is typically achieved in most studies at around 18-20 interviews. However, Braun and Clarke (2021) questioned the usefulness of data saturation with reflexive thematic analysis research. Earlier, Braun and Clarke (2012) suggested a minimum sample size of six interviews but noted the importance of considering the research question and design in selecting an effective sample size. More recently, Braun and Clarke (2021) have noted the implicit positivist underpinnings in considering sample size in qualitative research and instead suggest a sample size that generates rich and complex data, related to the phenomena of interest (Sim et al., 2018), and simultaneously meets the pragmatic considerations of what is deemed acceptable by research gatekeepers (Braun & Clarke, 2021).

Instead, non-probability sampling methods are employed when individual experiences are valued, and the researcher is seeking participants that understand the issue and can contribute to deepen understandings of the topic. Purposive sampling is a technique used by researchers to select a sample that is most useful to the research. Often, purposeful sampling is utilised where a small number of individuals, from a specific setting or community, are approached due to their knowledge on the targeted phenomenon or setting (Smith & Caddick, 2012). Convenience sampling is another technique that selects individuals who are most accessible to the researcher (Skinner et al., 2020). Snowball sampling is a technique that recruits additional participants through recommendations from the original participant. This type of sampling is considered to have value when investigating interconnected organisations or groups (Smith & Caddick, 2012). Multiple sampling techniques were utilised to recruit participants in the present research and will be discussed in the following sub-sections. The following sub-sections explain the participants and sampling techniques in detail.

#### *3.3.2.1 Semi-Structured Interview Sampling*

In the context of the present research, participants were recruited via a variety of sampling methods. As per Figure 3.3 presented earlier in the chapter, the research design was comprised of three phases, and two of these phases (one and three) utilised semi-structured interviews. The present section will discuss the sampling and recruitment for the semi-structured interviews. The interview participants from phase one consisted of sport participants with limb deficiency and the interview participants from phase three consisted of disability sport providers. In recruiting the phase one participants, convenience sampling was employed. Following ethics approval, disability sporting organisations were contacted and asked to disseminate recruitment invitations to members identifying with limb deficiency. Invitations were also sent out through multiple channels, via email

and social media posts, and those who were interested in participating and met the criteria were recruited. Inclusion criteria for the first set of interviews were: 1) aged over 18 years, 2) played sport regularly over the last year, and 3) identified with limb deficiency. There were no exclusion criteria.

Sport participants were asked to self-identify with limb deficiency because multiple definitions of limb deficiency exist relating to classification, aetiology, and level of functioning. Nevertheless, all sport participants in phase one presented with limb deficiency as a classifiable impairment type, which the International Paralympic Committee defines as the “total or partial absence of bones or joints as a consequence of trauma, illness, or congenital limb deficiency” (International Paralympic Committee, 2013, p. 2). The participant sample (see Table 3.2) for phase one consisted of ten sport participants identifying with limb deficiency (3 women, 7 men). Impairment wise, participants identified with a combination of acquired and congenital limb deficiency. There was a combination of individuals with early-acquired and late-acquired, upper and lower limb deficiencies. Most participants had one limb affected, (7 participants) and some had multiple limbs affected (3 participants). Participants were engaged in sport at a variety of levels, from recreational to high-performance and most of the participants had prior experience at multiple levels of sport.

**Table 3.2**

*Demographic Information: Phase One*

Identifier	Gender	Age	Impairment type	Current Level
Part 1	Male	50-60	Acquired	Recreational
Part 2	Male	20-30	Acquired	High-Performance
Part 3	Male	60+	Acquired	Competitive
Part 4	Male	30-40	Acquired	High-Performance
Part 5	Female	30-40	Congenital	Recreational
Part 6	Male	60+	Acquired	Competitive
Part 7	Male	30-40	Congenital	High-Performance
Part 8	Female	20-30	Acquired	High-Performance
Part 9	Male	30-40	Acquired	Recreational
Part 10	Female	40-50	Congenital	Recreational

Sport participants and disability sport providers were identified and recruited based on their primary role, as a sport participant or disability sport provider. The sample was complex in that most individuals involved in disability sport were engaged in dual roles, which became apparent to the researcher during data collection. So, for the purposes of clarity, participants in the present study were categorised into their primary role and the reason for which they were recruited for the study. Participants were generally asked to speak from their experiences in their primary role. Where relevant, insights from participants secondary roles were detected and utilised. Phase two focus group sampling is discussed in Section 3.3.2.2.

The interview participants in phase three were recruited through purposive sampling, to target sport providers in disability sporting organisations. The inclusion criteria for phase three participants were: 1) aged over 18 years, 2) provider of disability sport services, and 3) experience delivering sport to people with limb deficiency. There were no exclusion criteria. Disability sporting organisations were emailed and asked to pass the research invitation onto relevant individuals. Additionally, individuals in certain roles were contacted directly, and those who agreed to take part were recruited.

One of the key reasons for engaging with three participant sources (participants with limb deficiency, non-disabled sport provider, disabled sport provider) was to strengthen the credibility of the research through triangulation. Triangulation contributes to the quality of the research by drawing on multiple sources of information to consider the phenomenon from different angles (Stake, 2010). Employing two different participant groups with three different perspectives helped to clarify meanings, verify interpretations, and added a valuable level of richness to the insights derived (Stake, 2010).

Phase three participants consisted of individuals in the roles of board member, management, coach, development officer, classifier, and administrator. Phase three participants were further categorised into disabled or non-disabled. The participant sample (Table 3.3) for phase three consisted of ten disability sport providers working or volunteering in roles in the sector (7 women, 3 men). The group was mixed ability, containing three disabled participants and seven non-disabled. Participants held a wide range of roles and most had an extensive history in the disability sport sector.

**Table 3.3**

*Demographic Information: Phase Three*

Identifier	Gender	Age	Role	Identity
Prov 1	Female	40-50	Development	Non-disabled
Prov 2	Male	60+	Management	Non-disabled
Prov 3	Male	60+	Development	Disabled
Prov 4	Female	40-50	Development	Non-disabled
Prov 5	Female	40-50	Management	Disabled
Prov 6	Female	40-50	Development	Non-disabled
Prov 7	Female	40-50	Management	Non-disabled
Prov 8	Male	40-50	Development	Disabled
Prov 9	Female	40-50	Management	Non-disabled
Prov 10	Female	50-60	Development	Non-disabled

Once potential participants had been identified, they were contacted via email and received a participant information sheet, outlining the purpose of the study and the contributions, risks, and benefits to the participant, along with the consent form. In addition to this, participants were

notified in the information sheet that they would receive a \$50 koha voucher to show appreciation for their contribution.

### 3.3.2.2 Focus Group Sampling

A single focus group consisting of seven participants was undertaken in phase two. A focus group was selected to bring together sport participants and providers and explore the perspectives of these two groups. These groups were brought together to draw out ideas with generative thinking and to socially construct knowledge. This approach also provided the opportunity for sport participants and providers to explore shared and contested ideas, and for recommendations to be gathered.

Purposive sampling was employed to recruit focus group participants. Some of the focus group participants were recruited from the individual interviews and followed up with an invitation to participate in the focus group. The other focus group participants were contacted via email on the basis of their role in sport and were invited to participate. Everyone that was invited agreed to participate in the focus group. To remain consistent with the research questions, the researcher chose to recruit participants based on two criteria; whether they: 1) identified with limb deficiency and played sport, or 2) delivered sport to people with limb deficiency.

The focus group consisted of seven participants, four of which were female, and three male (see Table 3.4). Most participants held dual or multiple roles in sport. Three of the participants were current sport participants with limb deficiency, and one was a former sport participant with limb deficiency. Six of the participants were employed in the sport sector, one was a professional coach, two were sport development officers, one was a sport manager, one a sport coordinator. Participants were competing, coaching, and working across a variety of sports and at a variety of levels, from grass roots to the Paralympic Games. Others had engaged in minor dual roles related to volunteering, coaching, and administration. Table 3.5 presents information regarding the eight organisations that were represented in the study, which are situated throughout New Zealand.

**Table 3.4**

#### *Demographic Information: Phase Two*

Identifier	Gender	Role	Age	Orientation
FG 1	Male	Sport Participant	20-30	Disabled
FG 2	Female	Provider	40-50	Non-disabled
FG 3	Male	Sport Participant	30-40	Disabled
FG 4	Female	Sport Participant	40-50	Disabled
FG 5	Male	Provider	40-50	Non-disabled
FG 6	Female	Sport participant	40-50	Disabled
FG 7	Female	Provider	40-50	Non-disabled

**Table 3.5***Sport Provider: Organisation Data*

Organisation	Area	Number of Participants
Org 1	Regional	2
Org 2	National	2
Org 3	Regional	1
Org 4	National	3
Org 5	Regional	1
Org 6	National	2
Org 7	National	1
Org 8	Regional	1

In considering the composition of focus group participants, it is important to consider the similarities between participants, as well as associations amongst participants (Clarke & Braun, 2013).

Homogeneity is often favoured in the group as it provides a shared understanding for discussion (Liamputtong, 2011). Focus group participants in the present study had a shared basis for understanding as all participants had prior experience and involvement in a variety of roles in the disability sport sector. All the sport participants in this group had experience with sport provision. There was also heterogeneity in the group to elicit a range of perspectives and experiences. Many of the participants knew each other in various capacities, though most of these relationships were not known to the researcher at the time of sampling. However, it was assumed there would be some connections due to the size of the disability sport sector in New Zealand. Some participants had previously, or currently worked together, and there was a variety of friends, strangers, and acquaintances. The next section will detail how data was collected.

### 3.4 Data Collection

Prior to undertaking data collection, an understanding of the disability sport landscape in New Zealand was sought. As mentioned above, time was spent contextualising the research through familiarisation with stakeholders and engagement with relevant strategic documents. Initially, representatives from three major disability sporting organisations in New Zealand were engaged with. Following this, staff and volunteers from the wider sport sector were spoken with, to better understand sport participation for people with limb deficiency, and the roles of the disability sporting organisations in delivering sporting opportunities, performance pathways, and programmes. These familiarisation and contextualisation processes assisted in refining the initial interview guide. Furthermore, a deliberate, structured process of finding relevant documents was employed to provide formal insight into the sport provider perspective. The supporting documents

were used to construct the research questions and therefore, inform the research design and approach to data collection.

The present section will focus on the processes used to record, collect, and store data. In the present study two data collection methods were utilised to gather data, across three phases, from the participant groups: 1) people with limb deficiency, and 2) disability sport providers. Semi-structured interviews and focus group interviews are data collection methods that involve interaction between the researcher and participants to generate data (Braun et al., 2016). The use of one-on-one interviews with two groups of participants, as well as a focus group combining participants' perspectives, allowed the researcher to examine the phenomenon from multiple angles, drawing on multiple sources of information (e.g., Stake, 2010). These data collection techniques were selected in order to gather in-depth information from participants, and to compare and contrast perspectives in the group.

#### 3.4.1 Semi-Structured Interview Data Collection

A primary intention of qualitative research is to capture a participant perspective and use it to depict a complex social world (Yin, 2016). The interview has been established as central to accomplishing this (Hermanowicz, 2002; Qu & Dumay, 2011). Yin (2016) highlighted the difference between positivist, quantitative interviews and qualitative interviews, noting that a lack of scripting, and an implicit agenda, set qualitative interviews apart from quantitative ones. A qualitative interview aims to understand participants "on their own terms and how they make meaning of their own lives, experiences, and cognitive processes" (Brenner, 2006, p. 357). Furthermore, the qualitative interview has a conversational style, is individualised to each participant, and consists of open-ended questions (Yin, 2016).

In-depth semi-structured interviews provided the main source of data in the present study. Semi-structured interviews are recognised as one of the most popular qualitative data collection methods and are valued for collecting in-depth personal accounts and experiences (McArdle et al., 2012). In sport management research, interviews are commonly used as the primary form of data collection (Shaw & Hoerber, 2016). In the present research, interview data was collected at one point in time for each group. It has been suggested that collecting longitudinal data on quality participation will help to generate understanding on how quality participation can be developed and supported over time (Shirazipour et al., 2020). However, due to time restrictions, multiple points of data collection were not feasible in the current study.

A mixture of face-to-face and video call interviews were undertaken to mitigate challenges with participant locations and COVID-19 restrictions. Face-to-face interviews have been referred to as the

gold standard in qualitative research (McCoyd & Kerson, 2006), as value is placed on the ability to develop rapport with participants (Gillham, 2005). Consistency is also a desired attribute in collecting data, however, it was not possible to utilise the same interview technique throughout due to COVID-19 restrictions. Therefore, video interviews were deemed to be the most appropriate substitute for face-to-face interviews. Video calls offer the synchronous experience of hearing and seeing a participant, providing to some extent, a face-to-face experience (Lo Iacono et al., 2016). As a research tool, video calling has the advantages of increased access, reduced costs, and increased efficiency (Krouwel et al., 2019), and safety (Hanna, 2012), compared to face-to-face interviews. Krouwel et al. (2019) concluded that face-to-face interviews were marginally superior to video calls, but that the distinction was modest and video calls were justifiable in situations where face-to-face interviews were not possible.

In achieving the present aim, the researcher wished to explore various perspectives of quality participation for people with limb deficiency in the disability sport sector and to understand how quality participation can be enhanced in this group. In order to accomplish this, a series of indicative interview questions and discussion points were compiled, based around the research questions and guiding conceptual framework. The questions acted to guide the researcher in contributing to knowledge whilst engaging a flowing conversation with each participant, resulting in the discussion of similar topics and challenges, but in distinct ways, with various points of emphasis from each participant. The researcher asked key questions related to the topic, these were open-ended, flowed with the conversation, and were followed by probes and prompts to elicit deep and rich data.

In the first stage of the interview, the researcher sought to build a positive relationship with participants through a warm introductory exchange, then the researcher introduced themselves and the research topic, engaging in discussion about the research process where prompted. Next, the researcher gave an overview of the research project, explaining the objectives of the study and the types of questions to be posed. The interviewee was asked if they had any questions about the research, if they consented to taking part in the interview, and were reminded of their anonymity and right to withdraw from the study at any time. Participants were given some examples of the interview questions in advance, to give time for preparation and reflection. Then, prior to examining the research topic, the researcher spent time building rapport with participants (e.g., Creswell & Creswell, 2018). Following this, the researcher asked the participant about their background, and once they appeared comfortable, giving verbal consent, the researcher began asking questions on the topic.

The aim of the phase one interviews was to explore elements of quality sport participation as perceived by people with limb deficiency. In undertaking the interviews, a flexible interview guide

was used, from which questions and topics were introduced in an order guided by the participant responses. Interview guides were informed by existing research on quality participation in sport (e.g., Allan et al., 2019; Shirazipour et al., 2018) and utilised open-ended questions, structured questions, unstructured questions, and probing questions, to elicit information at depth (e.g., Merriam & Tisdell, 2015).

The interview guide and indicative questions were structured around: 1) getting to know the participant (e.g., “Can you tell me about yourself and how you identify”), 2) sport experiences (e.g., “Can you tell about a time when you had a positive experience in sport”), 3) quality participation (e.g., “How would you describe quality participation in sport?”), and 4) recommendations (e.g., “What would you change about your participation in sport to make it a better experience for you?”) (see Table 3.6).

**Table 3.6**

*Outline of Interview Guides*

<b>Participant</b>	<b>Section</b>	<b>Topic</b>	<b>Research Question</b>
Sport participant	1	Getting to know you - identity	
	2	Sport experiences - limb deficiency - motivators	RQ1, RQ2
	3	Quality participation - define - barriers and enablers - outcomes	RQ1, RQ2
	4	Recommendations	RQ4
Sport provider	1	Getting to know you - work role	
	2	Quality participation - define - barriers and enablers - outcomes	RQ1, RQ3
	3	Programme delivery - your organisation - strategy - pathways and programmes - collaboration	RQ3
	4	Recommendations	RQ4

First, the researcher set about getting to know the participant. Questions regarding the participant’s identity and roles helped to establish rapport and help the participant feel comfortable in the interview environment before being asked to share their personal experiences. The next stage involved questions regarding the participant’s experiences in sport. This began with less emotionally charged questions regarding sport participation and training, leading to more challenging questions

about their experiences as a person with impairment, views of other people with impairment, and experiences with disability sport providers. These questions helped to develop understandings of barriers and facilitators as well as outcomes and recommendations. In the final stage, participants were asked directly about quality participation and their experiences in sport. The purpose of these questions was to define and understand quality participation and to test the conceptual model.

Semi-structured interviews were also undertaken in phase three, with disability sport providers. The aim of phase three was to explore elements of quality sport participation for people with limb deficiency, from the sport provider perspective. The structure of the phase three interviews was similar to the phase one interviews (see Table 3.6), but the questions were framed differently to account for the participant perspective. The interview guide was structured around: 1) getting to know the participant (e.g., “Can you tell me about your role in sport”), 2) quality participation (e.g., “What does quality participation mean to you in regards to people with limb deficiency?”), 3) programme delivery (e.g., “Which factors influence how programmes are designed and delivered?”), and 4) recommendations (e.g., “How can sporting organisations work together to support quality participation for people with limb deficiency?”).

Semi-structured interview participants were invited to participate in the interviews via email. Interviews took place in the month following email contact, depending on travel, COVID-19 restrictions, and the participants’ schedules. Interviews took place on site, at university sites or sport facilities, such as club rooms or offices around New Zealand, or via video call. Interviews were 45 to 60 minutes in duration and took place between December 2019 and September 2021. Participants were asked if they would be willing to participate in any follow-up questions. All participants agreed to be contacted via email following the interview. Following the interview, participants were emailed a written follow-up question regarding their further recommendations, and responded in writing, via email.

### 3.4.2 Focus Group Interview Data Collection

In between the two sets of semi-structured interviews, a focus group interview was undertaken. Focus group interviews are used to collect detailed, in-depth data and usually include a semi-structured session in an informal setting (Krueger & Casey, 2015; Morgan, 2010). Focus groups consist of a small group of participants and are conducted with the help of a moderator (Carey & Ashbury, 2016). The moderator inducts the participants to the group, supporting participants to feel welcome, respected and safe to share their opinions (Krueger & Casey, 2015). Focus group benefits include allowing the researcher access to interactions, flexibility to explore unexpected issues, and can lead to some empowerment for participants (Clarke & Braun, 2013). Focus groups can minimise the power and authority of the researcher, allowing participants to own the interview, resulting in a

richer understanding of the phenomenon (Kamberelis & Dimitriadis, 2013). They can be utilised to fill gaps in understandings, draw out complexities, and are effective in “making the invisible visible” (Kamberelis & Dimitriadis, 2013, p. 40). Focus groups also provide a setting to explore shared and contested perspectives on an issue (Hall et al., 2012).

Regarding the present study, a focus group interview with seven participants (phase two) was undertaken to bring together the two different perspectives of people with limb deficiency, and providers of disability sport. A supervisor helped to moderate the focus group so that the student researcher could take notes and observe effectively. The focus group took place virtually via Microsoft Teams software, to accommodate participants from five different regions. This virtual focus group was utilised to overcome some of the disadvantages associated with focus groups, such as logistical difficulties (e.g., Clarke & Braun, 2013). The focus group interview was restricted to a one-hour duration to ensure participants were not inconvenienced.

The objective of a focus group interview is not to uncover a single solution or achieve consensus, but to seek a range of experiences and opinions (Krueger & Casey, 2015). In the present research, a focus group was used to explore multiple perspectives of quality participation, in order to generate a deeper understanding of the construct. The focus group was also utilised to explore what the quality experiences meant to each of the participants and allowed the researcher to observe whether there was consensus regarding the groups understanding, or if perspectives varied. On top of this, the focus group was utilised to bring the group together to seek recommendations, where individuals could build on the suggestions of others to provide valuable direction.

To begin the focus group, the researcher introduced the topic and the purpose to participants. Then, the moderator commenced by asking each person to introduce themselves and their motivation for participating. Then, the moderator posed two focal points to the group to guide the conversation: 1) “What does quality participation mean to you?” and 2) “What do you think needs to change at the individual, organisational, and system-wide levels to improve quality participation?” Group members were encouraged to contribute and then refocused, or prompted, at certain points. Participants were also asked to give feedback to one further question via email after the focus group ended, to capture any further thoughts on what changes could to be made in sport for people with limb deficiency.

In terms of the physical data collection, interview and focus group data were recorded using digital devices. The face-to-face interviews were recorded on an audio recorder, and video calls were recorded by the computer software on the laptop computer. Subsequently, the researcher listened to each recording and made preliminary notes. All interview recordings were then transcribed

verbatim, and transcripts compared with recordings to ensure accuracy. Interview recordings were temporarily stored in the cloud and interview transcripts were stored on the researcher's personal password protected laptop. Following this outline of the data collection methods, the next section considers the analysis of data in the present study.

### 3.5 Data Analysis

Qualitative data analysis commences during data collection, rather than following data collection (Stake, 2010). In the absence of numbers and statistics, qualitative researchers search for themes in the data, using these to describe and explain phenomena (Skinner et al., 2020). Patton (2014) suggests: "Qualitative analysis transforms data into findings. No formula exists for that transformation... the final destination remains unique for each inquirer" (p. 432). In this way, qualitative data analysis is an iterative, reflexive, and recursive process and there are several ways to engage with the data (Yin, 2016).

Madill and Gough (2008) outline four categories of qualitative data analysis: 1) discursive, 2) structured, 3) instrumental, and 4) thematic. Discursive analysis methods concentrate on the detail in the text and the use of linguistic resources (e.g., conversation analysis). Structured methods prescribe coding schemes and utilise prior theory to transform the data into numbers for interpretation (e.g., Q-methodology). Instrumental methods are committed to a philosophical perspective and may draw on a variety of methods, including the mixed method. Finally, thematic analysis methods are characterised by the coding of qualitative data into clusters, that reflect concepts related to the phenomenon under investigation (e.g., thematic analysis). Scholars have detailed several strategies for data analysis, relating to each of these categories (e.g., Braun & Clarke, 2006; Creswell & Creswell, 2018; Miles et al., 2018; Skinner et al., 2020).

It is necessary to select a qualitative data analysis method that aligns with the methodology and research questions. Therefore, the present study employed thematic analysis, informed by Braun and Clarke's (2006, 2012) thematic analysis technique. Braun and Clarke (2006) identified three considerations for the researcher regarding data engagement. These consist of: 1) the paradigm that informs the approach (e.g., constructivist), 2) the type of reasoning (e.g., inductive and deductive), and 3) the level of engagement with the data (e.g., semantic and latent). The approaches to these considerations influence the style of thematic analysis and therefore, it is recommended that the researcher consider these prior to analysing the data, in order to strengthen the data analysis process (Braun & Clarke, 2006).

As detailed above, the present study engaged with a constructivist-interpretive approach, utilising abductive reasoning, whereby both inductive and deductive reasoning are employed, where it is

logical. A combination of inductive and deductive approaches to thematic analysis was utilised in the present research to identify, investigate, and explain shared meanings among the participants.

Thematic analysis allows the flexibility to navigate a combination of both inductive and deductive approaches (Braun & Clarke, 2012). The level of engagement with the data was primarily semantic and reported explicit ideas and experiences, along with some latent, implicit ideas and concepts. To explain this, the process of thematic analysis is detailed next, with reference to the present study.

### 3.5.1 The Six Steps of Thematic Analysis

Thematic analysis “is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a dataset” (Braun & Clarke, 2012, p. 57). This type of analysis assists the researcher to identify and understand shared experiences that are relevant to the research question. Thematic analysis was chosen as the method of analysis for the present research due to the accessibility and flexibility in the method. Thematic analysis is identified as relatively accessible and robust for ‘researchers-in-training’ and is not attached to a particular theoretical framework (Braun et al., 2016).

For the present researcher-in-training, thematic analysis offered a systematic method to undertake the task of analysing 1500+ minutes of interview data. Thematic analysis was selected as it supports the development of themes that reflect commonalities in participants’ experiences and perspectives (Braun et al., 2016). The research methodology resulted in the collection of interview transcripts as data. Therefore, the approach to analysing the present data was guided by Braun and Clarke’s (2006) six phases listed in Table 3.7.

**Table 3.7**

#### *Six Phases of Thematic Analysis*

Phase	Description
1. Familiarising yourself with the data	Transcribing the data, reading and re-reading the data, noting down initial ideas
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire dataset, collating data relevant to each code
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire dataset (Level 2), generating a thematic ‘map’ of the analysis
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

*Note.* Sourced from Braun & Clarke (2006).

According to Braun and Clarke (2006), in phase one the researcher should be getting to know the data and reading it analytically. In the present study, the researcher became familiar with the data by listening to the interview recordings, and then beginning the transcription process for each interview. Throughout this process, transcripts were read multiple times to ensure accuracy, whilst noting preliminary thoughts and patterns. Data was transcribed and manual coding procedures were employed to enhance familiarity with the data. Pseudonyms were allocated to each participant to protect participant identities. Notes and memos were developed at each stage of data collection to support the development of emergent themes. The researcher was then able to explore these themes with other participants and continued to build an understanding of key issues throughout the data collection process.

In phase two, initial codes were generated from the transcripts and grouped into potential theme areas. Codes are labels that are applied to pieces of data in order to ascribe meaning to the information (Saldaña & Omasta, 2016). They can be comprised of ideas, concepts, keywords, or themes from the data. Researchers utilise codes to retrieve and label data and may adopt complex or simple codes (Miles et al., 2018). Codes should be mutually exclusive, exhaustive, and accurately reflect the data (Skinner et al., 2020). Braun et al. (2016) recommend two rounds of coding the dataset to ensure that the codes are robust and coherent, and to assist in identifying latent codes. In the present research, code generation initially employed an inductive approach, whereby codes were derived from the data on the basis of participant experiences. These codes were predominately semantic, with some latent codes developed. Next, the quality parasport participation framework (Evans et al., 2018) was utilised deductively, where codes and themes from the dataset were mapped onto the framework.

Phases three, four, and five comprise the core analytic work of thematic analysis, in which codes are organised into themes, and themes are reviewed and finalised (e.g., Braun & Clarke, 2006). In qualitative research, a theme “runs through all the interviews as a persistent issue or experience” (Skinner et al., 2020, p. 181) and explains something that is significant in the data and relevant to the research question (Braun et al., 2016). In the present study, the researcher established potential themes in the data in conjunction with coding, and then collected the data relevant to each theme (phase three). Coded data were reviewed to identify overlaps and similarities that reflected meaningful data patterns and rich diversity. Codes were then clustered together to create themes that captured multiple, related ideas. Braun et al. (2016) recommend four or five themes as a good number for most analyses.

In phase four, themes were reviewed to ensure they accurately represented the data. The researcher utilised mind maps (e.g., Braun & Clarke, 2006) as a visual tool to identify the subthemes,

themes, and the connections between them. Subsequently, the relationships between themes were explored with the view to providing a meaningful picture of the entire dataset. Data extracts were collated in a Microsoft Word document, relevant to each of the themes and subthemes. Themes were revised through deleting, separating, and collapsing. Reviewing the themes helped to capture contradictions and tensions in the data. Braun et al. (2016) note that themes do not emerge from the data, but that analysis is an active process in which it represents the intersection of knowledge, theory, skill, experience, and the dataset.

Once the themes were mapped out and effectively captured the data, the researcher engaged in phase five. The final phase of core analytic work set out to name and define the themes. Phase five concentrates the researcher on defining themes by “clarifying and refining the scope and focus of each and building a rich analytic narrative” (Braun et al., 2016, p. 13). Along with naming the themes, theme definitions were utilised in the present research. Theme definitions are brief descriptions that capture the central concept and scope of each theme (Braun et al., 2016).

The final phase of thematic analysis is phase six, which comprises writing up the results of the research (e.g., Braun & Clarke, 2006). In the present research, quotations continued to be compiled, and the written analysis was developed and edited. A balance was established between analytic commentary and data extracts in the write up. Phase six was a further chance for connecting, reviewing, integrating themes and creating deeper insights. This concluded the data analysis phase in the present research and preceded discussion on ethical and quality issues.

### 3.6 Ethical and Research Quality Considerations

The present study was subject to formal ethics approval in accordance with Auckland University of Technology protocols. Requirements from the Auckland University of Technology Ethics Committee state that research participants require informed consent. The researcher provided each participant with an information sheet via email, detailing the purpose of the research, requirements for participation, and contact information for the research team. Participants were asked to respond via email to indicate their interest in participating in the research and were provided with a consent form to sign and return either prior to, or at the time of the interview. Participants were advised that identifying data would be removed, and confidentiality would be protected where possible.

Individuals were not identified in this thesis and pseudonyms were used to respect privacy. Outside of these ethical considerations, potential concerns were negligible, as sensitive data was not sought and participants were aged 18 or over. Participants were also advised that they could withdraw from participating in the research at any time.

Along with ethical observations, research quality was considered. Traditional evaluation criteria, belonging to a positivist paradigm, considers reliability, objectivity, and internal and external validity. However, criteria developed for quantitative evaluation cannot be used effectively to assess the value of qualitative research due to differing perspectives and purposes (Denzin & Lincoln, 2018). By contrast to positivist evaluation criteria, qualitative researchers are interested in criteria such as credibility, trustworthiness, dependability (Devers, 1999), authenticity, (Denzin & Lincoln, 2018), triangulation, validity, and rival thinking (Yin, 2016). Though debate exists among qualitative researchers (e.g., Denzin & Lincoln, 2018; Devers, 1999; Yin, 2016) as to the most effective methods to evaluate the quality of interpretive research, the principles appear to be comparable.

Tracy (2010) contended that for “qualitative research to be of high quality, it must be rigorous” (p. 841). Tracy and Hinrichs (2017) established universal criteria for high quality qualitative research. They recommended the reporting of quotes from various perspectives to establish richness and rigour, as well as a sufficiently detailed description to demonstrate meaning and determine credibility (Tracy & Hinrichs, 2017). The credibility of a study takes into account appropriate collection and interpretation of the data, and the accurate reflections and representations of the conclusions drawn (Yin, 2016). Credibility may be influenced to some extent following data collection but should be primarily considered during the development of a robust research design (Yin, 2016).

Smith and McGannon (2018) encouraged the application of multiple quality techniques whilst remaining aware of being bound by certain quality criteria. Yin (2016) considered principles to achieving credibility in qualitative research, whereby the research approach dictates a preference and emphasis on different types of integrity. As outlined earlier, and relevant here, a constructivist-interpretive paradigm and a relativist ontology underpin the present study. In research with a relativist orientation, an important contributor to credibility is trustworthiness (Yin, 2016).

Trustworthiness relates to the attitude taken by the researcher throughout the research process. It is instilled in the research methods by explicitly reporting on the study specifications and approach to data collection (Yin, 2016). Trustworthiness should convincingly demonstrate that data collection was indeed undertaken in the ways described (Eisenhart, 2006). Authenticity is a similar criterion that identifies and accurately describes participants, demonstrating the range of realities represented (Denzin & Lincoln, 2018). The present study achieved trustworthiness by detailing the research methodology, approach, data collection, and analysis techniques. Authenticity was achieved by spending time with participants, representing them accurately, creating a safe and confidential environment for them to share openly, and maintaining the relationship to ask follow-up questions where required.

Along with trustworthiness, triangulation is a principle used to demonstrate credibility in qualitative research (e.g., Denzin, 2012; Denzin & Lincoln, 2018). As inferred in the name, triangulation seeks three different means of verifying a procedure, dataset, or finding (Yin, 2016). Triangulation demonstrates the researchers attempt to obtain a deep understanding of the research phenomena (Denzin, 2012). Patton (2014) identified four areas of research in which triangulation may occur: 1) data, 2) investigators, 3) perspectives or theory, and 4) methods. In the present study, triangulation was achieved by obtaining data from three sources: people with limb deficiency who engaged in sport, disabled disability sport providers, and non-disabled disability sport providers. In terms of investigator triangulation, the researcher was educated and supported by two supervisors. The researcher drew from multiple literature areas (e.g., disability studies, rehabilitation studies, sport management) and theory sources to underpin the study, and data was collected via interviews and focus group methods.

In pursuit of credibility in the present study, the researcher selected a research topic with societal value (participation in disability sport), generated trustworthiness through detailed reporting, achieved authenticity by building and maintaining relationships with participants, and engaged triangulation in the research design, methods, and theory. Further to this, the researcher engaged the supervisory team as critical friends. The use of a critical friend has been recommended to question the researcher’s assumptions and offer a different lens for interpreting and critiquing the data (Smith & Sparkes, 2016). Other strategies for building credibility were not deemed appropriate with the research approach, such as rival thinking or member checking. Instead, Braun and Clarke’s (2006) 15-point checklist for quality considerations in thematic analysis (see Table 3.8) was used to ensure methodological rigour and quality. Each data item was given equal attention during the coding process and numerous supporting quotes were utilised to develop robust themes.

**Table 3.8**

*15-Point Thematic Analysis Checklist*

Process	Number	Criteria
Transcription	1	Data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for ‘accuracy’
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for all each theme have been collated
	5	Themes have been checked against each other and back to the original data-set
	6	Themes are internally coherent, consistent, and distinctive
Analysis	7	Data have been analysed - interpreted, made sense of - rather than just paraphrased or described

	8	Analysis and data match each other - the extracts illustrate the analytic claims
	9	Analysis tells a convincing and well organised story about the data and topic
	10	A good balance between analytical narrative and illustrative extracts is provided
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated
	13	There is good fit between what you claim you do, and what you show you have done - i.e., described method and reported analysis are consistent
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'

*Note.* Adapted from Braun & Clarke (2013).

### 3.7 Summary

To summarise, Chapter Three profiled methodological considerations for the present study. A constructivist-interpretive paradigm was the perspective chosen to guide the research methods. Then, qualitative research was discussed, with reference to the discipline of sport management. This was followed by a discussion on a basic qualitative research design, and the identification of semi-structured interview and focus group as appropriate methods. Lastly, thematic analysis was identified as the method of data analysis. Next, Chapter Four will present the first of three results and discussion chapters.

## Chapter Four: Quality Sport Experiences: Influences and Outcomes

The aim of this thesis was to explore elements of quality sport participation for people with limb deficiency. As detailed in Chapter Three, a qualitative approach was adopted to construct an in-depth understanding of individual experiences in sport. In Chapters Four, Five, and Six, study findings are presented and discussed in the context of existing literature. In Chapter Four, influences on, and outcomes of, quality participation are reported on from the perspectives of sport participants and sport providers. Then, in Chapter Five, an 'insider' perspective of sport participant experiences is considered by incorporating the views of people with limb deficiency. Finally, results pertaining to the perspective of disability sport providers are discussed in Chapter Six

In broadly exploring experiences and perceptions of participation, themes from four categories are considered across the three results chapters:

1. Influences on (quality) participation (Chapter Four)
2. Outcomes of quality participation (Chapter Four)
3. Sport participants' approaches to navigating quality sport experience (Chapter Five)
4. Sport provider approaches to supporting quality sport experiences (Chapter Six)

A discussion of the relevant literature is woven with themes in each category, including theoretically derived concepts from the QPPF (Evans et al., 2018), the SRM (Thomas, 1999, 2004, 2007), and sport development principles (Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008). Findings are contextually situated and supported by extracts from participants with limb deficiency and disability sport providers. Contributions from this research include: 1) theoretical advancement to conceptualisations of quality participation, 2) evidence for utilising the quality participation construct in a sport management context, and 3) practical insights for sport managers regarding programme design and delivery, to enhance the quality of sport participation for people with limb deficiency.

The results in the present chapter pertain to all four research questions:

- RQ1 *How do people with limb deficiency and disability sport providers perceive quality experiences in sport?*
- RQ2 *How do people with limb deficiency navigate toward quality experiences in sport?*
- RQ3 *How do sport providers support quality sport experiences for people with limb deficiency?*
- RQ4 *How can sport experiences be enhanced for people with limb deficiency?*

Chapter Four (see Figure 4.1) comprises two theme categories consisting of five themes and discusses the perspectives of sport participants and sport providers.

**Figure 4.1**

*Structure of Chapter Four*



## 4.1 Influences on (Quality) Participation

As anticipated, people with limb deficiency in the present study identified a range of barriers and facilitators to their sport participation. Factors that impact access to sport are critical to achieving full participation and are an important prerequisite to quality participation (Evans et al., 2018; Martin Ginis et al., 2017a). Regarding influences on participation in the present study, three major themes were derived by the researcher: 1) *attitudes and actions of others*, 2) *bias in the disability system*, and 3) *inequalities between disabled and non-disabled sport participants*. Table 4.1 outlines these three influences on sport participation with an explanation of each theme and includes an example quote to help demonstrate how participants discussed specific themes.

**Table 4.1**

*Influences on Quality Sport Experiences: Three Key Themes*

<b>Theme</b>	<b>Theme definition</b>	<b>Quote</b>
<i>Attitudes and actions of others</i>	Attitudes, intentional and unintentional, which perpetuate the oppression of disabled people. Including societal attitudes towards disabled people and disability sport, which impact access to sport and quality of experience.	<i>“Our perception of disability, or difference, sort of limits how we deal with people, and the opportunities we give them, and that itself is the barrier” (Part5).</i>
<i>Bias within disability systems</i>	Injustices resulting from systems that are designed to support disabled people but result in disparate opportunities among disabled sport participants.	<i>ACC fully fund everything. I have a mate who lost his leg... and he has no issue with getting blades. He can just walk in there and be like ‘give me five’. And they would give him five. They wouldn’t care. (Part8)</i>

<i>Inequalities between disabled and non-disabled sport participants</i>	Disparity between the opportunities of disabled and non-disabled participants stemming from access to funding, recognition, power, and a fragmented 'disability sport system'.	<i>"... you always compare yourself to the [non-disabled] community because of how easy it is for them" (Prov5).</i>
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These three key themes contain some overlapping concepts and ideas regarding influences on quality sport experiences. As such, it is relevant to distinguish the themes from each other. The first theme considers social influences at the individual level and mostly acknowledges interactions between disabled sport participants and non-disabled others. Building on this, the second theme reflects on bias and injustices at the system level, and recognises the interplay between disabled sports people and the systems designed to assist them. Finally, the third theme contemplates inequalities at multiple levels, and highlights inequalities between disabled and non-disabled sport participants as well as disability and non-disabled systems.

These themes are consistent with quality participation research, which documented participation influences in the social and physical environment (Orr, 2020). Furthermore, the themes align with research utilising the SRM, which acknowledged the effects of cultural constructions, societal attitudes, and discourse on sport participation (e.g., Haslett et al., 2017). Building on this, the present study illuminates a difference in perspective between participant and provider. For instance, participants experienced negative attitudes as a barrier to participation, but several providers believed that attitudes toward disabled people had improved. Additionally, the present findings illuminate the multiple inequalities that disabled people face, in spaces that are designed to meet their needs, as well as in mainstream environments.

#### 4.1.1 Attitudes and Actions of Others

The first major influences on sport participation were the attitudes and actions of others. Positive and negative attitudes and the resulting actions towards disabled people were found to influence participation across a range of sport environments. This theme discusses the influence of: 1) negative attitudes and actions, 2) supportive attitudes and actions, and 3) the hierarchy of impairment.

Each sport participant recalled a time where they had experienced judgement or stigma in sport, and many had witnessed this happen to others too. Negative attitudes encompassed a range of behaviours including verbal bullying, exclusion, withholding of information, lack of recognition, and social behaviours, such as staring. For the sport participants, this contributed to an undesirable experience with the organisation, team, or individual, and perpetuated feelings of exclusion: "... if you're excluded or people assume that you can't do something, then that makes you feel almost

more disabled than you are” (Part 5). This comment describes how the exclusive attitudes and actions of the non-disabled contribute to the experience of disability by working to disable people with impairment.

Sport participants with limb deficiency discussed the negative attitudes of coaches, administrators, opponents, and members of the public, and the impact that this had on their sporting experiences:

So many of us are disabled, but we shouldn't be handicapped [by others] ... [The concept of] handicapped is a lack of respect for, or incorrect thinking... if I can just actually help remove those things, to change people's attitudes... That is, I reckon the biggest challenge (Part 6).

Sport providers also witnessed the negative attitudes directed at disabled people: “We've travelled... together all over the world. And people talk to me instead of talking to her. It's that whole judgement. Just cos she's sitting in a wheelchair doesn't mean she doesn't have a brain” (Prov 10).

Both participants and providers noted that negative attitudes were oftentimes unintentional, though this did not reduce the impact of the barrier: “I think, attitudes can still become a barrier in some cases... I believe it still exists in the community. I think everyone has the right intention, but potentially don't know how to go about it” (Prov 7).

Several sport providers noted that their organisations were striving to include and accommodate disabled people, but at times, good intentions did not translate into a positive participation experience for sport participants. In fact, a lack of understanding around disability contributed to unintentional negative attitudes from sport providers:

... someone with a limb deficiency coming into a club. You often see the differences first. Some clubs, you have one or two people there that are very welcoming and they're just people's people. And others... just haven't been around disability... I think its lack of knowledge and exposure to these types of athletes. Generally, everyone has a good will and wants to do the best... that just comes down to breaking down those barriers of exposure (Prov 3).

A specific example of this lack of understanding involved coaches in mainstream organisations who had not been exposed to disabled sport participants, or believed that disability sport coaching was inherently difficult:

... the other big thing around Para-athletes is the perception around coaching. There's a perception that it's hard work... A lot of the coaches think it's too hard or they're not qualified to do it. But there's no difference. You've just got to be a bit more adaptive, you've got to think outside the square, be a bit more innovative (Prov 10).

Further to this, a sport provider considered how the attitudes of non-disabled facilitators acted as a barrier to a quality experience by making decisions without a level of understanding: “... the [sport

manager] ... is a giant pain in the ass. He's not... disabled.... So that creates another barrier. Because they have decided what's best, and this is the way they are going to do it" (Prov 5).

In addition to sport providers voicing this issue, a sport participant also recalled an experience she had with a coach who was not accommodating and had a poor attitude:

[The coach] said 'I've got too big of a coaching profile... I can't coach you anymore cos I've got too many athletes'. But then a couple of weeks later he let two more athletes into the squad. So, I think it was an underlying issue that he wasn't comfortable coaching me with an impairment, but he didn't want to say it to my face. And that hurts more than if he'd just been honest with me (Prov 8).

This comment highlights the impact of a coach's negative attitude toward disabled participants and the resulting exclusion of the participant from a training squad. It has been suggested that exclusionary attitudes may exist when coaches receive limited training in disability sport environments (Townsend et al., 2017).

Sport participants further commented on how the negative actions of others posed as a barrier to participation: "... the commentator said, 'ooh everyone put your hands together, here comes [FG 6] and she's only got one leg' and of course, everyone clapped... I didn't compete again at a club, it put me off until I was in my twenties" (FG 6). This participant acknowledged how a negative comment resulted in long-term abstinence from the sport environment. In a similar way, a sport participant had an experience at a public pool where the negative actions of others resulted in the individual ceasing to engage in a sport that they had previously enjoyed:

I tried it half a dozen times, but I got a real stigma... I always wear shorts... but I go to X pool and walk out of the changing sheds, sit down on the side of the pool, take my leg off, and people would... come to the side of the pool in front of me and stare at me like I was a freak... It did affect me, and because of that I've never gone back. And that's weird because I'm proud to be an amputee. But they made me feel so uncomfortable. Almost like I was a freak (Part 1).

Negative attitudes were seen to translate into restrictive practices in two major ways: 1) self-exclusion: "... what's hard is the fact the disabled voices have been marginalised for so long that disabled people really don't put their hand up to be involved in things. Because it's just too hard" (Prov 5), and 2) the exclusion of sport participants by providers: "... kids with disabilities used to hold the finish line tape at a race. Or they'll be in the library during Wednesday sport" (Prov 2). In these ways, negative attitudes were a barrier to involvement across all levels of sport.

These findings suggest that negative actions of others can pose a significant barrier to participation in sport. As per the SRM, cultural constructions of disability are viewed as a barrier to participation, whereby discrimination disables people with impairment (Thomas, 1999, 2004). The present findings support existing research, which found that negative attitudes of others influenced participation in disability sport (Anderson, 2009; French & Hainsworth, 2001), including those that are unintentional (Haslett et al., 2017). Specifically, prejudice and discrimination were found to be significant barriers to the inclusion of disabled people in sport (Devine et al., 2017).

The present study expands on this to consider the attitudes and actions of others in integrated sport environments compared to disability-specific sport environments. Integrated environments were perceived to involve the challenge of managing the attitudes of others, even if they were not intentionally negative or judgemental:

... you end up facing that criticism from people that might not understand disability. Especially with younger kids... They might be like 'why do you have a funny leg' or 'why do you walk funny'. They might just be curious and honestly genuine about that question. But to someone with a disability they might take it quite personally and see that as a negative comment and get upset over it. I think we need to normalise disability more (Part 8).

Because of this, many disabled participants and providers preferred to engage in disability-specific sport environments, where shared experiences and understandings of disability were seen to contribute to positive attitudes towards sport participants:

... when you roll into a space that is purely disabled sports people playing, honestly you feel yourself going (sigh)... We're all in this together, we all know about what our lives are like, and we are funny and kind, and we joke, and we don't have to explain (Prov 5).

Negative attitudes have typically been found to disempower and exclude disabled people (Babik & Gardner, 2021). However, Anderson (2009) found that proving others wrong was a motivator for disabled girls to try harder in sport. For the most part, in the present study, negative attitudes were found to create a barrier to sport participation and quality experiences. Interestingly, a small number of sport participants spoke about using negative attitudes and actions of others as a motivation to stay in sport and to prove them wrong: "If someone tells me that I can't do that, oh my god, I will go out of my way to prove to you that I can, cos I'm stubborn" (Part 10). This is echoed in a comment made by Part 7 who experienced negative attitudes, but was motivated to continue in sport:

I'm competitive, but also a big part of that is probably being told as a young person, 'oh you can't do that', or 'you won't be able to do that'. It becomes a driver for me to want to prove people wrong (Part 7).

Supportive attitudes were another major influence on participation, which for most sport participants, were found to be a facilitator of quality experiences. Sport providers and participants agreed that encouraging and supportive attitudes improved sport experiences. From the sport provider perspective, positive attitudes took the form of respect, friendliness, and acceptance:

“It’s about the experience of the individual, whatever they may consider quality to be. Its looking at a lens of ensuring that the club or the facility is welcoming to an individual. That is accepting of diversity... an understanding, or at least an appreciation of potentially needing to adapt their activities to ensure a quality experience for an individual” (Prov 7).

This finding is consistent with previous research which suggests that genuine positive attitudes, and beliefs about disabled people at the intrapersonal level, support access to the development of quality participation (Evans et al. 2018; Man et al., 2020).

Positive attitudes, such as verbal encouragement and social support, were found to facilitate participation and a positive experience for sport participants: “... those guys that invited me down with them, they’re a really good group, and thankfully they’re very patient, because I’m a little bit slower” (Part 3). Part 4 recalled the support of family, friends, and teammates which had helped them to feel worthy, included, and enabled their return to sport: “... a few mates, and my brothers... they encouraged me to get back into it, which I did pretty much straight away... they said: ‘We don’t care how fast we’re going’ and wanted me back in the team (Part 4). A disabled provider also spoke of the benefit of having support from other disabled sportspeople:

The disability sport movement is really powerful and life changing. I... started meeting a few [disabled] athletes... they taught me a lot about sport, but heaps about life and how to be independent. Having cohorts of similar functioning [participants] and groupings can remove some of the barriers (Prov 3).

Furthermore, sport participants spoke of the value of professional support, guidance, and involvement. Support from sport providers was highly valued and found to positively shape experiences. At the same time, a lack of support, or being let down, was cited as a factor that played negatively into sport experiences:

... they were guaranteeing us to have assistance [and] professional instructors... But unfortunately, the guy that organised it, he was let down, and those assistants we were meant to have didn’t show. He did a really good job... some of us were let down, but it was a brilliant day (Part 3).

Interestingly, positive and supportive actions of others were found to mitigate the effect of negative actions on sport participation in the present research. Part 8 noted the potential effect of negative

actions on sport participation, but how this was diminished through supportive actions. This is highlighted in the following comment about members of an opposing team:

Someone decides to take it upon themselves to criticise you because of how you look. Or how you may be able to do something... I knew my teammates were fully supportive, so I kind of brushed it off... If it was more regular, I feel like it might have had more of a negative impact and discouraged me from participating in sport... I think that's easier to do if you have a good support network 'cos they help build you up and make you feel more confident in yourself... It's harder to overcome adversity and hard situations if you don't have a good support network (Part 8).

Sport participants and providers had similar opinions regarding the influence of positive and negative attitudes and actions of others on sport participation. However, there was one notable difference between the groups. As discussed above, all the sport participants indicated that negative attitudes regarding disability were commonplace and recalled experiences where their participation had been adversely affected by the negative attitudes and actions of others. However, sport providers considered attitudes and actions towards disabled people to be improving over time, where disabled people were thought to experience increased recognition and inclusion: "Para-athletes aren't tucked away anymore, they're out there, a part of all major national competitions" (Prov 2). They deemed this positive change in attitudes and actions to be a facilitator to quality experiences in sport:

Years ago, it used to be non-disability organisations... would say 'why should we include disabled people?' What has been happening is that it's gone from 'why' to 'how'... But its now, 'how can we do it better?' We want to do this better... we want to improve. We want to get better quality... or more opportunities. The whole conversation, I think is changing (Prov 8).

In addition to this, sport providers acknowledged their own attitudes towards people with limb deficiency and how this facilitated sport participation. Most sport providers identified sport delivery for people with limb deficiency as relatively straight forward, drawing comparisons between people with limb deficiency and people with other types of impairment: "Obviously if it's a single arm amputation or deficiency it's a little bit easier to include them... We know that the more complex or significant the impairment, the more difficult it is to minimise the disadvantage" (Prov 3). In this sense, people with limb deficiency were considered easier to accommodate than those living with other types of impairment: "They're hand amputees, so not much missing in terms of limb loss" (FG 1).

Building on this, the third and final attitudinal influence on sport participation was an implicit hierarchy of impairment. This unexpected finding considered levels of impairment to exist on a hierarchy, where those who were perceived to have a lesser impairment received better treatment: “... there’s a hierarchy... those guys who are effectively lower down the food chain are seen as less than. Even their athletics abilities are kind of ‘well, how hard is that?’” (Prov 5). Sport providers described the hierarchy, which correlated with functionality, ability, and bodily perfection:

Even at Paralympic level, amputees are the glamourous type... the amputees are the ones who, I guess, look normal. ‘Cos they can fit in generally... There is a pecking order in disability... there’s the amputees at the top, then probably the visually impaired, because they’re also normal. Then there’s spinal injuries, ‘cos they usually did it by doing something cool... and then underneath that there’s the CP, cerebral palsy, muscular dystrophy... it’s not a spoken about hierarchy, but in terms of ease of inclusion and also the level of coolness, it’s the level of integration (Prov 4).

The hierarchy influences the way that disabled people are viewed and ranks them by how they look. It has a negative effect on people who are perceived to exist on the bottom of the hierarchy:

My friend talked about being... at the Paralympics... she said ‘you’ve got all the wheelchair rugby players and the wheelchair basketball players all hanging out and chatting. And all the boccia players are separate, and no one even speaks to them’. She said she thought Paralympics was going to be ‘wow, we’re all part of this big family and we’re all going to be celebrated’. She said ‘I felt more excluded than I’ve ever felt. Because we’re not the same as everybody else’... So, there is a hierarchy (Prov 5).

Those lower down on the hierarchy tended to have a larger variation from a non-disabled body, whereas people with limb deficiency were considered near the top of the hierarchy and more relatable than those perceived to have a higher level of impairment:

... being an amputee is almost viewed as a cooler disability than someone with cerebral palsy, or being confined to a wheelchair...I think people view it as a cooler disability because you have technology on your body... people will see it and they go ‘ooh that looks real cool’ and then they relate it to Terminator... I think there's a level of normalisation of disabilities. So, people who have amputations are viewed more normal than other disabilities which is a bit weird to me, cos you’ve all got a disability... why are you discriminating? (Part 8).

A hierarchy of impairment has been established in the literature (e.g., Tringo, 1970; Dunlop et al., 1997; Deal, 2003) and exists as a preference by the non-disabled for certain impairment types over others. The impairment hierarchy can be used to explain how ableism stigmatises and discriminates against disabled people based on their impairment, where those positioned as ‘more impaired’

receive greater stigma and disabling barriers (e.g., Harpur, 2019; Stewart, 2004). Regarding sport, previous research has acknowledged that disabled athletes in lower classification classes were excluded from marketing promotions because they did not display normative athletic traits (Purdue & Howe, 2013). Furthermore, sport participants who were 'least disabled' were found to experience greater inclusion in sporting environments (Hammond & Jeanes, 2018; Peers et al., 2020) and were more readily integrated into mainstream sport environments when their impairment did not challenge the dominant values of sport (Jeanes et al., 2018).

In the present study several sport participants and providers alluded to the hierarchy of impairment and engaged with it to describe other disabled individuals and the difference in attitudes towards them:

From those of us who are [highly disabled] we're a little bit like 'you're not really that disabled' ... She's got a fake hand and people don't realise sometimes that that's not a real hand, so she can kind of get away with it... I think that being able to go under the radar with a non-visible disability is quite a gift sometimes, just to have a break... Whereas the wheelchair just sings out 'you're broken' (Prov 5).

This comment outlines the different treatment disabled people experience depending on the variation of their body from a non-disabled body and how the attitudes of others can be mentally taxing. Building on the literature, findings from the present study indicate that the ranking of individuals based on their impairment may positively influence the sport experiences of those with bodies most similar to non-disabled bodies. However, this may also contribute to negative experiences in sport for individuals whose bodies deviate from the norm.

What the hierarchy means for sport participation is that those with limb deficiency were perceived as easier to accommodate than those with other impairments: "... a limb deficient athlete is actually easy compared to someone with cerebral palsy, or paraplegic where there's a lot of needs and demands" (Prov 10). People with limb deficiency were generally perceived as easier to coach and include in sport, which was seen as a positive by providers who worked with them. Though, one provider noted that people with limb deficiency can have a wide range of needs, which relate to the type and level of their impairment, or number of limbs affected: "... depending on how many amputations they have... quadruple limb amputees have a lot more considerations... compared to somebody who's got a through-wrist amputation... So, there's a massive range of amputees as well" (Prov 4). This comment draws attention to the potential for some participants with the same impairment (i.e., limb deficiency) to be attributed differently on the hierarchy to each other.

In summary, both negative and supportive attitudes towards disabled people have been identified as influences on sport participation for people with limb deficiency. Positive attitudes were found to

facilitate quality experiences, and negative attitudes acted as a barrier to participation in sport. Building on the literature, the present study identifies a contrast in the way sport participants and sport providers perceived the attitudes of others. However, sport participants commonly experienced negative attitudes as a barrier to sport, whereas sport providers believed the attitudes of others were improving over time. This finding has implications for disability sport providers, who may not consider the negative attitudes of others to be as significant influence on sport participation as they are.

In addition to this, an implicit hierarchy of impairment was highlighted in sporting contexts, which was established and preserved predominantly by the attitudes of non-disabled individuals. These findings offer new insights to the quality participation literature, illuminating a social relational perspective (e.g., Thomas, 1999, 2004), whereby relationships between disabled and non-disabled people influence the experience of disability and participation in sport. The potential implication of this is that the attitudes of non-disabled sport providers likely have an influence on the participation of disabled sport participants and are therefore present an area for consideration by sport managers. Attention is now turned to the biases experienced between disabled people within disability systems.

#### 4.1.2 Bias Within Disability Systems

The second theme derived by the researcher captured bias within disability systems and the resulting influence on sport participation for people with limb deficiency. In this section, the discussion will pertain to biases within the disability system that present as inequalities among disabled sport participants, including: 1) disparities in access to prosthetics, 2) inconsistencies in opportunities for high-performance and grassroots participants, and 3) unfairness within classification systems.

Findings indicate that access to prosthetic equipment had a major influence on sport participation for people with limb deficiency. Prosthetic equipment is different to other types of adaptive equipment (e.g., wheelchairs) in that it is a completely individualised piece of equipment: "It's not like you can swap blades or prosthetics you know. They're so individual. Wheelchair basketball chairs or rugby chairs, you sort of can if you're similar, but I don't think with limbs you can" (Prov 3). This makes prosthetics less accessible than other forms of equipment that can be shared by multiple people. Added to this, prosthetic equipment was not suitable for people with certain types of limb deficiency: "Some people can get prosthetics and some people can't. Like a hip disarticulation can't get a prosthetic limb. So... they have crutches, and they can't play netball cos they can't catch a ball, cos they're trying to stand up" (Prov 4).

For those participants who could benefit from the use of a prosthetic, access to such equipment was found to facilitate quality experiences in sport, and at the same time, a lack of, or incorrect prosthetic equipment posed as a barrier to sport involvement: “What are the barriers? Quite often it is equipment” (Prov 2). This is consistent with existing research in this area, which has identified access to equipment (Evans et al., 2018), and access to prosthetics (Bragaru et al., 2013; Jaarsma et al., 2014) as barriers to sport participation for disabled people. Building on this, the present study identified outcomes related to an inability to access prosthetics, where complexities associated with impairment contributed to feelings of disappointment and triggered a depressive outlook: “The most frustrating thing about it... is the frustration of the extra layer of complexity that is your stump, that is your prosthetics and everything else. That can actually be a real downer” (Part 6).

In the present study, conflicting perspectives on the necessity of prosthetic performance limbs were captured: “Just picked up another barrier there, perception of what [prosthetic] equipment is needed to be active” (FG 1). All study participants recognised prosthetics as a facilitator to sport participation. However, some believed performance prosthetics were not always necessary, and that low technology options were viable for use in sporting endeavours. One sport provider noted: “A lot of people will think you’ll get onto the blades as soon as possible... but is that realistic, or is it better to get them enjoying athletics, and then [get blades] if they really get into it?” (Prov 8). There was a perception regarding who needed or should have performance prosthetics (i.e., blades): “... if they are wanting funding for the blades then they’re up in that sort of elite high-performance space” (Prov 1). Some sport participants agreed: “... what you also get is people thinking that the limb is going to make them a runner... The equipment itself, does not make you an athlete” (FG 6). Participants maintained that specialised prosthetic equipment was not required for people to be active: “... mate, you just need to get walking on your stubbies, Christ sake, you just need to move” (FG 1).

By contrast, sport providers recognised the importance of prosthetic equipment in supporting a quality sport experience. They argued that performance prosthetics could be enhancing: “... a bare minimum would be those athletes should have a baby blade [which] enables you to run, it enables you to take part in PE... those things are a heck of a lot easier on a little baby blade” (FG 5). This was the case at all levels of sport, including recreation: “Equipment becomes such an important part... those guys all use the prosthetics, or technology to enhance their lives and allow them to enjoy their sport” (Prov 3). Another provider identified the importance of specialised prosthetic equipment, which helped participants to overcome a major barrier to quality sport experiences: “... we’ve had to look outside the square... looking in catalogues and importing attachments for her standard

prosthetics... now that we've got [funding] they've actually made some specific attachments for her... So, she can do everything" (Prov 10).

These findings highlight how the use of modified equipment facilitated participation in sport, and allowed the participant to engage in activities, instead of being constrained. This can be explained by a social relation approach to disability (e.g., Thomas, 1999, 2004, 2007), which describes how adaptive equipment can minimise the effects of disability. For example, prosthetic equipment can remove disability for some participants: "... adaptive equipment. Particularly for your leg amputees. They cease to be disabled if they have the right equipment to support them" (FG 5).

Regardless of the perceived necessity, the funding of performance prosthetics was found to influence access to sport and quality of participation:

... funding is always a major barrier... Once you reach the top echelon of your classification perhaps, within international sport, then you start getting it. But it's quite a leap from being a weekend warrior to then becoming an international Paralympian of top 3 world standing, and then you get the funding to get your equipment (Prov 3).

In the literature, Burkett (2010) highlighted the controversy around whether assistive devices are performance enhancing, or essential for performance, and argued that prosthetic equipment is likely essential to high-performance Para-athletes. Moreover, Howe (2011) described a continuum, on which some impaired bodies require little aid by way of adaptive equipment, and others benefit greatly from it. Comments from the present study suggest that the benefits gained from high-performance prosthetic equipment may depend on the type of limb impairment, the level of sport the participant is engaged in, and the participants prior experience with prosthetic equipment.

Another key contributing factor to disparities in access to prosthetic equipment is the existence of two funding streams, which provide different levels of access to prosthetic equipment. People with limb deficiency receive key support and funding from one of two organisations in New Zealand. The Accident Compensation Corporation (ACC) is a scheme that covers the cost of recovery for people who are injured in an accident. For people with congenital or medical limb deficiency, the Ministry of Health provides assistance through the public health system. Part 7's comment highlights this funding disparity:

I've got friends who are ACC and... because I'm Ministry of Health [funded] from birth, you just don't get anywhere near the level of support that someone that's on ACC gets, and it's not saying one's better than the other. Like in terms of the individual or the person, but it's that whole, 'can't have access to this because it costs so much money' (Part 7).

Sport providers were also keenly aware of the disparities in access to prosthetic equipment between these two groups of participants:

There's a difference between any athlete with a disability that is born with that disability as opposed to somebody that has an accident. You know, somebody that's had an accident, they're covered by ACC, they basically get whatever they want... Whereas somebody that is born that way, they only get one prosthetic every couple of years, they've got to fight for everything they get... So that is the number one barrier (Prov 10).

This bias created a barrier to sport for participants who could not afford prosthetic equipment. For focus group participant, FG 4, the lack of access to funding perpetuated worries about breaking prosthetic equipment during sport activities that was necessary for everyday living:

I'm under [Ministry of Health] and... I receive funding for the most basic [prosthetic]. There are better [prosthetics] out there, which would suit my lifestyle far better as they are more resilient, but are far more expensive... I'm already on my second [prosthetic] as I managed to break the other one in a couple of months... my dilemma is now do I keep living life as normal and run the likely risk I'll break this one?... I know I'm not eligible for a better [prosthetic]. Do I use this [prosthetic] less? Curb my activities? How many broken [prosthetics] will they fund? (FG 4)

Instead, individuals funded by ACC were perceived to have greater access to funding, including cover for sport-specific or performance prosthetics: "If you're ACC you're ok... So yeah, funding is definitely a barrier to them reaching their full potential" (Prov 3). Sport providers were acutely aware of how this impacted sport participants: "... all the legs that he would go through, and the hassle to get those replaced going through Ministry of Health versus ACC" (Prov 8). ACC funding was seen to be a facilitator to prosthetic equipment and sport participation, whilst Ministry of Health funding was viewed as a barrier: "If you're lucky enough to lose a limb to an accident then you're fine. But if you're born with a limb deficiency, then it's tough" (Prov 2). Many acknowledged public health funding as a major barrier to sport participation and believed that this system required improvement: "In New Zealand, unless you happen to lose your leg in an accident, you're really really stuffed... It would be just a game changer if that was a no brainer that that stuff would be funded" (FG 5).

Most participants in the present study obtained funding for everyday prosthetic equipment, but many required specialist, refined prosthetics to achieve quality participation in their sport, as identified in the following comment:

It was quite difficult without a blade, cos you're running on a dead weight and it's not that comfortable, and it's not that effective...For my current blade I had to self-fund it cos they

didn't have enough in their budget to spend on that sort of stuff. That's ok, but it just makes you feel a bit bad having to pay for a leg that will enable you to do something like that (Part 8).

Many sport participants funded by the public health system had to self-fund, or fundraise, to afford the performance prosthetics they required to participate comfortably and safely, or to continue their sporting journey and excel in competitive sport: "I really want a new [limb], it costs 50 grand, which they wouldn't fund" (Part 10). The lack of funding contributed to this barrier, leading to inhibited performance, which undermined the quality of experience. In accordance with this, Allan et al. (2019) suggested a lack of financial support created a barrier to accessing equipment, which negatively affected the quality of sport experience. However, the discrepancy between funding systems is unique to the New Zealand context and requires further investigation.

ACC funding for prosthetic equipment was seen to be a strong facilitator of sport participation, particularly when sport-type prosthetics were required. This is consistent with previous research which identified the cost of sporting equipment, including adaptive equipment, as an inhibiting factor for disability sport participation (Crawford & Stodolska, 2008; Darcy et al., 2016). A lack of equipment is considered a structural barrier to participation, which arises through structural disability and can generate frustration and exclusion (Haslett et al., 2017). In the present study, difficulties in accessing, or using, prosthetic equipment were found to result in negative experiences, and contributed to the sport participants' challenges with sport: "... when the legs and that become an issue, that's yet another layer of anxiety, of depression, of everything else that you need to deal with" (Part 6).

Even when funded by ACC, individuals in the present study had challenges in refining prosthetics to fulfil their exact sporting requirements. Among these challenges were fitment issues, and the development of relationships with new prosthetic technicians. Part 6 recognised how these challenges could be overcome, in part, by taking an active role in the journey and learning how to be their own prosthetist:

Responsibility is on the amputee, as well, to learn as much as possible about ... your socket, your stump, how it sits, the bioengineering. You know, you're going to live with this for the rest of your life. So, start your apprenticeship as a prosthetist right now (Part 6).

Many sport participants alluded to the ongoing nature of perfecting their artificial limbs in order to extract the best performance out of them. Participants had to work with prosthetists to achieve the best solution; this sometimes included repeat visits to the limb centre, further modifications, and undertaking inquiry with other prosthetic users in order to improve prosthetic functionality. "That's

the best that they can do. This is the first time they've done one of these... I sent it back to the manufacturer and said it was shit. They said the screws are in the wrong place" (Part 5). The following comment demonstrates the intricacies involved with achieving a quality solution:

With my regular prosthetic they kind of just take a mould of your leg for your socket. Then if you get pinching you take it back and they fill it up. With my blade that's a different story, if you make a small change to it it's going to have a big impact. The angle that it's coming out of the socket, if you make it too big or too small it's going to impact your stride when you're running (Part 8).

In accordance with existing literature (e.g., Bragaru et al., 2013; Jaarsma et al., 2014), an inability to access prosthetic equipment was acknowledged as a barrier to performing in sport. In the present study, local funding schemes for people with limb deficiency were found specifically to influence access to sport and quality experiences. Allan et al. (2019) observed that access to equipment was negatively influenced by a lack of funding support and impacted competitive opportunities. However, the present research notes that in most cases, it was more complex than simply accessing equipment in order to engage in sport.

The second major bias within disability systems pertained to a disparity in opportunities between participants on a high-performance sport pathway and individuals involved at the grassroots level. It was felt that high-performance sport was typically well-resourced, but grassroots sport could benefit from greater organisational input to ensure that everyone had an equal opportunity to participate. Individuals showing interest in a competitive pathway were perceived as better supported with greater opportunities than recreational sport participants:

... if you're not going to be a finalist at the Olympics... they sort of don't work on you as much. Like you sort of fall through the cracks... they're so focused on... high-performance Para-athletes that there's not really a focus on grassroots as much, or just a social aspect of it... They never seem to advertise running just for fun, or just to get out there, just to be active (Part 2).

As exemplified by Part 2, the focus of organisations was seen to be on achieving high-performance outcomes by providing developmental pathways for sport participants. This created a barrier to participation for grassroots sport participants, who did not feel encouraged to engage in sport, and instead felt like the emphasis was on those who were interested in a performance pathway: "A lot of people... align with... a sense of inclusion and wanting to be active. The competitive nature is something that will come, but it certainly shouldn't be thrust upon them in my eyes" (Part 7). This finding is consistent with literature from Evans et al. (2018) who recognised the importance of

unique pathways whereby sport participants are supported to pursue their own pathway in sport, which may or may not have a high-performance trajectory.

In addition to this, sport development researchers have highlighted the importance of having fun whilst developing athletic talent (i.e., Long-Term Athlete Development model: see Balyi et al., 2013), and the positive influence of mass participation on the progression and succession of elite athlete development (Sotiriadou et al., 2008). From a disability sport perspective, findings from the present study highlight the importance of continuing to offer opportunities in the grassroots or mass participation space, without a push toward high-performance sport, to support quality participant experiences.

Furthermore, inequalities were found within parasport high-performance environments. Part 8 spoke of: “being left out” by the coach and organisation: “I was being sent programmes later than when they were supposed to be sent and everyone else was being sent them on time” (Part 8). Part 9 echoed these feelings of bias and injustice, which undermined his sport experience and ultimately led to him redirecting his time and efforts into another sport. His comments suggest that sport participants who were perceived to be more valuable to performance were treated differently to other team members:

I talked to the coach and the assistant coach and told them, ‘It’s great that you selected me for the squad, but I still don’t feel like I’m part of it ‘cos I’m not getting the information’... they were picking a team for a trip away to [a competition]. And they didn’t actually let the people know who didn’t make the team... so you just found out from the players who got selected for the squad, that they’d selected the squad (Part 9).

In this way, the coaches’ bias toward participants perceived as more valuable provided a barrier to a quality experience.

The final bias reported within disability systems related to the classification system. The classification process determines the eligibility of athletes with impairment to compete in disability sport and provides a structure for equitable competition (IPC, 2015). Classification systems are said to promote sport participation for people with diverse abilities (Tweedy & Vanlandewijck, 2011) and are generally seen to provide fair and equitable opportunities in disability sport by facilitating the equal treatment of athletes (Evans et al., 2018).

Paradoxically, in the present study, many sport participants and providers had witnessed the exclusion of disabled people through the classification process: “I struggle with, on a personal level, but also in my job around how classification plays a part in participation. I’m very much of the mindset that classification shouldn’t be a barrier to participation” (FG 1). The classification system

was acknowledged as exclusionary to certain subgroups and presented as a barrier to sport for some people with limb deficiency: "... the international [federation] do say that your classification should not be a barrier, but in some of our organisations here, I've seen it" (Part 10).

At times, the classification system was exclusionary to those who identified as disabled or impaired yet were deemed too high functioning to meet the criteria to participate in disability sport. Some of whom felt excluded and had restricted opportunities to participate in disability sport. "Amputees can be difficult in that... some of them can be kind of stuck in an able-bodied, disabled world. So, they're able-bodied enough, it's [easier to] carry on into able-bodied sport" (Prov 4). One participant spoke about people with non-classifiable impairments or hyper-functionality, and the impact of exclusion on their ability to engage in disability sport:

In theory there's no reason why they shouldn't be able to be part of a sport regardless of their impairment... classification shouldn't be a barrier to participation... but there's this need for classification, to put a label on someone... They don't classify as parasport, but that doesn't escape the reality they live each day...it's like saying 'oh hey yeah mate you're disabled, but you're not disabled enough, so thanks for your time, see ya later' (Part 7).

In addition to this, the classification also excluded participants for being too disabled:

... one with X impairment who uses [adaptive equipment], that's not a classification that races at the Paralympics, so they can't become part of our squad. So, it's really tricky... The classification... standard's extremely high so there's a lot of people who cannot [compete in mainstream sport], but they also can't be classified to... compete in Parasport (FG 7).

As discussed in Chapter Two, this finding is consistent with previous research which argued that classification can deem athletes to be too able, resulting in their exclusion from disability sport (Howe & Jones, 2006; Peers, 2009). The present study builds on this by further identifying participants who are excluded for being too disabled for classifiable sport.

Correspondingly, one participant was disadvantaged by the classification system in a different way. They shared a story about challenges with classification, which left them competing in an unfair class. After pressing for a fair classification, they were able to excel in competition, which supported their quality of experience:

I was in the most able classification. I always sorta said 'I don't think I'm in the right class'... I got reclassified into the category below, which is a lot more even playing field for me... now, yea its pretty good... just qualified for [the Paralympic Games] (Part 4).

Bias within disability systems is an element of oppression and creates a barrier to sport participation. Participants and providers in the present study have identified how biases, disparities,

discrimination, and exclusionary practices create a barrier to participation. Ironically, the system in place to deliver fairness and equality through classification, was also described as a barrier to sport participation and quality experiences. From a sport development perspective, modifications to the classification system could enhance participation in disability sport.

In summary, access to prosthetic equipment was described by participants and providers as a facilitator to participation and quality experiences in sport. Bias was found to exist in the access to prosthetics, initiated by differences in the ways that people with limb deficiency were funded in New Zealand, where those with less funding for equipment experienced barriers to sport. Further to this, sport participants who were considered to have value in a high-performance environment were perceived to be offered greater opportunities and funding than those engaging in grassroots sport. The classification system is generally considered to facilitate participation by providing fair opportunities to compete in disability sport. However, the present findings highlight the bias in this system, which can be exclusionary to a small number of sport participants who are too disabled, or not disabled enough to participate in parasport. The next section will discuss the final influence on participation and considered the inequalities between disabled and non-disabled sport participants.

#### 4.1.3 Inequalities Between Disabled and Non-Disabled Sport Participants

The present section discusses results pertaining to the perceived inequalities between disabled and non-disabled sport participants, from the perspective of people with limb deficiency. Social inequality is described as “a relation between a majority in whose interests the instruments and systems of a society have developed over time, and minorities who have been marginal to the design and operationalisation of these for a variety of reasons” (Byrne, 2018, p. 10). In the present study, inequality between disabled and non-disabled sport participants was perceived to result in constraints to participation and quality experiences for disabled people. Non-disabled sport is generally considered to be well funded, led by organisations that have clear responsibilities, with an evident hierarchy, and developed pathways (Haslett et al., 2017; Thomas & Guett, 2014). By comparison, disability sport organisations experienced inequality through: 1) reduced funding, 2) limited power and recognition, and 3) a fragmented ‘system’ with too many organisations. These challenges result in inequalities between disabled and non-disabled sport participants.

In accordance with a social relational perspective, previous research has identified perceived discrimination and inequality as factors contributing to the experience of disability, which then generate negative experiences in sport (Allan et al., 2019; Haslett et al., 2017). In the present study, each sport participant reflected on the inequalities between disabled and non-disabled sport participants, where non-disabled sport participants were seen as having greater access to resources.

This led disabled sport participants to feel as if they had reduced opportunities in sport, which posed as a barrier to a quality experience:

... there's still a bit of a disparity between the able-bodied athletes and the Para-athletes, like you can definitely see the difference, which is obviously a little bit frustrating... I guess the time, and money, and effort that they put into it... They'll fully pay for an able-bodied athlete to go to World Champs who's going to come 30<sup>th</sup>, but a medal contender Para-athlete will not even be funded (Part 2).

Disability sport was seldom considered a priority for funding: "Does it carry the same weight [as non-disabled sport]? Has it got the same influence? It certainly doesn't have the same money behind it" (Prov 9). One sport provider acknowledged the effects of limited funding and what it meant for the delivery of disability sport:

We need to not wonder where our next meal's coming from in terms of funding. We need some security in that, so that we can continue to deliver incredible sporting opportunities for the rising stars of disability sport. But, without that support it's just hard, you're in survival mode. You do what you can, but that's not enough (Prov 5).

In this way, the disparity in funding appeared to result in inequality between disabled and non-disabled sport participants because without adequate funding, disabled participants had limited opportunities to engage in sporting activities and programmes.

One sport provider suggested that the investment strategy employed by New Zealand sport leaders could serve as an explanation as to why disability sport may receive less centrally allocated funding than non-disabled or mainstream sport:

Investment [is] based on medals and they don't put a lot of weight on a team sport such as Boccia. It's our biggest [disability] sport in New Zealand as far as participation goes and has been to the Paralympics and medalled but they don't invest in it (Prov 2).

This comment highlights a strategy where money is invested into a sport based on the likelihood of a successful performance on the world stage. However, in addition to this, team sports were further disadvantaged with funding because it cost more to succeed (i.e., four participants funded to win one medal), even though the exposure for the sport could have been beneficial for the participation of disabled people.

Beyond the centrally allocated funding, sport organisations could also apply for various forms of project-based funding. When mainstream organisations applied for this type of funding to undertake disability projects, it was often perceived as a box-ticking exercise, where requirements to be inclusive were satisfied in order to obtain funding but there was no broader plan or sustainability of the programme considered:

... everyone could probably write in the [funding] plan that... disabled people... are going to be included, to get the funding, but then not necessarily have the detail behind that [then] once one [disability] project goes on within a region... it's almost considered... that that's been funded. And yet imagine if that was the same for non-disability funding! (Prov 7).

Such projects were considered successful upon completion and there was little consideration for ongoing engagement or continued funding. This undertaking was deemed problematic for disabled participants and negatively affected their participation in sport.

As a result of the inequalities related to the amount of funding disability sport organisations received, many organisations relied on applications to community funding grants. However, these grants often redistributed funds from unethical sources:

... our [sport] trip... was funded through bloody pub charities. So, off the backs of Manukau whanau [family] chucking two-dollar coins into slot machines. A marginalised community funding another marginalised community through gambling. Fuck, it's mind-blowing, ethically that's not ok but... it's important for us to go [to the event], and the money at least is going to a good cause, but that doesn't make it ok (Prov 5).

Though non-disabled sport participants commonly have access to community funding grants, this comment highlights the realities of funding inequality and insinuates that if disability sport was adequately funded in the same way as non-disabled sport, then disabled participants would not experience the added layer of guilt and the ethical dilemma related to accepting this type of funding.

Generally, funding for disability sport was strongly considered to be a barrier to participation, and adequate or ample funding was seldom mentioned as a facilitator: "... we are constrained by the funding. We've only got X amount of dollars, and this is actually a reality... there's no extra funding" (Prov 6). However, there had been a one-off funding injection to assist disability sport organisations in delivering opportunities, which was considered to influence participation in a positive way:

Sport NZ has got a big pot of money [so we are] getting X thousand dollars each year for the next three years, to support what we're doing. Which is massive for us. So, it means we don't have to spend so much time grovelling around for money, and we can develop some really cool programmes with that funding. And not be controlled (Prov 4).

This comment demonstrates how adequate funding has many benefits to disability sport organisations and facilitates participation through the growth and sustainability of programmes, as well as giving the organisation power to decide the best use of the funding. However, providers were sceptical that the funding injection would bring disability sport opportunities on par with mainstream sport: "This disability inclusion fund... it's only X million across three years. So, it's not going to go very far" (Prov 9).

These findings indicate that funding at the organisational level may be a driver of inequality between disability and mainstream sport participants and reduces opportunities for participation in disability sport. Funding disparities exist around the world between disability sport and mainstream sport and are said to be associated with the historical development of sport, a medicalised perspective, and structural features of disability sport, namely the classification system (Radtke & Doll-Tepper 2014). In the present study, investment strategies which support medal winning performances, and a box-checking attitude related to project-based funding, were considered to be contributing factors in the funding disparity between disabled and non-disabled sport organisations.

In addition to better access to funding, non-disabled sport participants were perceived to receive greater recognition for their sporting achievements and to hold greater power over decision-making. This led to negative experiences for disabled sport participants when they felt non-disabled participants received greater recognition for their sporting efforts and achievements: “It’s trying to get the recognition... to get as much publicity exposure as much as other athletes, able-bodied athletes, would” (Part 4). This was reaffirmed by Part 8: “I do put in a lot of effort to train, so it would be nice to get a bit more recognition for it. But I think they’re not too fussed about that side of things because it’s not Olympic level” (Part 8). These comments highlight how participants felt overlooked as disabled sport participants within mainstream organisations.

In these ways, the inclusion of disabled participants in mainstream contexts could emphasise the differences between the two groups in a negative way to perpetuate inequality, exclusion, and oppression. One sport provider spoke of the importance of prioritising opportunities for disabled people in mainstream organisations: “There needs to be individuals within [mainstream] organisations that actually care about parasport and see the benefits. Otherwise, they’ve already got priorities being pushed on them... and disability, at the moment, is well down the list” (Prov 9). This comment emphasises the lower priority of disability sport in mainstream organisations and the issues with integrating the delivery of disability sport. On the other hand, positive outcomes were associated with integrated sport experiences, when the non-disabled participants were integrated in disability sport environments. In these spaces, disabled participants felt empowered and could demonstrate their ability on a level playing field:

The fact that you can hold your own. You’re disabled, but here you are, you’re smashing some [non-disabled] ass. I like that. I like to see the underdogs celebrated in those spaces... it just feels like you’ve got a chance to level the playing field a bit (Prov 5).

Several participants identified unequal opportunities with non-disabled participants as forms of discrimination, which acted to constrain their participation in sport, and created a barrier to quality experiences:

... it's very them and us. Like the Paras are considered a bit of a problem... they said, 'oh nah, she's only doing Para'. I didn't pull her up, but it wasn't good enough. It's just the way Para gets dismissed, and I don't like that (Part 10).

Disabled sport providers reiterated this message: "... there's some inequities out there" (Prov 8), and acknowledged the reduced input, or autonomy, that disabled people were permitted regarding their participation decisions: "You're always at the [receiving] end of things, of goods, of services, but you never have a whole lot of say in the delivery of those things roll out" (Prov 5). This comment highlights inequalities in power, leadership, and decision-making.

Several sport providers attested to the importance of all participants having equal rights and opportunities:

... it doesn't matter whether they're a Para-athlete or an able-bodied athlete. Every athlete should be treated the same and given the same opportunities. First and foremost, whether my athletes have a disability or not, they should have the right access to resources, they should have the same access to facilities. And more importantly, they should experience the same experience if that's what they want to do (Prov 10).

However, many of the comments in this section reveal the inequalities that persist: "When I started sport, I sat on a special chair. That was my sport experience. That was the vision for me. I can remember [the teacher] telling me I couldn't go in the duathlon [and] that being ridiculously unfair" (Part 5). This example describes the degree of inequality faced by some disabled participants in the past, but many others illuminate the current climate of inequality.

Some sport providers reported that quality of opportunity had improved over time for disabled participants: "Maybe five to ten years ago para-swimmers were never counted, they didn't get any points. That whole things changed and... it increases participation or club membership by having para-swimmers" (Prov 2). Prov 2 believed the change in strategy reduced barriers to participation, promoted inclusion, and helped to resolve inequalities. However, he identified that the organisation was motivated by benefits that went beyond this. Similarly, a sport participant illuminated the true intent behind an organisation appearing to promote the equality and inclusivity of disabled people:

*They were using us as poster children, they would take us to these events, take photos... it was all just a media stunt. And so, I quit cos I was like 'this is bullshit, you're not actually focused on helping people long term, you're just doing this to make yourselves look better'. So, I thought screw this, I'm not going to be here standing having photos with you just to make you look good when you're not actually doing anything for these people.*

These comments expose inequalities that can be perpetuated by mainstream organisations as they grapple with multiple agendas to develop sport whilst integrating disabled participants and promoting inclusivity.

In these ways, the perception of non-disabled sport participants as more worthy than disabled participants appeared to weigh on the overall experience of sport. This was cause for frustration as disabled sport participants felt they exerted as much effort as non-disabled participants: "... we work just as hard as those athletes" (Part 2). These findings are consistent with existing literature, which has found that non-disabled athletes are perceived to receive preferential treatment (Haslett et al., 2017), and that unfair treatment and perceptions of inequality culminate in negative sport experiences for disabled athletes (Allan et al., 2019; Smith et al., 2016a). Further to this, Allan et al. (2018) claimed that feeling equal was foundational to quality participation, and enhanced participation in sport. Findings from the present study extended on this to identify inequality as a negative influence on participation, stemming from the limited power of disabled participants and lack of recognition for their efforts and achievement.

The final key difference in the opportunities for disabled and non-disabled participants stemmed from system level variances between disability and mainstream sport. The 'mainstream sport system' was considered to have a clear hierarchy with central leadership and well-developed pathways for participants to follow, whereas the 'disability sport system' was thought to be fragmented, and organisations competed against each other instead of working in harmony: "In comparison to able-bodied sport... there are a lot of [disability sport] groups. And they seem to be quite disparate and... I'm not sure how well they work together, all these groups" (Prov 6). As part of this, there was some overlap between organisations: "There are areas where there's a bit of duplication... Communication and collective knowledge [need improvement]" (Prov 8). These comments highlight challenges amongst disability sport organisations that are less commonly seen in mainstream organisations, and that can negatively influence participation opportunities.

Some sport providers signalled that sport participation may be made complex by the number and type of disability sport organisations responsible for coordinating programmes. This was not considered to be a problem within mainstream sport. Disability sport organisations with similar roles offered participation opportunities, but having different strategies to each other made it difficult to collaborate and provide clear pathways for participants:

... there are too many [disability sport] organisations in New Zealand. So, if I am an amputee... athlete. I can be part of the amputee society... I can be part of a Parafed, Halberg Foundation, Paralympics New Zealand, a club, a regional organisation, an NSO, and a high-performance department... So, there becomes this whole crossover (Prov 10).

Added to this, a number of these disability sport organisations lacked clarity in their roles and prioritised their own agenda instead of working together to improve capabilities: "... collaboration is a challenge... Everyone is too busy trying to protect their patch and make themselves experts in it... My God, there are a lot of different groups doing similar things, and not collaborating, meaning resources are spread thin" (Part 7).

Highly competitive funding models, and the disparity in funding between mainstream and disability sport organisations (discussed above) were thought to contribute to the disconnect between organisations: "... we're all going for the same funding. You compete against each other in that way... then everybody holds their cards really close to their chest, and they don't communicate with each other. Nobody wins when we operate like that" (Prov 5). This comment identifies how the competition between disability sport organisations is spurred on by the stretching of limited funds, and then contributes to the fragmentation of the 'disability sport system' by creating distance between organisations.

Several providers acknowledged the number of organisations and the disconnection between them as an influence on their ability to deliver programmes, and therefore as a barrier to participation. It was suggested that sport leaders assess the responsibilities of each disability sport organisation and then look to combine organisations with similar roles:

Probably fewer organisations would help... If this means boards or committees need to look in the mirror to gauge how relevant they are as an organisation, then so be it. And if the results of that reflection are that we need to merge with another group then so be it. There cannot continue to be double ups and crossover of work when resources at all levels are so stretched. If there were less organisations competing for the same slice [of funding], or participants, or committee members, we would be working more effectively and providing a higher quality product and experience. If there was actually sharing of information, then less resource would be wasted. I feel like organisations are so pre-occupied proclaiming to be, and making themselves seem busy that they forget the reason behind their work (Part 7).

In the literature, the process of integrating disabled participants into mainstream organisations has been thought to contribute to a highly fragmented sport system (Thomas & Guett, 2014). Findings from the present study indicate that competitive funding models, a lack of communication, and obscurity in the roles of organisations contributes to a fragmented 'disability sport system' in New Zealand. This acted as a negative influence on participation and when compared to the 'mainstream sport system' was believed to create inequality in the opportunities of disabled and non-disabled sport participants.

Building on the literature, the present study found that investment strategies related to success on the world stage and box checking attitudes around disability funding applications contributed to inequalities between disabled and non-disabled sport participants. Furthermore, the pedestaling of non-disabled participants and lack of recognition for disabled participants resulted in negative sport experiences, where disabled participants lacked power in decision-making. Finally, a fragmented 'disability sport system' lacking clarity in structure, had a negative influence on participation, where the relevancy of some disability sport organisations were called into question. By comparison, mainstream organisations were implied to collaborate more effectively.

Overall, in the present study three major influences were identified in relation to sport participation and quality experiences for participants with limb deficiency in New Zealand: attitudes, bias, and inequality. A model of quality participation (QPPF: Evans et al., 2018), and a critically informed disability framework (SRM: Thomas, 1999, 2004, 2007) were employed to identify how constructions of disability, structural disablism, and the experience of disability influence sport experiences. The interpretation of results through a social relational lens (e.g., Thomas, 2004), in an attempt to address disability as a process of oppression, is a step towards using disability theory to address the discrimination that disables individuals and negatively influences their participation.

The results of the present study align with existing research on quality participation, where social and physical conditions have been found to influence participation in sport. The findings also reinforce that influential factors exist in the broader environment (e.g., Evans et al., 2018; Shirazipour et al., 2017), and impact access to sport, as well as the development of quality experiences. Next, outcomes of quality participation are reported.

## 4.2 Outcomes of Quality Sport Experiences

The present section provides a discussion on the outcomes of quality sport experiences for people with limb deficiency. This section includes commentary from sport participants and providers on the outcomes of sport experiences, which revolve around two key themes: 1) enhanced mental wellbeing, and 2) continued engagement in sport (see Table 4.2). Outcomes of quality participation have been frequently cited as an area for future research (Evans et al., 2018; Jackson et al., 2019; Orr et al., 2020; Shirazipour et al., 2020). In answer to the call by Orr et al. (2020) to evaluate how the elements of quality experience are related to outcomes, the findings in the present study may offer a deeper understanding for sport management researchers regarding the value in supporting quality experiences in disability sport.

**Table 4.2***Outcomes of Quality Sport Experiences: Two Key Themes*

<b>Theme</b>	<b>Theme definition</b>	<b>Supporting quote</b>
Enhanced Mental Wellbeing	Positive mental health outcomes such as fun, enjoyment, happiness, confidence, self-esteem, competence and social connection.	“It gives you confidence... when you achieve things it can really build your self-esteem” (Part 9).
Continued Engagement in Sport	Long-term participation and involvement in sport related to intrinsic motivation and mental wellbeing outcomes.	“Enjoyment, engagement, and wanting to come back” (Prov 4).

**4.2.1 Enhanced Mental Wellbeing**

Sport participants and providers spoke of several improved aspects of psychological wellbeing as an outcome of quality sport experiences for people with limb deficiency:

Self-fulfilment and worth... you feel better about yourself. Just the wellbeing, the hauora [health and wellbeing], the ability to handle, build your resilience, anti-depressing... If you can have a quality sport or physical experience, I think that it really helps you with your overall wellbeing, mental state. I know for myself if you're feeling a little low... it just lifts your day (Prov 3).

This comment highlights the relationship between quality sport experiences and multiple aspects of mental wellbeing. In this section, three means of enhancing mental wellbeing are identified that were influenced through quality sport experiences: 1) enjoyment, 2) competence, and 3) social connection.

The first means of enhancing mental wellbeing through quality sport experience was enjoyment. Participants linked improved mental health to the enjoyable experience of sport: “I like that [sport] helps my physical and mental health, I enjoy it as a hobby” (Part 8). Sport participants experienced enjoyment by engaging in quality sporting activities that were meaningful to them: “My version of it is it's got to be fun and exciting... I get a chance to do something meaningful... Just cos I'm disabled doesn't mean I have to be bored” (Part 5). This comment emphasises the importance of an enjoyable experience and demonstrates that disabled people actively sought out sporting activities that resulted in enjoyable outcomes. It also highlights a perception of disabled people as being bored, inactive, unable to engage in sport, or less capable of experiencing enjoyment in the way that non-disabled people do.

In addition to this, sport providers acknowledged enjoyment as a desired outcome of quality sport experiences: “... the competitiveness, socialisation, enjoyment... We want to enhance their lives and hopefully give them a lifelong enjoyment... in sport” (Prov 3). This comment highlights the intention

of the provider, to support an enjoyable sport experience and relates to several quality experience elements (e.g., *challenge*, *belongingness*, *meaning*). Previously, Evans et al. (2018) emphasised the enjoyable nature of quality experiences. Specifically, fun and enjoyment have been interpreted as outcomes of a quality experience (Andrusko, 2018; Man et al., 2020; Orr et al., 2020; Theokas et al., 2007), and in particular, have been found to relate to the *belongingness* and *engagement* elements of quality experience (Jackson et al., 2019).

Sport development frameworks acknowledge the importance of fun and enjoyment in developing athletes in sport. For instance, the Long-Term Athlete Development model (e.g., Balyi et al., 2013) advocates for fun and structured play to support the development of younger athletes. This model acknowledges participating for fun, however, the emphasis for enjoyment remains on younger athletes. There is a disconnect between enjoyable sport experiences and high-performance sport in the sport development literature. In the present study, adult participants, including high-performance athletes emphasised the importance of fun in sport as an outcome of quality experience.

The second aspect of mental wellbeing that was found to be enhanced through quality sport experiences was competence. Self-determination theory posits that competence is one of three factors that contribute to wellbeing (e.g., Ryan & Deci, 2000). In the present study, sport participants linked the process of setting and achieving goals in sport to happiness and increased mental wellbeing: "... achieving my physical goals sort of helps my mental wellbeing, because I mean, they're my goals and that sort of makes me happy. That's what I want to achieve, so once I achieve them then it's good" (Part 2). This finding highlights the strategy the participant utilised to achieve a quality experience, and the element of *challenge* in leading to outcomes of enhanced mental wellbeing, such as feelings of competence and achievement.

Similarly, a participant observed a lift in mood following a quality training experience where they dedicated themselves and felt a sense of accomplishment:

I'd done half an hour and I felt really good... a solid workout. [You can] see how hard you've worked on the thing. And it's amazing... Just how much better you feel, up there... I'm really still on a high over that to tell the truth. Because I had that good [session] (Part 3).

This positive mental state was associated with a feeling of pushing hard, where the experience left the participant feeling "powerful" and "fizzing" (Part 3). Once again, these comments point to the quality participation element of *challenge* in contributing to positive mental wellbeing outcomes.

Another participant acknowledged the wellbeing benefits related to competence in sport and noted that the positive feeling carried on outside of sport, into daily living: "The achievement aspect of it's

fantastic... the extra power, the extra performance you can take into your life is fantastic” (Part 6). Confidence and feelings of achievement were outcomes of quality sport experiences that related to proficiency and goal-directed behaviour: “It gives you confidence...when you achieve things it can really build your self-esteem” (Part 9). This comment explains that feelings of competence and achievement boosted self-esteem, which can be tied to the *mastery* element of quality experience.

In the sport development literature, confidence is a key component of positive youth development (e.g., Côté et al., 2007). Confidence has also been highlighted in the process of developing quality experiences (Man et al., 2020), and as an outcome of quality experience, whereby participants were empowered by sport and developed confidence as a result (Allan et al., 2018). Disabled people have also reported improved self-esteem and self-concept as outcomes of sport participation (Devine et al., 2017; Scarpa, 2011). Expanding on this, findings from the present study suggest that the *mastery* and *challenge* elements of quality experience are key in promoting feelings of competence.

Another example of perceived competence from the present study involved a demonstration of ability by a disabled participant against a non-disabled participant. A disabled sport provider recalled a conversation with a participant where a demonstration of skill bolstered their self-esteem and led to feelings of happiness: “[A participant said] ‘I played this bloody muscly [non-disabled] the other day and I kicked his ass’... It’s for [their] self-worth, so I think that’s really important... I think that will make them feel really good about themselves” (Prov 5). This comment draws attention to the *meaning* element of quality experience, where the participant had a personally meaningful experience that resulted in feelings of self-worth and competence.

Social connection was the third aspect of wellbeing found to be enhanced through quality sport experiences. Participants in the present study associated social interaction in sport with feelings of happiness, positivity, and mental wellness. Quality social experiences in sport were thought to positively influence mental wellbeing: “I think sport has a positive influence on wellbeing ‘cos it [creates] a social environment. That makes you feel more positive, ‘cos you’re around friends” (Part 8). Sport was viewed as a catalyst for social connection, where participants benefitted from opportunities to engage with others: “I’m quite an introvert, but I still like to be around people at times, so yeah, I think sport helps your mental wellbeing that way for sure” (Part 9). Further to this, a sport provider identified wellbeing and social connection as motivators for people with limb deficiency to play sport: “... the same [motivations] as anyone... mental wellbeing, and just getting out there and doing things with other people” (Prov 4).

This was further supported by the finding that reduced mental wellbeing was an outcome of a negative sport experience. One participant reflected on his inability to engage with sport following

his amputation, which resulted in feelings of dejection and fed a negative psychological state with long-term effects:

The hardest thing for me was the weekend after I got out of hospital, I went along to my rugby club and watched my senior team play. I lasted about half an hour, and I was nearly in tears standing there watching the guys and thought this should have been me. I've never ever been to watch them play since. It had that psychological pull on me. That was really tough (Part 1).

Together the findings indicate that social connection is a key aspect of mental wellbeing that can be enhanced through quality sport experiences. These are consistent with previous research that has reported enhanced psychosocial health, wellbeing, and the inclusion of disabled people through sport (e.g., Devine et al., 2017; Martin Ginis et al., 2012; Smith, 2013b; Yazicioglu et al., 2012).

Findings from the present study build on this by attributing the *belongingness*, *challenge*, *meaning* (socially meaningful), and *mastery* elements of quality experience to enhanced wellbeing outcomes in sport. The relationships between quality experience elements and outcomes can be explained partly by the social relational model (Thomas, 1999, 2004, 2007), which identifies the importance of positive social interactions in empowering disabled people and contributing to psychological wellbeing. Further to this, self-determination theory (e.g., Deci & Ryan, 1985; Ryan & Deci, 2000) emphasises similar concepts in suggesting that the human needs of relatedness and competence enhance wellbeing when satisfied.

In summary, the current theme identified enhanced mental wellbeing as an outcome of quality sport experiences for people with limb deficiency. Positive mental states were found to result from quality experiences in sport. Feelings of enjoyment, happiness, positivity, competence, and social connection were reported as outcomes of quality sport experiences. These findings were unsurprising as the quality participation construct is underpinned by positive psychology, and theoretical links have been established between factors that contribute to quality experiences and conceptualisations of wellbeing, such as SDT (Deci & Ryan, 1985; Ryan & Deci, 2000) and PERMA (Seligman, 2011). These findings are relevant to the sport development literature because they identify the role of quality experiences in contributing to enhanced wellbeing for sport participants. Next, continued engagement is discussed as an outcome of quality sport experience.

#### 4.2.2 Continued Engagement in Sport

The second key outcome of quality experience was continued engagement in sport. Sport providers were keenly aware of the link between a quality experience and the participants' commitment to sport: "... someone with a limb deficiency, if you rock up to a sporting space that doesn't understand... what you need to make it a really positive experience, then potentially, you're not

going to go back” (Prov 5). With this awareness, several providers prioritised quality experiences in order to retain participants in sport:

We’re also very focused on that really positive first experience. We know that there’s nothing worse than the first time they go there and it’s a negative experience and then they won’t continue... It’s the same with our elite athletes, they’ll just quit if they get treated like shit from high-performance (Prov 2).

Quality sport experiences were found to incite two key contributors of continued engagement: 1) motivation, and 2) immersion. Motivation was central to long-term participation in sport and found to be an outcome of quality sport experiences. Sport providers identified that quality sport experiences inspired motivation to continue engaging in sport: “... ultimately, [a] quality experience is... enjoyable and satisfying and motivating to want to continue to participate” (Prov 7). Moreover, sport participants identified how a quality experience was linked to a fixation with sport. Two sport participants referenced the addictive nature of sport: “It was cool, almost like a drug you know, the more I did it, the more I’d be going off to the pools all the time.” (Part 1), where feelings of achievement led to a compulsion to remain engaged with sport:

...but that medal around my neck, the only thing I could think of was the next thing I wanted to do. And that’s the empowerment of sport...that’s that whole concept of race yourself... the achievement that you get out of that. It’s just addictive (Part 6).

These comments highlight the quality experience elements of *mastery* and *meaning*, whereby participants were motivated to continue engaging in sport when they experienced feelings of accomplishment and had personally meaningful experiences where they achieved significant value. One provider spoke of the feedback from a successful event and the resulting commitment from sport participants and sponsors to engage again in the future after a quality experience:

... some of the korero [chat] was... ‘we’ve never been celebrated before’ and ‘this space made us feel seen, and heard, and acknowledged’. And you just go ‘fuckkk’. That’s what you want from disability sport, those are the words that you want to hear. And ‘we’ll be back next year’. And the sponsors going ‘where do I sign’. Boom! (Prov 5).

Highlighting the *meaning* element again, one sport participant recounted the roles of recognition and achievement in motivating their involvement in sport: “...top three in the world... it’s good to be there, and then it does come with the extra motivation as well” (Part 4). For this participant, achieving a result of this significance provided the motivation to continue engaging. Equally, negative sport experiences sometimes resulted in discontinued participation or reduced engagement by the sport participant:

... if you participate in sport... for fun... and you're constantly having negative experiences because of other people, it makes you not want to be in that environment. I think if it was more common, I wouldn't be as involved as I am now (Part 8).

Another sport participant considered the different aspects of sport that contributed to quality experiences and resulted in increased motivation. The participant attached value to playing well in a team environment and insinuated that this could motivate continued engagement. Whereas a losing result without other aspects of a quality experience to support it could promote disengagement:

[The sport I play] is hard cos it's one of those sports it's not that fun to lose at...So, it's hard to keep numbers... if you play rugby, you're bound to win the game every now and then, or even if you lose you could play well. Whereas if you lose every [race], you're probably not going to come back next season... that's not a fun thing to do (Part 2).

To sport managers, this finding suggests that participant retention may require different strategies depending on the code, or the capacity to generate quality experiences in each environment. For example, team sports may stimulate more opportunities for social connection; or, certain sport codes may offer greater opportunities for *challenge* and *mastery*. In this way, a participant's decision to continue engaging in sport following a negative experience may involve a judgement call based on quality experiences outweighing negative experiences. Indeed, multiple motives for participation are suggested to enhance retention in sport programmes (O'Neil & Hodge, 2020).

As outlined earlier, satisfaction in sport has been associated with commitment, motivation, and retention (Chelladurai & Ogasawara, 2003; Currivan, 2000; Fairley et al., 2007; Kim et al., 2007, 2009). Motivation has been suggested as a process for developing quality participation in disability sport (Man et al., 2020), but has not yet been identified as an outcome of quality participation. However, it has been suggested that quality experiences in disability sport may influence involvement over time (Shirazipour et al., 2017; Shirazipour & Latimer-Cheung, 2021). The present study builds on this to demonstrate that quality experiences in sport provide the motivation for continued engagement over time. Specifically, feelings of success related to quality experience elements of *mastery* and *meaning* were found to motivate continued engagement in sport.

This novel finding may be significant to sport managers and coaches, who design programmes and pathways to develop participants. Sport development theory (e.g., Green, 2005) notes that athletes must find value in sport participation in order to continue engaging and acknowledges motivation as a component of athlete retention, which is essential to the development of sport. Therefore, the finding that some participants may be intrinsically motivated by feelings of success (e.g., *mastery* and *meaning*) could assist programme developers to optimise retention in sport.

Interestingly, some mental wellbeing outcomes discussed in Section 4.4 have been found to motivate continued engagement in sport. Enjoyment has been cited as a key factor in long-term participation (Shirazipour & Latimer-Cheung, 2020), and in promoting long-term involvement in sport (e.g., Sport Commitment Model; Scanlan et al. 1993). This relationship between enjoyment and engagement can be explained by self-determination theory (e.g., Deci & Ryan, 1985; Ryan & Deci, 2000), which posits that enhanced wellbeing nurtures intrinsic motivation to continue to access that pleasurable experience.

The present study further identified social connection as an aspect of wellbeing that motivates continued engagement in sport: "... probably the social aspect of it... it helps with... motivation" (Part 9). However, social exclusion resulted in a loss of engagement and a failure to return to sport:

When I was playing that game and not doing well, that bitch lady said to me 'it might be better if you watch and learn' and... I really wanted to... walk out. I was nearly in tears. I never went back and played [that sport], that negative experience of not being included, and actively excluded, has put me off. That wasn't quality participation (Part 10).

These findings connect wellbeing outcomes with sport engagement and further strengthen the case for sport providers to promote quality sport experiences. Green (2005) highlights the role of socialisation in athlete retention where valued and meaningful social experiences can bridge recruitment and feed commitment to sport. Indeed, athletes in team sport have been found to have greater motivation for playing than those in individual sports (Moradi et al., 2020), and friendship has been found to motivate commitment to sport (Panagiotis, 2020). This suggests that sport programmes designed to enhance social connection through quality experiences may contribute to greater engagement and athlete retention.

Further to the quality experiences that resulted in increased motivation to engage in sport, several participants were inspired to maintain their involvement in sport when they immersed themselves to the point where nothing else mattered during that time. Immersion and focus are components that align with flow theory (e.g., Csikszentmihalyi, 2000), which proposes that total absorption in a task is highly enjoyable and produces intrinsic motivation (Nakamura & Csikszentmihalyi, 2014). Flow is "a state in which people are so involved in an activity that nothing else seems to matter; the experience is so enjoyable that people will continue to do it even at great cost, for the sheer sake of doing it" (Csikszentmihalyi, 1990, p. 4).

A sport participant in the present study recounted a quality sport experience and described how this led to an engrossed state, where other matters were forgotten:

When you're playing, for me, it's when I'm truly living in the moment... my mind's clear. Not thinking about any of the bullshit that's happening in life. It's just a good mental release and

you don't have to think about external pressures... It's just inside the four lines, or in the pool, or whatever sport you're doing... you're just in that moment, you don't have to worry about other stuff. More so, when you're playing sport, you don't really think about other stuff... And after playing... if you played hard, you just feel satisfied (Part 9).

This comment demonstrates how full absorption in the game helped the participant to remain in the moment and forget any problems they were having outside of sport. This quality experience related to immersion resulted in an increased commitment to playing sport.

Another sport participant connected a flow state to an enjoyable and satisfying sport experience: "Something that I got involved in and I found really good at was... with a workmate... Our shift would finish and we'd play table tennis in the garage till 4 o'clock in the morning" (Part 1). This comment implies that time was lost due to complete immersion in the game. A quality sport experience where participants could forget about their impairment and focus on their ability and achievements was motivating for participants to maintain their involvement: "... it takes your mind from sorta thinking about what's happened to you 24-7 to you've got something else to go do. Try [to] achieve something" (Part 4). In these ways, experiencing flow was related to achievement, or the *mastery* element of quality experience and was positioned as an escape from the oppressive nature of disability.

Feelings of flow and immersion are typically consistent with the *engagement* element of quality experience, which has been found to contribute to positive sport experiences (Martin Ginis et al., 2017a). *Engagement* is an element of quality experience, satisfied when one is "engaged in the activity; motivated; focused; involved; experiencing flow" (Evans et al., 2018, p. 37). Interestingly, the present study did not find evidence of the *engagement* element in influencing quality experiences. The findings instead point to engagement as an outcome of quality experience, where quality sport experiences generated motivation to prolong their involvement in sport.

These findings help to expand on existing quality participation literature, providing additional evidence of the relationship between continued engagement and quality experience. More specifically, immersion in a sport task was found to correspond with the participant having a quality experience, where quality experiences related to *engagement* and *mastery* encouraged participants to continue engaging in the activity. Participants alluded to flow as an outcome of quality experience when they were focused on accomplishment or overriding other thoughts and stressors related to disability. A novel contribution of the present research is the finding of engagement as an outcome of quality experience, rather than an element of quality experience as proposed by the QPPF (e.g., Evans et al., 2018).

To conclude, enhanced mental wellbeing and continued engagement in sport were found to be key outcomes of quality experience and were related to specific elements of quality experience. This is in accordance with findings that elements of quality experience have a significant impact on quality participation outcomes (Shirazipour et al., 2017). Additionally, there was considerable overlap between mental wellbeing and continued engagement. This can be explained in part, by self-determination theory (Ryan & Deci, 2000) which proposes that the meeting of three basic needs facilitates wellbeing and motivation. These findings have implications for the sport development literature, where mental wellbeing and engagement in sport are common objectives of sport participation.

### 4.3 Summary

In Chapter Four, influences on sport participation and quality experiences were discussed, followed by dialogue on the outcomes of quality participation. Several social and physical conditions were found to influence participation in sport, where discrimination performed a key role in shaping the experience of disability. Along with negative attitudes toward disabled people, bias was found within disability systems, which were typically positioned as safe structures, and inequalities were found between disabled and non-disabled sport participants. Regarding outcomes of quality experience, enhanced mental wellbeing was enhanced through feelings of enjoyment, competence, and social connection. Continued engagement in sport was developed through increased motivation and immersive states. One key takeaway is that sport providers may enhance involvement in sport through the facilitation of quality experiences. By doing so, this may foster intrinsic motivation, and promote continued engagement of sport.

The findings from this chapter provide support for existing research which acknowledges the importance of quality experiences in sport. Beyond this, novel findings contribute to the quality participation literature. Findings from the present study contribute to existing quality participation literature, and provide links to sport development concepts, specifically athlete retention. The results correspond to sport development literature, disability theory (e.g., Thomas, 1999, 2004, 2007), and the quality participation framework (e.g., Evans et al., 2018).

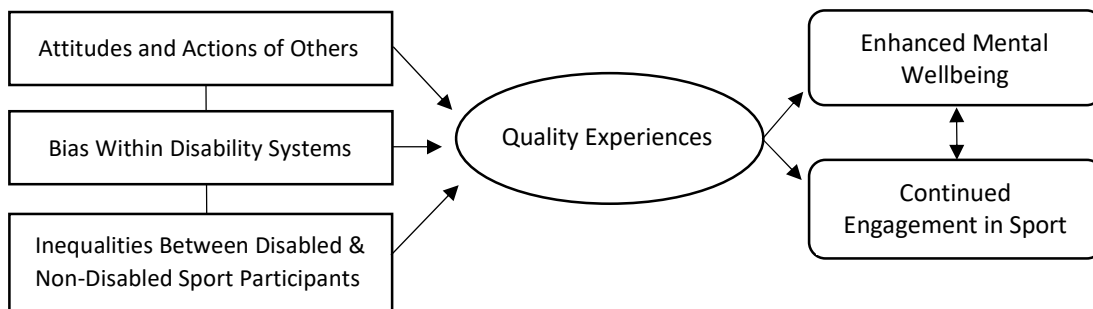
In seeking to capture a summary of the influences on participation and outcomes of quality experiences within Figure 4.2 below, an important consideration is that these influences on participation primarily related to the social relational perspective, where relationships with individuals or groups constrained or facilitated access and participation. Participants spoke minimally about other influences such as travel, location, and convenience etc. Thus, while other non-social

relational aspects are likely influences, Figure 4.2 is limited to the aspects identified most strongly within the present study.

Building on Figure 4.2, the following two chapters will investigate approaches utilised to facilitate quality participant experiences in sport. Next, Chapter Five will discuss the approaches utilised by participants to navigate toward quality experiences in sport. This will be followed by Chapter Six, which will examine the approaches used by disability sport providers to support quality participant experiences.

**Figure 4.2**

*Summary of Key Influences on Participation and Outcomes of Quality Experiences*



## Chapter Five: An Insider Perspective on Quality Experience

Chapter Four presented and discussed findings from the present study relating to influences on sport participation, and outcomes of quality sport participation for people with limb deficiency. Chapter Five builds on the findings presented in Chapter Four, focusing on the perspectives of sport participants with limb deficiency, regarding their perceptions and insights in navigating toward quality experiences in sport. The results discussed in Chapter Five pertain to research questions one, two, and four:

*RQ1: How do people with limb deficiency and sport providers perceive quality experiences in sport?*

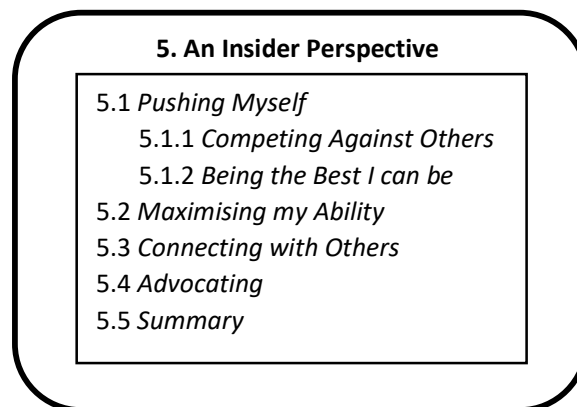
*RQ2: How do people with limb deficiency navigate toward quality experiences in sport?*

*RQ4: How can sport experiences be enhanced for people with limb deficiency?*

In answering these questions, the present chapter considers four key themes (see Figure 5.1).

**Figure 5.1**

*Structure of Chapter Five*



The four themes explain how participants engage with sport and facilitate quality experiences. Table 5.1 presents the themes, subthemes, definitions, and supporting quotes related to each.

**Table 5.1**

*Navigating Toward Quality Sport Experiences: Four Key Themes*

Theme	Theme definition	Supporting quote
<i>Pushing myself</i>	Competing against others and oneself as valued aspects of sport. A goal directed approach to obtain perceived success.	
<i>Competing against others</i>	Pursuing opportunities to draw comparisons with others, or demonstrate superior performance.	"I like winning. I'm a competitive person and I think that I get satisfaction from competing" (Part 7).

<i>Being the best I can be</i>	Seeking challenges, and exerting effort to overcome obstacles, or improve capabilities. Setting and achieving goals related to self-improvement.	"[I play sport] I guess just to prove that I can, mainly to myself" (Part 2).
<b>Maximising my ability</b>	Minimising the effects of disability through inclusion, whilst supporting independence.	"Everyone thinks about the disability first. No, think about the ability first, and then work on the disability second" (Part 6).
<b>Connecting with others</b>	Sharing experiences, in and around sport to enhance relationship building and maintenance.	"... people are more excited about catching up before training, and they hang around afterwards and they chat, and joke, and laugh" (FG 3).
<b>Advocating</b>	Supporting others to enjoy sport by promoting access and raising awareness.	"I think me coming in as an [official] myself, it's great... We can raise awareness more" (Part 10).

These four themes are explored in the context of existing literature, related to disability sport and quality participation. While the themes are consistent with previous findings regarding the approaches used to elicit quality participation (e.g., Allan et al., 2019; Fakolade et al., 2021; Fong et al., 2020; Man et al., 2017; Shirazipour et al., 2018), what we know less about are the similarities and differences that may exist between the perspectives and approaches of sport participants and sport providers. Understanding more about the experiences of each group (participants and providers) could provide insight into how sport providers can better support the needs and preferences, of sport participants, to enhance sport experiences. The current chapter aims to highlight the perspective of the sport participant, then comparisons will be drawn with sport providers in Chapter Six.

## 5.1 Pushing Myself

*Pushing myself* was identified as a multifaceted achievement-based approach to sport participation utilised by people with limb deficiency, to support quality experiences in sport. This approach was applied in training, recreational sport, and competitive sport, to facilitate meaningful experiences. Across these environments, sport participants sought opportunities to challenge themselves, and experience a sense of success and accomplishment, through sport: "I'm always looking for ways in which to get a bit extreme, ways in which to push the limits. And sport is, for an amputee, by far the best way" (Part 6). This theme consisted of two main aspects that participants engaged with to elicit a sense of challenge and success.

Sections 5.1.1 and 5.1.2 comprise subthemes that explore these two aspects of achievement in sport. One aspect is centred around comparative performance (*competing against others*), and the other considers self-improvement (*being the best I can be*). Both orientations to achievement were

found to contribute to feelings of success, accomplishment, and satisfaction in sport, resulting in positive experiences for sport participants. Individuals tended to embrace one orientation or the other, but they were not mutually exclusive. The positioning of these two subthemes can be explained by achievement goal theory (e.g., Duda, 1989; Nicholls, 1989), which proposes that individuals define their competence based on: 1) measuring performance against others, and 2) mastery of a task. In the present study, *competing against others* and *being the best I can be* are presented as two subthemes of *pushing myself* to highlight the different approaches to achievement undertaken by participants in navigating toward quality experiences in sport.

### 5.1.1 Competing Against Others

Some participants were found to seek out competitive sport environments where they could compare their skills to those of others. Sport naturally offers a competitive environment, but for some participants, competition was the key focus of their participation. *Competing against others* was an approach centred around the opportunity to compete with, and measure up against, others: "...it's the opportunity to be the best and strongest at something... it's that chance to be at the pinnacle of a sport... it's a lot of ego, I think" (Part 9). This subtheme contained two central observations regarding the ways that participants approached competitive success: 1) measuring performances against others, and 2) seeking appropriate competitors.

For many sport participants, simply taking part in sport did not deliver the level of challenge required to support a quality experience. Instead, sport participants were competent, competitive, and welcomed the challenge associated with competition. Despite oppressive societal perceptions, sport participants remained focused on striving for success: "... people clap or cheer you on just because you're an amputee. [But] for me, it was about achievement" (FG 6). These sport participants wanted to prove themselves in a competitive environment to show that they were capable of more than what might be expected of them: "... a quality participation experience for me is being challenged and being pushed. Just because I'm disabled, doesn't mean I should be looked at as [clapping] 'yeah, well done'... You're trying really hard, actually. No, I want to be challenged" (FG 1). This comment highlights the importance of being taken seriously through demonstrations of competence in sport.

Some participants reflected on competitive environments as central to their quality of experience: "... win or lose, it's about that competitive drive being satisfied" (Part 7). They sought highly competitive contexts to enhance their experience, where they were able to measure their ability against others to achieve meaningful experiences. Ultimately, winning was a measure of success: "[Our team] set a new national record. I hold a New Zealand record... that is my claim to fame!"

(Part 1). When participants had the opportunity to measure their performance against other participants, this facilitated motivation and feelings of enjoyment.

One finding related to this subtheme was that participants sought to satisfy their competitive drive in a range of settings, including training and recreational contexts. Part 1 details the enjoyment he experienced in competing: “I’m so competitive and had to be involved. I took up [a sport]. People said it’s an old man sport. Well, I tell you what, it’s not an old man’s sport, it’s so competitive... So, I really enjoyed that” (Part 1). Common perceptions may consider competitive environments to look a certain way, but this comment highlights the range of competitive environments from which disabled people may obtain quality experiences. Competitiveness and competing against others were important at lower levels of sport too. A high-performance environment or programme was not a requirement to experience meaningful competition.

Equally, competing against others was relevant in training and recreational contexts. Part 3 spoke of his strong desire to be competitive and though there were roadblocks to finding a competitive partner, having a good training session in preparation for competition fulfilled this desire and contributed to a quality experience:

That competitiveness is still there... Even an old fart like me... I go to the gym with [a guy], he’s really dynamite at the gym. And I thought gee if I could get him [competing with me] in Para[sport]... But our outing is still a good workout and it’s just amazing... Just how much better you feel... I’m really still on a high over that... because next weekend I’ve got the New Zealand... championships (Part 3).

This comment also highlights the positive emotional outcomes associated with being competitive. Correspondingly, Part 10 detailed the emotional process of measuring achievement through comparison with others, where she felt successful when the comparison was favourable:

... you go do it, you shit yourself when you get there, you enjoy it. Then you’re terrified while you’re waiting for the results, and then you’re happy when you’ve done good. It’s a weird thing. It is just that buzz. Makes me feel alive (Part 10).

Several sport participants cited the approaches they undertook that nurtured their competitive drives. These findings suggest that some participants obtained meaning from sport by measuring their performances against others. In this way, *competing against others* corresponds to the *meaning* element of quality experience, where “sport involvement represents a personally- and socially-meaningful activity for participants” (Evans et al., 2018, p. 37). In the present study, competing against others represented a personally meaningful activity whereby some participants felt successful when they perceived themselves to be strong contenders. Previously, Allan et al. (2018) found that para-athletes considered competition and winning to be vitally important to

maintaining athletic identity and proving superiority. Participants in the present study placed less emphasis on winning, and more on the comparative aspect.

Another way that sport participants navigated toward quality experiences was by seeking training and competitive opportunities, with teammates or opponents, who had a similar capability and competitive drive. Suitable opponents were critical to providing the desired level of challenge: "... if you're [playing] in a competitive sense, then one hundred percent you want to be challenged, that's the point of competitive sport" (FG 1). In some disability sport environments, it was difficult to locate appropriate opponents. In order to attain the desired level of challenge, sometimes opponents were sought from outside the sport:

When I first started, they let me race in the [non-disabled] women's [race]. [Another competitor] does the same time as what I need to do. So, it was good to race her... But then I got too fast, and I had to go to [non-disabled] men's and race against them (Part 4).

This comment highlights the benefit of opponents whose capabilities match that of the participants in order to provide a competitive environment. Part 4 acknowledged that in order to improve his performance he needed to compete against people that were at or exceeding his capabilities. There were not enough disabled competitors locally that were fast enough to challenge him, so he competed against non-disabled women in order to satisfy the desire to compete against suitable competitors. Then, as he improved, he moved on to compete against non-disabled men, who were faster again. Shifting the competitive context in this way allowed Part 4 access to meaningful competitive environments that fuelled his competitive spirit and supported his athletic development and competitive success. This finding illuminates prior research on progressively increasing the difficulty of tasks as a means to appropriately challenge participants and provide a quality experience (Fakolade et al., 2021).

Equally, participants often avoided engaging with opponents who were not able to provide an effective challenge for them: "[I'm] a bit more serious about it... I'd rather not [train] with... the fun ones... sometimes you've got to have some of those more casual ones in there. And you know they're there, you can see [the effect] in our sport" (Part 3). This comment emphasises the participant's desire to be challenged by opponents with a similar capability and mindset towards progress. Likewise, if other competitors had a much greater level of skill, participants were not able to successfully navigate the competitive experience with them that they desired: "I did personal bests but still couldn't compete with the young people" (Part 1).

In this way, challenges that were perceived to be too difficult resulted in negative experiences in sport. In one instance, a coach had attempted to improve a participant's performance by changing

the equipment. This resulted in a negative experience for the participant because even though he undertook his best efforts, he was not able to successfully compete against the others: “They changed [the equipment] and I suddenly thought ‘it feels a bit harder’... we went off to the championships... I just couldn’t handle the [equipment]. I feel we should have won that race, but we just couldn’t get going... It was frustrating” (Part 3). This comment illustrates the importance placed on measuring performances against others as a benchmark of success and ability.

These findings illuminate the *challenge* element of quality experience (e.g., Evans et al., 2018), whereby participants sought opportunities to push their capabilities and engaged others to provide the challenge. This highlights the work of Allan et al. (2018) who found that para-athletes framed their experience through their right to compete, prove their superiority, and maintain their athletic identity.

Overall, some participants in the present study were found to navigate toward quality experiences by competing against others. For these participants, undertaking effort against competitors was an opportunity to measure success, where they actively sought appropriate competitors to create an environment where they were able to test their skills against suitable others. In comparison, the next subtheme describes a participant approach to achievement that revolved around self-improvement, where participants sought to push themselves by developing their skillset.

### 5.1.2 Being the Best I can be

*Being the best I can be* was a multifaceted approach, utilised by people with limb deficiency, to achieve quality experiences across training, recreational, and competitive sporting environments. Sport participants sought opportunities to improve their capabilities and achieve goals by challenging themselves to improve. This subtheme describes a different approach to measuring achievement, whereby participants navigated quality experiences by measuring self-improvement, instead of competing against others: “The competitiveness is there in some people and just not in others. They’re still getting the benefit out of it” (Part 3). There were two main observations that comprised the *being the best I can be* subtheme: 1) perceiving self-improvement, and 2) minimising performance pressures.

The first major approach to *being the best I can be* was perceiving self-improvement. This approach reflected a desire for challenge and achievement, met by positive evaluations of goal fulfilment and skill attainment: “Quality Participation. That would be learning new skills” (Part 9). In order to feel accomplished, some participants needed to push themselves to their limit: “Quality participation in sport. For me, it’s racing myself... Sport isn’t about winning those medals, it’s about that achievement, it’s about pushing yourself to your limit” (Part 6). This comment acknowledges the

value attributed to developing capabilities by putting in as much effort as possible. The comment also demonstrates the participants' understanding of the different orientations to achievement. Part 6 identified that improving their capabilities was more important to them than comparing their skills with others. Opportunities for self-improvement often presented in competitive environments where the goal was improved personal performance rather than victory.

Participants measured self-improvement in a variety of ways. For some, sport was utilised as a rehabilitative platform, where optimised functioning was the goal:

I reckon [sport is] key... being able to get back to sport was such a milestone... Mentally proving I could still do everything that I used to be able to do. So, it was just good to be able to tick off... all the things that I did before, like almost took advantage, for granted (Part 2).

At other times, the goal was simply to complete an activity: "That was just a bucket list. I just wanted to do a marathon, just so I could say I've done a marathon" (Part 2). For some, the goal was associated with attendance rather than the activity itself: "For some of us turning up is the achievement. That's what Sue and Bob have taught me this year. Even for them and their significant disabilities, they like to be able to achieve something, and have a goal" (Part 5). These examples demonstrate several approaches to self-improvement based around goal setting.

Researchers investigating achievement motivation in disabled athletes found that improving their personal performance level was an important motivator for disabled athletes (Ioannis, 2020; Kämpfe et al., 2014). Regarding self-improvement and achievement, the *mastery* element of quality experience is said to transpire when "participants accomplish new things or incrementally improve skills and feel confident about their sport abilities" (Evans et al., 2018, p. 37). Previous research has identified enhanced physical skill and confidence as contributing to the *mastery* element of quality experience (e.g., Allan et al., 2018). The present findings build on this to acknowledge attendance at an activity, task completion, and optimised functioning as contributing to feelings of *mastery*.

Alternatively, some sport participants sought opportunities for self-improvement by engaging in sufficiently challenging sport activities where they could obtain a sense of personal achievement: "... an integral part of sport to me, it's the ability to push your physiology right to the nth degree" (Part 6). This participant felt successful when he could push his body and abilities by challenging himself. Another participant was sceptical when they were promised a challenging experience but did not trust it would be sufficient to elicit self-improvement: "... they were like 'oh yeah, you're going to be so challenged'... I'd already done a whole bunch of... this stuff. So, I was like 'am I actually going to be challenged?'" (Part 8). This comment highlights how the quality experience element of *challenge* can be perceived differently by individuals. In this case, the individual providing the activity considered it to be challenging for someone with limb deficiency, but Part 8 desired a

real sense of challenge in order to enjoy the activity. Moreover, an inability to challenge oneself contributed to suboptimal experiences: “[If] you can’t constantly be challenging yourself to push your limits... then it escalates” (Part 8). This comment acknowledges the significance of feeling challenged in contributing to positive experiences and indicates that an inability to undertake challenges can result in a negative experience.

As discussed in Chapter Two, *challenge* has been characterised as an element of quality experience that transpires when “participants feel their sport activities require their best effort and may appropriately push them beyond their comfort zone” (Evans et al., 2018, p. 37). *Challenge* has previously been observed in training, competition, and recreation, where challenges were found to build a sense of competence, achievement, and meaning for participants (Allan et al., 2018; Jackson et al., 2019; Shirazipour et al., 2017). The present findings contribute to this literature by acknowledging that level of challenge can be perceived differently by individuals and that sport participants may need support in accessing appropriately challenging activities in order to sense self-improvement in navigating toward quality experiences.

The second observation from the *being the best I can be* subtheme was that participants minimised performance pressures in order to improve their experiences. By contrast to the previous theme, individuals also spoke about avoiding drawing comparisons with other participants and instead, placed emphasis on their own performance to reduce the pressure they felt to succeed. They avoided comparisons with others by training alone, mentally competing against themselves in competition, or restricting themselves to disability sport environments to avoid comparisons with non-disabled participants. For some, drawing parallels with other sport participants was felt to highlight a lack of ability, which contributed to a negative experience in sport:

I still have a huge psychological challenge in joining other people and races, because people have an expectation... I would go out for a ride with them, and they expect me to keep up, or beat them... I’ve had to learn over the years that just because other people think that what I’m doing is great, I’m a bit hard on myself. And so, I can make life a lot less hard on myself if I ride by myself, rather than if I ride with a whole bunch of people that have different expectations (Part 6).

This comment acknowledges the importance of a fair playing field in order to navigate quality sport experiences. When the challenge is deemed too great, this can result in participants withdrawing from opportunities. Furthermore, the comment highlights how the pressure of performing can be heightened when participants compare their abilities to non-disabled individuals. When disabled people experience sporting success, there are often expectations attached to that success, but if they fail to meet these expectations, they can feel less worthy and more disabled, further

highlighting the effects of their impairment. Berger et al. (2008) noted that defining a disabled athlete by their competitive success can foster unrealistic expectations about what they can, and should achieve, resulting in a disempowering experience.

In the present study, some participants spoke about the reasons why they preferred to focus on self-improvement, acknowledging that competition with others created pressure, to the point where the experience was no longer enjoyable: "I think when you're in a serious competition, you sort of lose sight of... why you're there... it can be quite stressful and yeah just a lot of pressure... I put on myself as a player" (Part 9). For these participants, competitive environments were perceived to highlight the differences in ability between competitors, and with this, came the pressure of comparison: "I think [in] mainstream sport, people have quite high expectations, if you're doing it competitively. If... you're doing it for recreation I don't think there's that many expectations for people just doing it for fun" (Part 8). When comparative situations couldn't be avoided, performance anxiety and pressure to perform, contributed to a negative sport experience: "I'm always nervous on race day [because] you actually have to perform. I prefer training and then you just have to do race day, otherwise there's no point training" (Part 2). For these reasons, participants had a preference to push themselves by being the best they could be, instead of seeking achievement through competition against others.

Findings from the present research indicate that by focusing on their own performance and avoiding comparisons with others, sport participants were able to lessen the effect of perceived expectations of others. In turn, this reduced the pressure individuals were placing on themselves to perform and resulted in a positive and enjoyable sport experience. For those who struggled, a focus on pursuing personal performance improvements reduced the pressure of comparing with others and improved the competition experience for these individuals: "You don't have to be the best but...I think it's almost better to compete with yourself... Just turn up, do your best... even if you are never going to be world class, be the best you can be" (Part 2). This approach helped sport participants to mentally distance themselves from the pressure of perceived comparison to others.

Overall, in seeking to achieve quality experiences, participants with limb deficiency enhanced their capabilities through the navigation of suitable challenges and avoided comparisons with others. This finding builds on the work of a previous study that contrasted performance and superiority-based narratives with recreational and fun ones (e.g., Allan et al., 2018). The present study offers a new perspective in acknowledging a middle ground, where some participants wanted to engage in competitive environments to be challenged, but not to compare with others. Accordingly, these participants focused on self-improvement in these performance environments to escape competitive pressures. These participants valued competitive sport for the context it provided to

challenge and develop their skillset, instead of for the chance to demonstrate superiority over others. This type of engagement in sport satisfied the *challenge* and *mastery* elements of quality experience.

In summary, *competing against others* and *being the best I can be* were identified as two approaches to navigating quality experiences in sport. Findings discussed in these first two subthemes indicate that some sport participants thrived on the challenge of competing against, whereas others derived greater satisfaction when they were able to measure and markedly improve their own personal performance. Equally, participants relished the type of challenge that was meaningful to them. This presents a challenge to sport providers who are obliged to support sport participants by balancing their various achievement-related needs. Accommodating desires to compete against others, or for self-improvement in non-competitive environments could demand additional planning and resourcing. The next theme explains how sport participants took steps to maximise their ability through sport.

## 5.2 Maximising my Ability

Sport participants with limb deficiency navigated toward quality experiences by maximising their ability and minimising their disability: "... being able to maximise my advantage, minimise my disadvantage... that's always been an integral part of sport to me... So, focus on the ability, and then once you've got that sorted, then work out the disability" (Part 6). *Maximising my ability* is different to *being the best I can be* in that it is not about goal setting and achievement, but rather, explores how participants minimised the effects of disability and took control of their sporting journey in order to feel less disabled and to experience inclusion through sport. As such, the present theme describes the ways that participants connected with supportive coaches in inclusive activities, and took control, to minimise the effects of disability and generate personally meaningful experiences in sport. The present theme is comprised of four key observations regarding participant approaches to maximising their abilities: 1) seeking inclusive environments, 2) enlisting the support of coaches, 3) exercising autonomy, and 4) using sport to feel normal.

Participants sought inclusive environments that positively influenced quality experiences (as per Chapter Four): "I think for me, [a quality experience] is... feeling included... while taking part" (FG 1). Many participants felt safe, understood, and included in disability-specific environments, where appropriate, inclusive activities provided a platform to demonstrate ability. For example, a structured activity with suitable adaptations was described as having the power to minimise the effects of disability and highlight someone's ability:

I've got this girl... she's got a locked-in syndrome. She puts the ball on the ramp, she's not even directing the ramp, but her smile when we all cheer. That's amazing. That's at a much lower level, but it is that chance to shine (Part 10).

Modified systems were commonplace in disability sport environments, but sport participants also sought to engage with mainstream organisations that supported the inclusion of disabled people through modification and adaption: "... I wanted to be fully involved. Then they managed to adapt [the sport activities] to make them inclusive for me" (Part 8). Mainstream organisations were also found to change rules to allow sport participants to compete fairly, without giving them an advantage: "... they give me special rules for some things. In the open... races... they let me start on the [equipment]... Usually you're standing next to your [equipment] and jump in. So, they let me start on the [equipment] instead" (Part 4). Accordingly, these sport participants actively sought to maximise their ability by engaging with mainstream organisations that offered modified sporting opportunities.

When sport participants were able to demonstrate their capability in mainstream environments, this highlighted their ability, and contributed to a quality sport experience. In this way, modified rules and regulations were found to minimise disadvantage and contribute to positive experiences:

So, having a fair chance. Ok, competing in [disability sport], you're considered to have similar challenges [to other competitors]. And then if you compete in non-disabled sport, I've got aids I'm allowed... So, you're not being given an unfair advantage. They're trying to make the playing field as level as possible. That for me would be quality participation. So, you're not asking for any favours, you're just asking to be included and have things adapted as necessary. They don't adapt if they don't need to (Part 10).

This comment highlights that a quality experience in sport for people with limb deficiency is fair, equitable, and inclusive. These ideas are explored further in Chapter Six, where sport providers consider inclusive environments and the importance of relationships between disabled and non-disabled people.

In addition to applying modifications, participants were able to maintain their involvement in inclusive mainstream environments through the use of adaptive, or additional equipment: "I can ride with all of these able-bodied athletes. I still have my heart rate the same as them, but I now have the [electric bike] that allows me to keep up and that, for me, has been amazing" (Part 6). This comment is in direct contrast with one made by Part 6 in the previous section, in which he spoke about avoiding the pressures of riding with non-disabled people. These contrasting comments highlight the complexities of living with disability, where disabled people want to enjoy sport with others, but at the same time, want to avoid the expectations and pressure of proving themselves. In instances

where they wanted to join others in sport, adaptive equipment could be used to minimise their disability.

Mainstream sporting environments provide a constant reminder of difference in ability. As a minority group, many disabled people long to overcome disability, and therefore attribute value and worth to proving their ability. In these settings, disabled people pursued opportunities to display their talent and ability, as a means to be included by non-disabled people:

... you get to be seen by [non-disabled] athletes, who have probably never been around anyone who's disabled, holding [your] own and potentially whipping [their] ass... In terms of your own self-worth as well... without meaning to, you always compare yourself to the [non-disabled] community because of how easy it is for them (Prov 5).

These findings help to illuminate the importance of integrated, inclusive environments in supporting belonging and quality experiences. As mentioned in Chapter Two, the provision of a range of sport options on the inclusion spectrum can support inclusive practice (Misener & Darcy, 2014), and a choice in participation options can support the creation of inclusive spaces (Darcy, et al., 2016).

Existing quality participation research has been undertaken in a range of disability-specific (e.g., Jackson et al., 2019; Fakolade et al., 2021) and partially-, or fully integrated environments (e.g., Allan et al., 2018; Man et al., 2020; Shirazipour et al., 2017; Shirazipour & Latimer-Cheung, 2021).

However, the integration dynamic has not yet been explored as a means to support quality experiences of disabled people. The present findings contribute to knowledge in this area by acknowledging that mainstream environments can provide a context for people with limb deficiency to demonstrate their ability. Therefore, the degree of integration in sport environments may influence inclusion and, therefore, support or impede participant approaches to navigating quality experiences.

The second key aspect of *maximising my ability* was enlisting the support of coaches. In order to maximise their abilities, sport participants appealed to approachable, supportive, and experienced providers for assistance. Participants reported that when coaches provided effective support, this enhanced experiences by minimising the effects of disability. Participants actively sought out coaches who utilised various approaches such as remaining positive, offering support, and adhering to rules, in order to support them to maximise their ability:

Quality would be knowing you've got that support and knowing you can go and talk to someone... It's someone who will think outside the square... Cos if you're not quite made right, you're going be able to adapt. It's someone that won't give up on you and will keep thinking. And they don't say to you 'you can't do that', cos that's really dangerous (Part 10).

Sport participants sought support from coaches when they experienced barriers that acted to disable them. Coaches were able to negotiate these barriers in order to minimise the effects of disability: “[The organisation] said ‘you have to do this before you go [to an event]’. Well, how am I going to do that? You know, [so I said] ‘fight it for me’... so my coach went... and kicked up a fuss” (Part 2). This comment demonstrates the critical role of coaches and how participants seek advice and support from them, to navigate issues. This finding builds on prior research which identified coaching behaviour as a precursor to quality experiences (e.g., Allan et al., 2019; Shirazipour et al., 2019).

As discussed in Chapter Four, some coaches were intentionally or unintentionally discouraging, and this was a barrier that resulted in the amplification of disability over ability: “Coach... tries you out and then tells you to quit the sport. Her words to me were that ‘you’re too fat, couldn’t do this, couldn’t do that, and you should find another sport’” (Part 7). To avoid such discouragement, sport participants sought the support of coaches who were accommodating and had knowledge of processes that could help to minimise the effects of disability, such as modification:

Modifying things in a setting. Not... ‘oh goodness we can’t have her do that, ooh no, she’s not doing that properly’ or ‘we’ll have to do this and change that’. But just get on with it, and... make [it] easy and not a big deal (FG 6).

This comment highlights another aspect of enlisting support from coaches. Although participants required support at times to maximise their abilities, they did not want to be perceived as a burden when asking for extra support. Feelings of dependence on others minimised participants’ abilities and resulted in them feeling more disabled: “... not being perceived as ‘oh god, she’s a pain in the bum’... ‘we’ve gotta adapt things for her’” (FG 4).

These findings align with quality participation literature regarding the respectful and informative attitudes of providers in eliciting quality participant experiences (Fong et al., 2020; Jackson et al., 2019). From a social relational perspective (e.g., Thomas, 1999, 2004, 2007), findings from the present section build on the idea that positive social relationships between the impaired (participant) and the non-impaired (coach) reduce the restrictions imposed on people with impairment. Furthermore, demonstrations of ability contradict undesirable social constructions of disability, which can serve to further minimise the effects of disability.

In addition to enlisting the support of coaches, the third approach participants used in maximising their ability was to exercise autonomy. They embraced the freedom to exercise control over their sporting decisions, without assistance: “I think for people with impairments, it can make you feel more free and independent being able to do something that doesn’t require assistance all the time.

And you get your own say in what direction you take it” (Part 8). Being able to exercise autonomy helped participants to feel less reliant on others and therefore, less disabled. From a social relational perspective, feeling reliant on others contributes to the experience of disability (e.g., Thomas, 1999, 2004). Therefore, by exercising autonomy and control over their decisions, participants in the present study were able to demonstrate and maximise their ability.

One sport participant from the present study, who coached others, noted how providing encouragement and direction, without control, resulted in meaningful experiences for sport participants and their support people:

I put her on the trampoline, she just goes. Put her on boxing pads, she’s doing things. You don’t have to control other people, just give them a little chance. And this little experience will mean a lot to her, and her family, who are crying cos they’ve never seen her do this before (Part 5).

By taking control of their participation in sport and gaining independence, participants were able to navigate toward quality experiences: “... when you’re active and going about your sport... a sense of independence... [results in] happy endorphins” (Part 7).

Choice and control have previously been identified as central to the participation construct (Hammel et al., 2008). As an element of quality experience, *autonomy* is said to contribute to quality experiences when “participants perceive choice and control and obtain a sense of independence related to their sport involvement” (Evans et al., 2018, p. 37). Self-determination theory explains how autonomy contributes to positive sport experiences (Adie et al., 2008; Álvarez et al., 2009; Hollembeak & Amorose, 2005; Ntoumanis & Mallett, 2014), by impacting intrinsic motivation (Adie et al., 2008; Tawse et al., 2012) and perceived competence (Banack et al., 2011; McLoughlin et al., 2017; Tawse et al., 2012). Furthermore, freedom of choice, and independence, are central to the full inclusion of disabled people, as is reflected in the first principle of the CRPD: “respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons” (United Nations, 2006, p. 4).

In the present research, sport participants highlighted the importance of being given an opportunity, not a directive: “... the most empowering thing you can do for anyone is to offer them achievement” (Part 6). Exercising autonomy supported a positive experience for sport participants and resulted in feelings of empowerment. Equally, when sport participants were prevented from exercising control or autonomy in sport, this contributed to a negative experience. When decisions were made by others this was perceived as restrictive, disempowering, and disabling:

If they're getting told they can't do something just because of their disability, that they have no control over, that might make them view themselves as less of a person. If they're constantly being told that every day. Yeah... not limiting them because you're scared of what they can or can't do, or scared of them getting injured from it. Just let this person challenge themselves but let them do that (Part 8).

From a quality participation perspective, having a sense of control over decisions, and a choice to work with a support person, were previously found to be valued aspects of participation (e.g., Jackson et al., 2019). A sense of autonomy was found to empower participants and encourage participation (Allan et al., 2018), and undertaking activities without assistance led to functional independence outside of the setting (Jackson et al., 2019). Similarly, findings from the present study indicate that when participants had choice and control over their participation in sport, this helped them to feel less disabled, thereby maximising their ability and contributing to a quality experience. By employing a social relational perspective, the present study extends understandings of the *autonomy* element of quality experience and builds on the existing research to identify autonomy as a defence against disablism.

In the final approach to *maximising my ability*, participants pursued opportunities to feel "normal" through sport. There was consistent messaging that participants looked to sport as a way to minimise disability, and that this contributed to a quality experience: "I guess you just feel normalised... inverted comas... cos you're just going about sport the same as anyone else would" (Part 7). FG 6 reiterated that feeling normal was central to quality experiences: "I think it is so important just to be treated normally, not make a big deal about it... not focus on your disability, focus on your ability. I've just written it down three times, being treated normally" (FG 6).

Participants maximised their ability through sport by demonstrating a level of skill and proficiency. In doing so, they referenced the seemingly inherent quality of sport to minimise their impairment or remove disability. Part 6 explained how he utilised sport to highlight his ability, and this facilitated quality experiences for him: "I guess quality participation in sport is.... When you walk like a duck, sport allows you to glide. And that, for me is the real prize" (Part 6). This comment describes how disabled people see themselves as different and challenged, but in the right environment, they can excel.

Sport participants demonstrated ability in an effort to be perceived as athletic, worthy, and competent. Being perceived by others as active, fit, strong, or athletic highlighted ability, and provided positive outcomes for individuals: "They've just treated me how I was treated prior [to amputation], so that's helped me to feel more normal" (Part 8). Sport participants used sport to

demonstrate equal ability with non-disabled associates and encourage positive perceptions from non-disabled others: “Once I get in [there], free up my foot. Back to normal... It doesn’t matter about the fact that half my leg’s missing. I can do what you can do sort of thing. Back even again” (Part 3).

Sport participants felt normal in sport when they were provided the same treatment as others: “I can’t say feeling normal, cos that’s really un-PC. But being included and not being patronised, or special treatment. Just give me the same chance as everyone else” (Part 10). Equally, being treated differently to others resulted in a negative experience. Due to this, participants sought out opportunities to feel normal, and engaged with people that understood how to facilitate these opportunities:

I personally hate nothing more than having... “special” in inverted comas, special things done to make me feel as though I’m part of it. And it’s... received as feeling very token gesture. I like to sort of take part and just feel as though I’m taking part as others are. Yes, there might need to be some modifications done here and there for practicality reasons, but by and large, for me it’s more about making sure that the... sense of taking part is genuine (FG 1).

Further to this, Part 8 noted that sport participants utilised integrated opportunities with non-disabled participants of similar sporting ability, in order to take part, minimise difference, and demonstrate skill: “... we have some newer able-bodied athletes whose ability level might be similar to that of a more experienced para-athlete. So, we’re able to train together so I think in that sense it’s quite good and supportive” (Part 8). This finding supports the work of Allan et al. (2018), who observed that athletes felt normal and had quality experiences when engaging in integrated sport alongside non-disabled athletes.

As described earlier, sport provides a platform for challenge and achievement, and when people with limb deficiency had access to the same type of opportunities as non-disabled people, this helped to normalise disability: “... being able to do whatever any able-bodied person can do... not being restricted from doing something” (Part 4). Mainstream sport settings provided an opportunity for participants to engage alongside non-disabled people, and this contributed to feeling normal.

In order to feel “normal”, one sport participant showcased their talent and hid their impairment, until they felt confident that others would not define them solely by their impairment: “I wore long pants, and no-one knew I was an amputee. It wasn’t until I was achieving and comfortable that I would wear shorts... it’s been quite a journey of acceptance and being ok seen as an amputee” (FG 6). Most sport participants were comfortable with their bodies, but noted that other people minimised impairments by hiding behind clothes, in a bid to make their impairment less noticeable:

“... some people get skins to cover [the prosthetic], so it’s not as noticeable... there’s a lot of people that struggle with it... I train with [someone] who’s missing an arm... whenever he’s not [training] he’ll tuck it into his hoodie” (Part 2). This comment once again highlights how the attitudes and actions of others create social barriers to acceptance, which lead disabled people to want to minimise their disability.

Corresponding to this, existing research observed that non-judgemental relationships, and acceptance, contributed to quality participation in sport (Shirazipour et al., 2017). A social relational perspective explains that a desire to be accepted and feel normal is rooted in the social imposition of restrictions and disablism, placed on people with impairment by the non-impaired (Thomas, 2012). The present findings support this perspective, acknowledging that social restrictions (i.e., judgement) placed on disabled people highlighted their disability, and this led to efforts to maximise their ability as a way to feel accepted and be included by others. These desires represent internalised ableism (Campbell, 2009; Reeve, 2014), which negatively influences sport participation and can impact on self-determination, due to the perceptions disabled people develop of their own abilities (Brittain et al., 2019).

Overall, the present theme highlighted four approaches utilised by sport participants to maximise their ability and contribute to quality experiences in sport. *The maximising my ability* theme highlights how participants with impairment take action against the social process of disablism, in which people with impairment are oppressed (e.g., Thomas, 1999). To counter disablism, sport participants engaged with sport opportunities to maximise their abilities. In doing so, participants sought to distance themselves from others’ perceptions of their impairment, and to define themselves by their competence. To produce meaningful experiences in sport, sport participants engaged with supportive coaches and inclusive activities that highlighted their strengths and abilities. When they felt truly included, accepted by others, and had attained a sense of independence, this contributed to quality experiences.

The final two themes, *connecting with others and advocating*, capture socially-based approaches to navigating quality sport participation experiences. First, the importance of social relations in navigating toward quality sport experiences is discussed. Then, the value in supporting others to enjoy sport is presented as the final approach to developing quality participant experiences.

### 5.3 Connecting with Others

Participants in the present study were found to engage socially in their wider sporting environment as a way to connect with other people and enjoy sport: “I did a whole bunch of team sports. More for the social aspect than the competitive aspect” (Part 8). Social relationships were found to be

central to navigating quality experiences. Each participant spoke of social connections in and around sport, which contributed to quality experiences: “I think that’s a real big factor of quality participation. It’s not just your actual participating in the sport, it’s around the sport as well. The connection socially” (Part 9). Two key observations comprise the *connecting with others* theme: 1) casual socialising, and 2) belonging to a community. These observations describe how participants embraced social relationships as a way to enhance their sport experiences.

The first way that participants in the present study connected with others was to engage in casual, organic social gatherings. For many, this was a post-match, or post-training: “Our [sport] team, they’ll just initiate social catch ups... without any involvement from the coaches, or no formal structure... They want to hang out outside of the sport as well” (FG 3). The spontaneous social events surrounding sport created an environment where individuals could voluntarily come together and connect. For example, Part 3 spoke of the time spent following a workout with a friend: “The highlight... is the coffee afterwards, that’s compulsory” (Part 3). For others, training was more enjoyable when there were others to connect with: “Yeah, it’s pretty good when there’s people around, sometimes I do train by myself... but it does get pretty lonely” (Part 4).

Part 9 spoke further about how he witnessed others experiencing casual social connection and how it shaped their experience and contributed to their enjoyment and engagement:

The social element... Smiles, high-fives, people don’t want to leave. So, our time in the hall will be up, but everyone’s hanging around chatting to each other and talking about what they’re doing for the upcoming week and yeah, just enjoying each other’s company (Part 9).

This comment emphasises the relationship between social connection and enjoyment in the sporting environment. Social interaction and connection have consistently been identified as fundamental to sport experiences (e.g., Martin Ginis et al., 2016; Orr et al., 2018; Shirazipour et al., 2018; Turnnidge et al., 2012). Social connection is central to quality experiences (e.g., Evans et al., 2018) and this finding provides insight as to how experiences can be enhanced in the disability sport context, through the promotion of informal social gatherings.

Going beyond casual social gatherings, another way that participants navigated toward quality experiences was to feel as though they belonged to a sporting community. Sport was acknowledged as more than just sport, and as a way of living and being, with a culture of people who were interconnected and belonged in the space: “For me the sporting environment is... less of an issue... it’s a culture that you live in for me. It’s the [sporting] culture that I really love. Because people don’t care that you’re an amputee” (Part 6). This comment acknowledged the benefits of supportive sporting communities and the people in them, who provide welcoming spaces, where disabled

people feel accepted. In most cases, this sentiment corresponded to disability sport environments, but this comment related to membership in a non-disabled sporting community.

Sport participants in the present study were passionate about engaging with their sporting community: "... it really is about a community of people... just having a chance to have a go with friends" (Part 5). The building and strengthening of relationships, in and around sport, had a positive impact on enjoyment: "It's just better to do it together" (Part 2). Furthermore, participants formed friendships as a way to improve their participation in sport: "Being included in sport is huge for me, and probably for anyone. And you connect with people, you belong to a team, you make great friends, and you're doing what you love" (Part 10). This comment acknowledges that belonging in sport is about being accepted by people who are welcoming and inclusive.

In addition to this, shared understandings between participants helped to solidify a bond and underpin connection:

My main training partner X, he's fantastic for my mental [health] because he's gone through the exact same thing... when I have a shit race, he knows how that feels. And when he has a shit race, I know how that feels. And the same for good races, so we can help each other... I can tell if he's stressed out, and he can tell if I'm stressed out, and we can help each other (Part 2).

Coming together over shared problems presented an opportunity to develop friendships and overcome adversity through comradeship:

... we were all refusing to [train, due to unfair conditions]. We were bored, so we hung our knickers off the fan and turned it on... Then... the bed moved away from the wall, she fell down... and I couldn't help her, it was so funny... You do make great friendships and great memories; however crazy they are (Part 10).

Focusing on the impact of social connection, sport participants in the present study acknowledged that there was more to sport than what conventional interpretations of participation may suggest. Participants indicated that they did not need to actually play sport to create meaningful experiences around sport. For example, Part 9 spoke of her joy for officiating, citing challenge and belonging as drivers of quality experience:

I didn't want to give up sport. I'd given up [competing]... But I didn't want to go to [an event] and just watch. It's that involvement again, I want to be involved and included, [be] part of that team, I'm just at the other end of the [field]. But I'm still going to the same [event] and I love it (Part 9).

This comment emphasises the importance of being connected to others and feeling a sense of belonging. It also highlights the multi-dimensional social nature of sport and the various ways that sport participants remained connected to others in a sporting environment.

According to the literature, social aspects of sport, such as peer support and partnerships (Jackson et al., 2019), as well as social acceptance and a sense of community (Allan et al., 2018) facilitate quality participation for disabled people. As discussed in Chapter Two, *belongingness* has been proposed as an element of quality experience, wherein “participants develop relationships and gain group memberships that underpin a sense of connection and acceptance” (Evans et al., 2018, p. 37). The present findings demonstrate that participants engaged in casual events and sought inclusion within sporting communities in order to satisfy *belongingness*. *Belongingness* is positioned as developing over time, but in extending understandings of this concept, the present findings suggest that it may also be fostered briefly through spontaneous and organic social events.

In contributing to the quality participation literature, the present study highlights that disabled people seek social involvement beyond active sport to improve their sport experiences. From a sport management perspective, this finding indicates that creating a culture around sport, and encouraging relationships outside of sport-focused time, could generate greater commitment to sport. This is based on the notion that enjoyment, involvement, and social support influence commitment to sport (e.g., Sport Commitment Model; Scanlan et al., 2003). This is also consistent with a myriad of social capital literature, positing that relationships which are developed through sport participation can lead to interaction with others outside of sport (e.g., Harris, 1998; Perks, 2007).

In this section, sport participants identified the socially-based approaches they engaged with in navigating quality experiences in the wider sporting environment. These approaches were framed around casual socialising and belonging to a community. In reference to the guiding framework, the *connecting with others* theme aligns with the *belongingness* element of quality participation (e.g., Evans et al., 2018; Martin Ginis et al., 2017a). These findings build on existing research to highlight the importance of social connection in supporting quality sport experiences. Novel contributions to the quality participation literature are offered in identifying the breadth of the wider social environment, including those that are not actively engaged in sport, and the variety of ways sport participants engage with others to enhance connection and improve experiences. Next, findings regarding advocacy and the support of others are discussed.

## 5.4 Advocating

In addition to seeking social connection, the final approach sport participants utilised to navigate toward their own quality experiences, was to advocate for, support others, and to enjoy sport. Accommodating others needs through sport was found to contribute to participants' quality experiences. They derived meaning and value from sport in this way, by engaging in additional, supportive roles involving official or unofficial volunteering, advocacy, and assistance: "I've been down the path of the amputee... I've got first world experience. So, I think I've got some good tips and advice for people. If I can give that to others... that actually makes me feel well" (Part 1). The *advocating* theme was comprised of two central observations: 1) facilitating access, and 2) raising awareness.

In the present study, facilitating access to sport was a favoured approach to helping others:

Nowadays, it's more about giving back, in my eyes. Sport's given me a lot of positive experiences so I wanna do my little bit to help the next group coming through... being a little bit older, it is very much a focus around giving back and making sure that there is the space, and the opportunity, for new people to come into the sports and 1), enjoy, but 2), have more opportunity than what I did (Part 7).

This comment highlights how approaches to navigating quality experiences can change over time. Part 7 acknowledged that in the past, he obtained quality experiences through active participation in sport. More recently, he has been motivated by improving access, to help others enjoy sport. In this way, being an agent for change enhanced his own sport experiences.

Further to this, Part 5 spoke of providing opportunities to others and how she was able to feel good about herself by helping others to enjoy sport. Part 5 recognised the opportunities that sport offered for disabled people to excel, and that she could support this to happen:

... what I want for these kids is to give them many different experiences, so that they have an opportunity to see something better for themselves... [otherwise] how can you feel good about yourself and have any sort of vision that you're better than whatever your circumstances are? ... [I thought] instead of just being selfish, maybe I can help out a little bit more than [what] I have had (Part 5).

This comment highlights the complexities of living with disability and the belief that sport can enhance lives. These two comments acknowledge that the participants have used sporting opportunities to enhance their own lives and feel that others should be supported to access these opportunities too. Both participants infer that there could be more support in sport and that this would have improved their previous experiences. Now, they are motivated to provide that support to others.

When sport participants helped others to break down barriers to sport, they felt like they were making contributions to the sport, the individual, and the disabled community. Part 4 spoke of assisting others to engage in sport by encouraging and supporting them: "... there's a little girl that came out... She just liked the idea of it... I'm happy to take [them] out and help get [them] into it" (Part 4). This finding highlights sport management research, which found that volunteering in parasport resulted in a positive experience of feeling valued (e.g., Lachance & Parent, 2020). Furthermore, it expands on previous research which found that non-disabled volunteers experienced aspects of quality participation alongside disabled people (e.g., Jackson et al., 2019; Man et al., 2020).

Multiple participants mentioned the value in seeing others have quality experiences in sport. Part 9 talked about watching others succeed and the positive emotion it invoked: "I love it when they achieve it, and that buzz when they're all so happy that they've won it. It gives you a rush, to be happy for others" (Part 9). When participants witnessed others achieving in sport, this transpired as feelings of happiness and inspiration. The feel-good satisfaction contributed to positive experiences in and around sport, as identified by Part 3:

I like to see the improvement of people... there's one young girl there that's been amazing... she was struggling to walk anywhere. And now she's standing in front of her mum, and she's dancing steps... Without crutches... I told them that she's an inspiration to myself and probably a lot of other people (Part 3).

In this way, helping others to access sport contributed to a quality experience in a socially meaningful way, where seeing others improve was important to participants. As such, advocating for disabled people and disability sport fulfilled the quality experience element of *meaning*.

Another way that sport participants engaged in advocacy was by raising awareness and normalising disability through sport. This was achieved through conversations with others and leading by example:

I try to remove those barriers, educate, raise awareness... I want the attitude to change... I think the reason they don't like [being involved with] para is cos they don't know what to do. They're not sure, cos it is different (Part 9).

Some participants felt that advocating for disabled people improved their own experiences in sport. They were able to educate non-disabled people about disability, and felt this contributed to a wider goal of normalising disabled sportspeople, which could result in better experiences for all:

I think, cos I'm an athlete, I help people feel more normal about it... I think that helps in terms of education... If it helps them feel more normal around disability... they're not going to be discriminating against people in future. I don't mind having a conversation with

someone about it... making people aware that it's not this big crazy thing that people are bound in wheelchairs all the time (Part 8).

This comment illustrates the common misconceptions of disability and how being active in sport can help to change perceptions and stereotypes.

In past disability sport research, it was identified that advocacy was a facilitator of elite athlete development and resulted in a sense of giving back to the community (McLoughlin et al., 2017). Findings from the present research suggest that some participants navigate toward quality experiences in sport by helping and supporting others. This expands on the findings of Shirazipour and Latimer-Cheung (2021), who highlighted continued participation in sport as a means to engage in mentorship and raise awareness about disability. For participants in the present study, seeing others do well generated positive feelings about sport. Therefore, providing opportunities for sport participants to support and advocate for disabled people could enhance participant experiences.

Participants discussed advocacy as an approach they used to navigate toward quality experiences. Findings indicated that participants advocated for other disabled sport participants to facilitate access to sport and raise awareness about disability, which contributed to quality experiences by way of a personally meaningful activity (i.e., *meaning*). However, an example was also presented in Chapter Four where a participant had a negative experience in an ambassador role and was left feeling disempowered. This contrasting experience illuminates the individuality of experience and the need to ensure there is meaning within the experience for the ambassador or advocate.

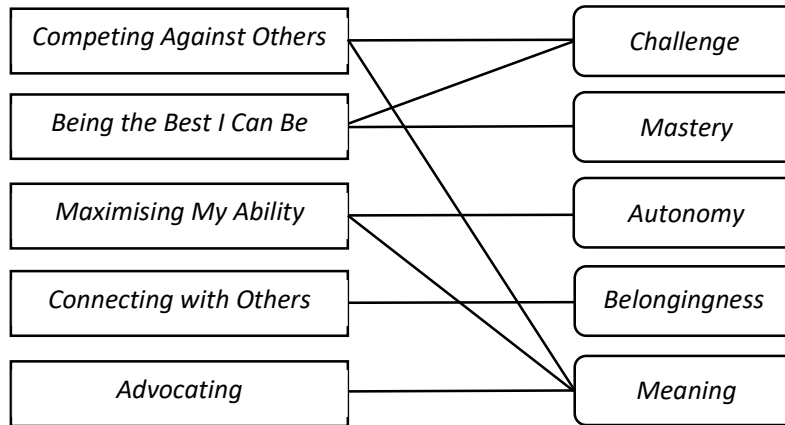
## 5.5 Summary

To summarise Chapter Five, sport participants in the present study were found to utilise a range of approaches in navigating toward quality experiences in sport. These approaches were underpinned by the six elements of quality experience (Evans et al., 2018). Firstly, *pushing myself (competing against others and being the best I can be)* discussed goal directed behaviours and attainment, incorporating aspects of the *challenge*, *mastery*, and *meaning* elements, wherein sport participants competed against themselves or others to satisfy their achievement drive. *Maximising my ability* was an approach utilised by sport participants to minimise impairment, take control, and feel normal through sport. It encompassed the quality experience elements of *autonomy*, and *meaning* (e.g., Evans et al., 2018). *Connecting with others* highlighted the importance of social support and inclusion through sport and related to the *belongingness* element of quality experience. Finally, *advocating for others* was an approach that supported the sport participation of others and aligned with the *meaning* element of quality experience. Sport participants were not found to seek

approaches related to the *engagement* element of quality experience. Figure 5.2 demonstrates the relationships between the themes and elements of quality experience.

**Figure 5.2**

*Relationships Between Chapter Five Themes and Elements of Quality Experience*



The quality participation literature has considered *meaning* to be a single element of quality experience (e.g., Evans et al., 2018), but the present findings suggest there is a substantive difference between socially meaningful and personally meaningful activities. And that these two aspects of *meaning* can be fulfilled in contrasting environments. In the present research, *advocacy* was found to be an approach participants used to elicit socially meaningful experiences. On the other hand, *competing against others* was found to inspire personal *meaning*. These findings suggest that socially meaningful activities tend to take place when participants are not actively playing sport and that personally meaningful activities are more often based within physical activity. This finding has implications for enhancing sport experiences, whereby meaningful outcomes can be facilitated in a variety of environments in and around sport.

In accordance with existing research (e.g., Allan et al., 2018; Evans et al., 2018; Shirazipour & Latimer-Cheung, 2020), findings demonstrate that different elements of quality experience may be relevant to each sport participant at different times. Sport participants were found to actively seek out participation opportunities and sport environments that supported optimal experiences. Approaches utilised by sport participants to elicit quality experiences in sport appear closely related to motivations for engaging, or continuing involvement, in sport. These approaches align with principles of self-determination theory (Deci & Ryan, 1985; Ryan & Deci, 2000), which explain optimal functioning and motivation. To build on these findings, Chapter Six examines how disability sport providers support quality experiences for people with limb deficiency.

## Chapter Six: Supporting Quality Participant Experiences: Disability Sport Providers

Chapter Five presented an insider perspective of sport experiences for people with limb deficiency and detailed how sport participants navigated toward quality experiences. Chapter Six concludes the results and discussion section by building on these insights, to present perspectives from disability sport providers, who shared their approaches to delivering sport for people with limb deficiency. As mentioned earlier, several of the providers assumed multiple roles and responsibilities within sport, so the findings in this chapter showcase the perspectives of a range of sport providers. To illustrate, three of the sport providers identified as disabled and had experience competing in parasport. Their experiences enriched the data by offering a broader perspective.

The results discussed in Chapter Six pertain to all four research questions, as responses cut across multiple areas:

*RQ1: How do people with limb deficiency and sport providers perceive quality experiences in sport?*

*RQ2: How do people with limb deficiency navigate toward quality experiences in sport?*

*RQ3: How do sport providers support quality experiences in sport for people with limb deficiency?*

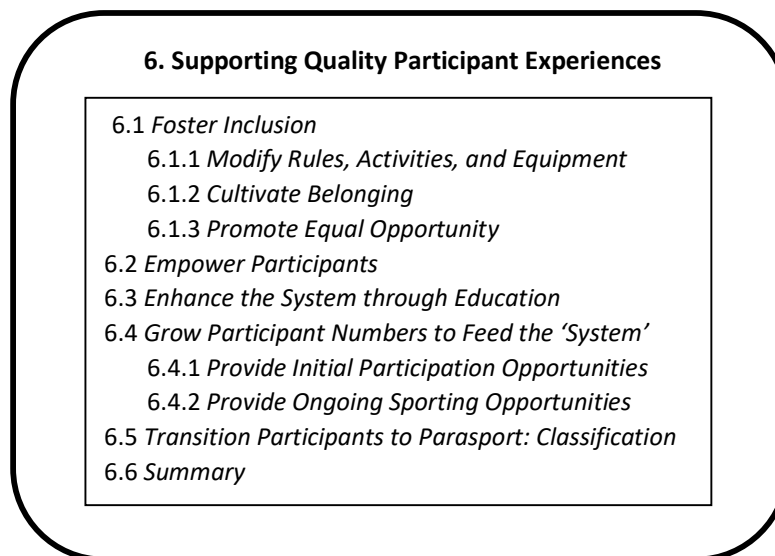
*RQ4: How can sport experiences be enhanced for people with limb deficiency?*

Quality participation researchers have begun to explore the perspectives of service providers (e.g., Fakolade et al., 2021; Shirazipour et al., 2018). However, as an emerging area of focus, research insights from the perspective of sport providers remains limited and are seldom compared to participant perspectives (Jackson et al., 2019). Chapter Six extends understandings of the quality participation construct, by analysing insights from disability sport providers. Approaches that have been used to support quality experiences are reported, and the prioritising of performance outcomes is considered. Chapter Six thus offers insights into the competing priorities of disability sport providers in New Zealand.

In detailing the six themes derived from the data analysis process, this chapter begins with a focus on provider approaches at the individual level that emphasise quality participant experiences, namely, fostering inclusion (6.1), and empowering participants (6.2). The third theme details how providers enhance the system through education (6.3), which is a system level approach to improving participant experiences. The two final themes present and discuss system level approaches to supporting quality participant experiences which realistically prioritise performance outcomes by growing participant numbers to feed the system (6.4) and using classification to transition participants to parasport (6.5). The chapter structure is outlined below in Figure 6.1.

**Figure 6.1**

*Structure of Chapter Six*



As discussed earlier, the Paralympic movement is underpinned by values (*courage, determination, inspiration, equality*) which jointly emphasise the development of sport, and the development of the individual through sport (e.g., McNamee, 2017). As such, disability sport offers a distinct context in which to investigate sport development concepts whilst considering the approaches providers take in negotiating the participation and performance objectives. In the present study, providers demonstrated intentions to support both participant objectives and performance objectives as they worked to deliver quality participation experiences. A summary overview of the themes is presented below in Table 6.1.

**Table 6.1**

*Sport Provider Approaches to Meeting Sport Objectives: Five Key Themes*

<b>Theme</b>	<b>Theme definition</b>	<b>Supporting quote</b>
<b><i>Foster Inclusion</i></b>	Establish safe and welcoming spaces by facilitating social support, undertaking modification, and promoting equality, to build inclusive environments.	"... for it to be quality, somebody needs to be welcomed, to feel part of the activity, not being an add on, or a burden... it's truly inclusive" (Prov 8).
<b><i>Empower Participants</i></b>	Offer guidance and assistance to support participant decision-making, choice, control, and achievement.	"... it's shared ownership, so to speak. It's not autocratic coach telling the players what to do, that's old school now" (Prov 3).

<b>Enhance the System through Education</b>	Provide training or instruction to groups, coaches, and organisations to improve understandings of disability sport and disabled people.	“... we’re offering them training and supporting them with their plans to get it all set up. Then they go out and become the deliverers, and... we become a support system of it” (Prov 1).
<b>Grow Participant Numbers to Feed the System</b>	Expand the participant pool and feed performance pathways through targeted approaches that attract participants to sport and provide ongoing opportunities for engagement.	“... we’re the grassroots, we’re the ones that find all these amazing sportspeople... and give them the opportunities to be amazing. And we’re the ones that put the... sports people onto those pathways” (Prov 5).
<b>Transition Participants to Parasport: Classification</b>	A push to ensure participants are eligible to transition from community sport to parasport pathways by offering opportunities for provisional and formal classification.	“The worst thing is for them to... participate at [an event], and they might win and it’s great, but the reality is they can’t go on and participate because they don’t have the right classifications in sport” (Prov 2).

The present chapter details approaches utilised by disability sport providers to support quality participant experiences in sport. The findings also illuminate a tension faced by providers whereby the sport system propels them to promote performance outcomes which at times, compete with participant-based outcomes. In the sections that follow, sport provider approaches to delivering sport are detailed, and comparisons are drawn with the participant perspectives (presented in Chapter Five), with the view to highlight similarities and differences in the ways that participants and providers navigated and supported quality sport experiences. Potential areas for improvement are identified and the resulting implications for sport stakeholders are presented in Chapter Seven.

## 6.1 Foster Inclusion

The first key approach sport providers utilised to deliver on quality participant experiences was to encourage and facilitate inclusion in sport. Inclusion in sport considers the involvement of all disabled people and incorporates a spectrum of inclusive and integrated settings (Misener & Darcy, 2014; Kiuppis, 2018). Physical and social inclusion primarily contributes to quality participant experiences, but also supports performance objectives by inspiring continued participation in sport. Sport providers in the present study recognised the importance of fostering inclusion in sport: “... socialisation, fitting in, feeling normal, that’s a big part of [quality participation]” (Prov 3), where involvement was believed to minimise the effects of disability: “... all of us believe in... the inclusion aspect and how it makes you feel different about who you are in your body” (Prov 5). These comments, made by disabled providers, identify the power of inclusion in enhancing experiences. To develop the discussion, this theme comprises three subthemes: 1) modify rules, activities, and equipment, 2) cultivate belonging, and 3) promote equality.

### 6.1.1 Modify Rules, Activities, and Equipment

Modification in disability sport refers to adaptations made to equipment, rules, and activities to improve accessibility to sport: "... when we look at what a quality experience would be, for somebody with limb deficiency, then depending on their functional ability. We would modify what we [need] to, to include them" (Prov 3). Providers engaged in modification by providing access to adaptive equipment and tailoring activities for individuals to support the physical inclusion of participants. As identified in Chapter Four, positive attitudes regarding modification, and access to prosthetic equipment, were found to facilitate participation in sport. The present section builds on this finding to discuss modification as an approach to facilitating inclusion in sport: "[We look at] how sports deliverers, being coaches, clubs, schools... can modify and adapt their sessions, sports, recreational activities to ensure that [disabled] people are being included" (Prov 1). The *modify* subtheme considers how providers worked to foster inclusion in two ways: 1) modifying equipment, and 2) adapting rules and activities.

Firstly, adaptive equipment was used to support the physical inclusion of sport participants: "... due to a classification process, they might throw a lighter weight shotput. It's important that the lighter weight shotput is there, ready for them when that group of people come. So, that's quality inclusion in that kind of area" (Prov 8). When participants required modified equipment, providers ensured the equipment was available and nearby so that the participant could be included in the activity. When selecting the appropriate adaptive equipment, providers took into consideration the individual, their impairment, and the sporting activity: "... making sure you're aware of, for [a hip disarticulation], you would need a sports chair at netball so that they could participate. Whereas, if we were doing target shooting, you wouldn't... they all have to sit down anyway" (Prov 4). These comments describe how modified equipment was used by providers to improve inclusion in sport and enhance the quality of participant experiences.

Another aspect to modification was the tailoring of sport programmes, or activities, for participants: "... things can be adapted, modified, for that person... so that the club or organisation that they're participating with can meet their needs physically" (Prov 8). Modification was common in disability sport settings where some providers considered modifications to be minor but significant to participant inclusion: "[With] amputees... It's just a matter of having to make a few small adjustments to ensure that their inclusion is comfortable, at a level for them to feel included" (Prov 1). This provider spoke of the ease and which people with limb deficiency could be included by modifying the activity. However, another provider described considerations pertaining to participants with a wide range of limb impairments and the various types of modification required to include them: "... every impairment is different. It can be completely different adaptations for each

person with limb deficiency” (Prov 8). Due to this variation, and environments containing different modification challenges, some adjustments were not deemed to be feasible. FG 5 recounted a story about the difficulties he experienced in modifying a training exercise, and the detrimental effect on the quality of the participant’s experience in sport. This transformed a potentially inclusive experience into an exclusionary one:

... this person has an arm deficiency... I completely underestimated the negative effect, him not being able to do that the same way that everyone else in the training group was able to... I adapt stuff all the time...but that was quite unrealistic [for that exercise]. So... him feeling included socially and having a great competitive opportunity just didn’t count for shit, because he knew that... he couldn’t be truly included (FG 5).

This comment acknowledges the individuality of the quality experience, where factors weigh differently for each person. In this anecdote, the provider described how positive elements of the participant experience were overshadowed by an inability to fully include the participant, and as a result, the participant felt excluded and had a negative experience. This comment demonstrates the importance of modification in fostering inclusion and how this contributes to a quality experience for the participant.

The above comment also aligns with the experiences of sport participants, reported in Chapter Five, who voiced a desire to feel ‘normal’, and sought a genuine sense of inclusion in an activity. Although participants and providers each highlighted the importance of inclusion, they approached modification from different perspectives. In mainstream environments particularly, providers were eager to make adaptations and deemed modification to be a key strategy to foster inclusion of participants. However, disabled sport participants explained how they preferred modest, discrete approaches to modification, so as not to draw attention to their disability. Sport participants felt that some forms of modification could further highlight their disability, or distinguish them from other participants, particularly in mainstream settings where they felt modification singled them out and burdened others (see Section 5.2). To summarise, while participants valued inclusion, and modification was an effective means to achieve this, they were concerned about the implications of such modifications for their experiences of inclusion in other ways.

Concerningly, providers who placed emphasis on modification as a strategy to support inclusive quality experiences, did not seem to be aware of, or acknowledge, that modifications could in fact contribute to exclusion if not executed effectively or appropriately in certain settings. This is a key finding, which highlights that providers may unknowingly undermine the quality of disabled sport participants’ experiences where modifications are made in mainstream sport settings, in ineffective or indiscrete ways, in an effort to foster inclusion. This highlights the process of modification as a

complex and important consideration for sport providers. Further, this finding expands upon prior research which found that modifications can position disabled people as problematic (Cushion et al., 2020; Townsend et al., 2017).

In summary, providers in the present study highlighted the importance of meeting individual needs, by tailoring adaptations to equipment, rules, and activities, to support inclusive participation. While this was largely deemed to be an effective strategy by providers and participants, a key finding of the study is that in certain situations, this approach seemed to conflict with the preferences of disabled sport participants who desired a more subtle, discrete approach to modification. This was particularly true in a mainstream environment, which helped them avoid feeling marginalised or 'different.' Such subtleties were not discussed or prioritised similarly by providers. From a sport development perspective, this conflict could result in negative participant experiences and undermine participant retention. Chapter Seven will further explore this idea to provide suggestions going forward. Next, the cultivation of belonging is discussed as an approach to supporting quality experiences by fostering inclusion.

### 6.1.2 Cultivate Belonging

The second subtheme pertaining to inclusion explores how providers cultivated a sense of belonging amongst disabled sport participants. Social inclusion is the process of improving participation in society for disadvantaged individuals by enhancing opportunities, improving access, and respecting dignity (United Nations, 2016). In a sporting context, Bailey's (2005, 2008b) framework highlights four elements of social inclusion: spatial, relational, functional, and power. Subthemes in the present study reflect some of these elements. The *modification* subtheme is relevant to physical aspects of inclusion, or the spatial dimension, in considering how physical adaptations could improve access, as a precursor to social inclusion. The *cultivate belonging* subtheme differs in that it pertains to the social aspect of inclusion, or the relational element, where approaches revolved around social connection and relationship building: "... feeling part of a team or part of a squad. Yeah, the... socialisation, enjoyment, something to look forward to" (Prov 3). Providers were found to cultivate belonging in two key ways: 1) initiating participants into sport, and 2) offering opportunities for social involvement and engagement through sport.

Providers firstly cultivated belonging at the individual participant level by initiating new participants into sport environments. Providers facilitated inclusion by grouping together participants with similarities, and designing safe and welcoming spaces, to foster feelings of acceptance. Various considerations pertaining to access ensured that participants had a positive experience upon initiation:

... the person then walks in the building [and someone says] 'hey Pete, how's it going? Come over here, we've got this set up for you, does this work?' and you hold it and it's like 'nah it's a bit hard' and they go 'try this one, we thought this one might work too' and you're like 'oh that's super comfortable I'm really happy with that'. And so, everything's ready for them to have a really great time, cos we've thought about it (Prov 5)

This comment outlines the level of awareness required by providers, to ensure that participants were initiated, included, and ultimately, had enjoyable sport experiences.

In conjunction with enabling physical access, sport providers believed emotional and social access were important considerations when designing sport programmes: "... as well as being accessible, the other part is they need to be welcoming... It's not the 'oh you're last' all the time, or 'we're including you in', it's truly inclusive" (Prov 8). Providers initially worked closely with individuals to support their involvement in activities. Many reflected on the importance of first impressions in contributing to a quality experience:

[we wanted to make sure that] when someone first came to sport... that it felt really warm and welcoming and that they immediately felt like they were part of something. That sort of inclusive environment... they're getting a really good quality experience (Prov 9)

A specific example of facilitating inclusion during initiation to sport involved providers purposefully bringing together two participants with similar life experiences: "[She] hadn't had any experience ... we paired her up with another girl that had a limb deficiency, so that she could see she wasn't the only one... That role modelling helped bring her out of her shell" (Prov 4). Another provider initiated participants into sport by bringing together groups with similar life experiences. Shared understandings were believed to help participants to bond more easily:

... we delivered [a skills programme] as a one-day opportunity for... amputees... For many, this is the first time that they've had an opportunity to get together... there's not a huge number of them... the likelihood of you meeting an amputee... with a similar impairment as you, is probably next to zero. So, getting them together has been a wonderful opportunity for them... to network. And socialise (FG 2).

In this way, initiating participants to sport fostered inclusion and supported quality participation: "Quality participation means that somebody can participate... That they feel welcomed. That they are included in the activity" (Prov 8). These comments identify the perceived difficulties for some participants with limb deficiency to find a space where they belong. By initiating participants in groups with similar others, providers were able to cultivate belonging and foster inclusion, which was believed to support quality experiences.

These findings align with previous work which promotes safe sport environments, free of judgement, to build trust and support the emergence of benefits for the individual (e.g., Fakolade et al., 2021). The present study expands on this to suggest that bringing participants together in the initiation phase could be useful in facilitating feelings of belonging and inclusion and fostering quality participant experiences. This is important from a sport development perspective because positive initial experiences in sport are thought to motivate continued involvement, whereas negative experiences may discourage further participation in sport (Green, 2005; Sherry et al., 2016). Again, this aligns with earlier findings from the present study, which acknowledge engagement as an outcome of quality experience (see Chapter Four).

Furthermore, these findings on approaches to initial contact expand on the No Accidental Champions sport development model (e.g., Higgs et al., 2006, 2021), which builds on the long-term athlete development model (e.g., Balyi et al., 2013) to identify two additional phases of sport development for disabled people: awareness and first contact. The model highlights the responsibility of providers to ensure a positive initial experience for disabled people, in order to maintain participant engagement in sport. Findings from the present study expand on this to suggest that working closely with participants to initiate them into sport settings and pairing them with similar others are strategies to cultivate belonging and support inclusion, which can enhance the quality of their experiences. The remainder of this section discusses the providers continued support of participant inclusion following the initiation phase.

In addition to working closely with individual participants to support their initiation into the sport environment, providers identified the importance of cultivating belonging in sport by offering opportunities for ongoing social involvement. Providers understood the significance of enduring social relationships: "Friendship drives a lot of it. They want to fit in, hang out with... friends, and be part of the group... having that connection. That sense of belonging to a community, where they find a second home" (Prov 1). Providers recognised the value in supporting relationships between sport participants, coaches, and players: "[It's] the teamwork and... the team that's around you is really important. Having those social connections with other people" (Prov 4). As such, providers were found to cultivate belonging by providing planned social activities, facilitating organically social environments, and offering additional social roles to participants.

Providers cultivated belonging through the provision of social activities. These transpired in various forms and included organised events, within sport and outside of the sporting environment, to support peer-to-peer relationship building. Planned social engagements were found to be a popular method of encouraging inclusion: "Once a month, we bring all our different [sportspeople] together so they get to socialise, meet each other. Just a group with a coach. Brings them together as a

collective” (Prov 2). The second example was a sport camp, which offered an inherently social environment, where participants spent time together for multiple days at a time:

“I want first and foremost people to have fun, and that there's a sense of belonging. I think that's something that comes out of a camp... some people say, for the first time, they feel like they belong here, and that's really cool. And they want to continue” (FG 7).

This comment highlights the benefits of organic social environments, such as relationship building and inciting feelings of belonging and inclusion. The comment also connects the providers' approach with outcomes of quality experience, by acknowledging that a sense of belonging can inspire continued involvement.

A foundational assumption of the QPPF (Evans et al., 2018) is illuminated in these findings, which is that elements of an individual's quality experience are expected to vary over time, and they may require different approaches to support this. The results demonstrate an awareness of the need to support participant inclusion in different ways (e.g., initiation, planned events, organic gatherings). The present findings also align with quality participation research which has suggested that the fostering of social connections (Shirazipour et al., 2018), and a sense of community (Fakolade et al., 2021; Jackson et al., 2019), are central to quality participant experiences. Furthermore, existing literature has cited friendships and relationships as contributors to wellbeing in disability sport (e.g., Bredahl, 2013; Kenttä & Corban, 2014). From a sport management perspective, peer relationships in sport have previously been found to influence athlete motivation, engagement, wellbeing, commitment, and enjoyment (Pacewicz & Smith, 2021; Smith & Ullrich-French, 2020).

Findings from the present study expand on this existing research to highlight a flexible approach to participant inclusion, over time. Initially, when a sport participant joined a group or programme, providers played a greater role in providing social support. This was achieved by working directly with the participant to welcome and introduce them to the sporting environment. As the participant formed social connections with others, support was maintained by a wider social group within the environment, including other sport participants. In this way, providers utilised more structured approaches to support the inclusion of new participants and then reduced their involvement over time. This approach allowed providers to offer a greater degree of participant support initially, then to utilise other individuals as a support network over time, and redirect their efforts to other priorities, such as new participants, or programme delivery.

In summary, sport providers in the present study recognised the value of inclusion and supported participants to obtain quality experiences through social connection. These approaches to cultivating belonging aligned with the actions of sport participants, who noted that social connections were key to quality experiences and favoured organic social gatherings over social planned events (see Section

5.3). In line with the quality participation literature, approaches found to cultivate belonging, observed by both sport participants and providers in the present study, were consistent with the belongingness element of quality participation (e.g., Evans et al., 2018; Martin Ginis et al., 2017a). In the present study, providers cultivated belonging by providing opportunities for connection and relationship building, to foster inclusion and enhance experiences. The next subtheme details how providers promoted equal opportunities for participants.

### 6.1.3 Promote Equal Opportunity

The final approach that providers utilised to foster inclusion was to promote equal opportunity among sport participants: “[They want to be] given the same opportunities as everyone else... So, just like everyone else with a quality chance to do that activity” (Prov 8). Locally, sport is envisioned as a medium “where people have equal opportunity to achieve their goals and aspirations” (Sport New Zealand, 2019b, p. 1). Providers promoted equal opportunities within: 1) disability sport environments, and 2) mainstream sport environments.

Providers understood that equal opportunity was vital to minimising the effects of disability, and supported participants to feel included: “It’s inclusive because no one’s treated any differently... We all take the piss out of each other... There’s no judgement. All you’re trying to do, no matter what, is treat people the same” (Prov 10). This comment highlights the providers’ belief that treating all participants in the same manner would help participants to feel valued and included. As concepts, equality and inclusion are closely related (Köllen et al., 2018). Inclusion is about valuing and welcoming the involvement of individuals, whereas equality pertains to access to services, equal rights and opportunities, and protection from discrimination for disabled people (Purdam et al., 2008). As such, equality values inclusion, but inclusion within a group or structure is not necessarily promoted to equality.

The disability sport environment was considered to inherently promote equality because there was little or no comparison with non-disabled participants: “Where being different is... normal... as opposed to being the odd one out... So, seeing others with arm amputations... they don’t get questioned ‘can you play netball, cos you’ve only got one arm?’ They’re just, ‘yup, we’re doing it’” (Prov 4). This comment describes disability as the norm where all participants in this environment had an opportunity to engage in sport and were not constrained by attitudes of others or perceived comparisons with non-disabled participants. However, this comment contrasts with participation constraints reported in Chapter Four. The comment implies that disability sport fundamentally promoted inclusivity and equal opportunity. However, participants and providers reported negative attitudes and bias within the disability system as barriers to quality experience.

These contrasting findings highlight the complexities in the disability sport environment where sport activities were designed to be inclusive, but participants still faced barriers to equal opportunities and quality experiences. In essence, providers have clear intentions to promote equality and inclusion, but are not able to control all elements of environments, meaning barriers remain and continue to influence the quality of participant experiences despite the best efforts of providers.

In addition to promoting equal opportunity amongst disabled people, providers in the present study worked to promote equality in mainstream environments, where differences in opportunity were often perceived. Providers were aware of the comparisons that disabled sport participants drew between themselves and non-disabled participants and looked to minimise differences in opportunities between these two groups in mainstream environments: “[We] know how to set you up, so that your experience is going to be the same as if you were able-bodied. You’re going to be able to give it everything and not feel... limited in any way” (Prov 5). Providers recognised the power in treating disabled participants in the same way as non-disabled participants: “It’s about knowing your individual. Knowing what makes them tick... and they, in return, have a real, quality experience. Because you’re treating them like people, you’re treating them just like a regular athlete, there’s no difference” (Prov 3).

One provider detailed their approach to supporting each disabled participant to have equal opportunities with non-disabled participants in ways that were meaningful to them:

It should be no different [to a non-disabled participant]. There should be no difference in what the quality is, or what the expectation is, or what the outcome is... you look at ways that they can achieve exactly the same as what an able-bodied person can... Show no prejudice, being fair, and ensuring that every experience is an experience that matches the goals, and the dreams, of the athlete... if you’ve got a leg amputee who wants to go and play... they should be able to (Prov 10).

These comments acknowledge individual difference in what constitutes a meaningful participant experience. Providers built connections with participants to understand what was important to them, then worked to promote equal opportunity in mainstream environments.

Another provider spoke about ensuring that disabled participants were treated in the same way as non-disabled participants, and had the same opportunity to compete, at the same facility:

... we would have a category in the championships for disabled participants, so that they can compete at the same time, same place as everybody else, but maybe just against people with similar function or ability... the person with the limb deficiency is being able to do the shotput or the discus, but at the same time as everybody else (Prov 8).

This comment indicates how providers promoted equal opportunities in mainstream environments to facilitate quality participant experiences, in different settings.

These results correspond to findings from Chapter Five, in which participants sought inclusive environments where they had the same opportunities as others to feel 'normal.' The findings in the present chapter demonstrate similarities between the perceptions and priorities of sport participants and providers, who pursued equal opportunities to elicit quality experiences. Participants sought opportunities to feel normal through sport, and providers helped participants to feel normal through sport. These approaches align with the meaning element of quality experience (e.g., Evans et al., 2018), where feeling normal was a personally meaningful endeavour for participants.

Overall, three key approaches were utilised by sport providers to support the inclusion of people with limb deficiency in sport. First, providers were found to modify equipment, rules, and activities, to foster the physical inclusion of participants. Next, providers demonstrated how they cultivated belonging in sport by initiating participants to the sport environment, and then subsequently offering opportunities for ongoing social involvement. Finally, providers promoted equal opportunities among disabled participants and non-disabled participants, to foster feelings of normality and inclusion in sport. As discussed, provider approaches to fostering inclusion aligned with the belongingness and meaning elements of quality experience (e.g., Evans et al., 2018). A key finding was that providers changed their approach to fostering inclusion over time. Initially, providers themselves worked intensely and carefully to welcome participants into sport settings. Whereas at later stages of a participant's sport engagement experience, providers relied more heavily on the social connections formed between participants to maintain a socially inclusive environment.

Another major finding was that participants and providers approached modification in different ways. While modification was valued by both providers and participants, perspectives on the best way to implement such modifications varied. In certain circumstances, particularly in mainstream sport settings, participants often desired subtle, discrete modification strategies to avoid being made to seem different, serving to further highlight their disability (see Section 5.2). While well-intentioned, providers seemed to overlook this need for discretion and subtlety in their efforts to be inclusive and to ensure the participant had the best chance of achieving equal opportunity with others, through modification.

## 6.2 Empower Participants

The second key approach sport providers utilised to deliver quality sport participation experiences through empowerment was to offer meaningful support and guidance to help participants achieve their personal goals. As discussed earlier, disabled people are considered to be a disadvantaged social minority (Oliver, 1986). Empowerment through sport encourages disabled people to acquire perceived control over their lives and take action to challenge the limitations of disability (Hutzler, 1990). Sport providers in the present study empowered participants by: 1) providing assistance where needed, 2) encouraging participant autonomy, and 3) offering opportunities for skill development. These approaches to supporting empowerment occurred at the individual level and were primarily aligned with supporting quality experiences, not performance objectives.

The first approach to empowering participants was to provide assistance where necessary, by asking questions, listening, being honest, and supporting their goals. This inspired confidence in participants and helped them to have positive sport experiences:

How do you make that a quality experience?... It's not easy and really requires a lot of positive thinking... The first thing I used to do was get the athlete to list five to ten [aspects or skills] that they'd like to work on, and then I would list my five to ten... They felt they needed some areas of development where you actually thought they already had... So that empowers the athlete, they know you're working on the same things that they're interested in. I found that really helpful... empowering of the [person] who may have the impairment... So, yea, there's a lot of facets to it (Prov 3).

This comment details a strategy utilised by a provider to empower participants by recognising their competencies. The intention of this provider was to demonstrate his belief in the participant and show a commitment to assisting with their improvement. He believed that by working together with participants to identify areas for improvement, the participants were empowered to have input in their training. This boosted their confidence and supported the participant to have a quality experience. Specifically, utilising a sport provider with a limb deficiency was thought to empower participants through shared experience and connection:

[The disabled coach's] level of knowledge around what's possible is off the planet, it doesn't get better. Cos you've got a guy who's doing it for a job, who's then facilitating people who've got the same impairment, to come in and [achieve] their sporting aims (Prov 5).

Another provider detailed an approach that they used to provide assistance to participants. The provider first ascertained what type of help was required and then utilised various resources to support the participant: "... catering to the needs of the individual... to ensure they can do it... I

believe that's my responsibility to be investigating ways... that those athletes can achieve what they want to achieve" (Prov 10). In this way, guidance was used to inspire confidence and to help participants achieve their goals. Reflecting on Chapter Five, some sport participants were found to enlist the support of coaches to help them maximise their ability. Findings from the present section show that some providers prioritised working alongside the participant to provide assistance, where necessary, without overstepping and taking control.

The findings once again demonstrate alignment with the No Accidental Champions model (e.g., Higgs et al., 2006, 2021), which recommends that providers inform participants of the opportunities available to them to support their participation in sport. Building on the No Accidental Champions model, the present findings demonstrate that after informing participants of their opportunities, some providers then sought feedback from participants, and utilised the feedback to tailor their guidance and support:

I just like talking to people and seeing what we can do to help them... Ways that we can help make it a better experience for them, or what they need... 'Cos some... people really don't want any kind of assistance. So, just talking to people about what support we can give, how we can make it comfortable for them (Prov 4).

The seeking of feedback has previously been found to build trust and inspire sport participants to exercise their autonomy, which has been shown to support the development of quality experience (e.g., Allan et al., 2018; Jackson et al., 2019).

In addition to providing assistance, providers empowered participants by encouraging them to use their autonomy. In supporting participant decision-making, providers allowed participants to have choice and control over sporting decisions: "... having choices, and also making those choices accessible and easy to make. So that when an individual makes that big decision, to get out there and give something a go... they're getting a... quality experience" (Prov 9). This provider highlighted the importance of participants feeling equipped and supported to make decisions independently. This involved a balance of ensuring accessibility and providing assistance whilst supporting participant independence. To support autonomy, providers listened to participant ideas and refrained from making decisions on their behalf: "Let it be their choice to say 'yay' or 'nay'. Don't make that decision for them... If they find they can't do it, they'll soon tell you!" (Prov 10). Providers encouraged participants to use autonomy by letting them take the lead, offering them options, and not pushing them towards pathways.

Some sport providers shared stories about arming participants with decision-making power and were clear to acknowledge the capability of the participant: "... it's about letting [them] direct the day, so we let them take the lead... and that is quality... it's about having the opportunities, led [by

participants]. So, they're driving it, they're telling us what they want to do" (FG 2). This comment highlights the provider's belief that participants had a quality experience when they were empowered to take control of their sporting journeys. Providers recognised that acquiring power, and control over decisions could be challenging for disabled people. However, when obtained, the power gained through the decision-making process contributed to a quality experience.

Providers supported participant autonomy by allowing them to take the lead: "... being flexible... they have all the good ideas too. You don't need to be the person that has to come up with all these ways of... giving a quality experience" (Prov 3). Sport providers recognised that choice and control were central to the development of quality experiences, and they empowered participants by providing opportunities for them to exercise their autonomy. One disabled provider acknowledged: "... shouldn't it be grassroots, voice, people driven? This is about the community that you're serving, not about your wants and needs" (Prov 5). Shirazipour et al. (2017) highlighted the influence of independent decision-making on quality experiences in a physical activity context. The present study extends their work to demonstrate how participant choice, control, and power are valued by both sport participants and providers and facilitating them contributes to quality participant experiences.

Another strategy that providers utilised to encourage autonomy was to offer options to participants: "I talk about choice as a big component. For me it comes down to choice... It's important that all the options are available so that somebody can choose" (Prov 8). To empower participants, providers offered them a range of suitable options, and assistance with decision-making when necessary: "... understanding what their opportunities are... and making it easy for people to make those choices and follow whatever pathway they want to. I think those things are really critical" (Prov 9). When presenting opportunities, providers allowed participants to decide what they were capable of, and comfortable with: "There's going to be certain things that they can't do. But they should be the ones that tell you 'I can't do that'. People should not make the judgement to say, 'you can't do that'" (Prov 10). In this way, when providers supported the quality experience element of *autonomy* in sport, they empowered participants to navigate towards quality experiences.

In prior research, athlete feelings of autonomy and engagement were found to be facilitated by coaches who provided choices and promoted initiative (Banack et al., 2011; Cheon et al., 2015), to contribute to the wellbeing of disabled athletes (Cregan et al., 2007; Lemelin et al., 2022; Mageau & Vallerand, 2003). In addition to this, the *autonomy* element of quality experience has previously been highlighted as key in promoting participation and empowering athletes (Allan et al., 2018). The present findings demonstrate that participant autonomy gained through exercising choice, control, and decision-making power with supportive providers, could empower and engage participants in sport.

Although providers acknowledged the importance of autonomy in empowering participants, and supporting quality experiences, they also described how the system shaped their ability to support participant decision-making and instead prioritised performance objectives: “NSOs are set up predominantly for competition and competition pathways [but] there's a whole cohort of people outside of the club who might want to [engage] non-competitively, who could be involved with the sport” (FG 2). This provider demonstrated an awareness of participant needs, describing how participants and providers operated within a system that was focused on prioritising performance objectives over the experiences of individuals. These findings build on those from Chapters Four and Five, where some participants were found to relish the challenge of high-performance sport, whilst others felt as though they were being pushed onto pathways without concern for their individual needs.

To combat the focus on performance, providers designed grassroots programmes to support goals such as inclusion and fun, whilst providing participants an opportunity to explore competitive sport. However, some providers viewed grassroots programmes as a foundation from which to develop participants towards performance pathways:

... broadening all our systems so that 1) they're acknowledged, 2) they've got something to strive for and 3) they're having fun. And then if they really show talent then we bring them into our programme, our camps, and take an interest in them (Prov 10).

This comment acknowledges the use of grassroots programmes in providing a quality foundation for participants, where the expectation remains that they will progress through the sport system.

These comments begin to acknowledge the competing objectives that providers negotiated in delivering sporting opportunities. Namely, whilst trying to empower participants and create quality experiences, providers were working within systems that were designed to funnel competitors towards performance sport. Some providers acknowledged that not all sport participants desired a competitive or performance pathway and worked to accommodate these participants within a system that seemingly prioritised participants on performance pathways. This finding aligns with a point of discussion raised in Chapter Four, where a perceived bias toward performance-focused participants was found to enhance experiences for some participants, whilst constraining the experiences of others. This tension of negotiating competing objectives is investigated in later sections where the transition to parasport pathways is examined.

In working through this tension, some providers undertook consultation with participants to gauge their level of interest in a pathway, and then jointly determined what type of assistance, if any, was warranted. If decisions were made on behalf of the participant, providers felt that this could remove

control and minimise opportunities. To support participant autonomy, one provider offered options, without pressuring the participants to commit to a pathway:

So, it's giving them options. Because they might be really great at this [sport], but might want to try this [other sport]. A prime example, we've got Susan... even though she's deemed a classified athlete, who was on a Paralympic pathway... she's taken up [a new sport and] she absolutely loves it (Prov 1).

This comment describes how a participant was supported to move away from a performance pathway and engage in sport in a way that was more meaningful to them, to support a quality experience. Participants were believed to thrive when they had options and were supported to explore opportunities to engage in sport, whether competitive or not. This goes against systemic pressures, and somewhat reflects the role of this provider as a deliverer of grassroots opportunities. Grassroots providers were under less pressure to push participants onto performance pathways and had greater resources to support quality participant experiences.

As discussed in Chapter Two, disability sport is promoted with the potential to empower participants (e.g., Blauwet & Willick, 2012; Forber-Pratt, 2018; Shapiro & Martin, 2014). However, some researchers have challenged the perception that parasport is a viable platform for empowering disabled people (e.g., Howe & Jones, 2006; Peers, 2009, 2012; Purdue & Howe, 2012). Findings from the present study suggest that participant empowerment is sought by both participants and providers in disability sport and perceived to be key to quality experiences in sport. However, sport participants did note the disabling and disempowering effects of having their control and autonomy diminished (see Chapter Five). Therefore, it is likely that sporting environments can empower or disempower participants and that choice and autonomy contributes toward an empowering environment and supports a quality experience.

The present findings highlight the importance of autonomy in supporting quality participant experiences and align with participant comments (see Chapter Five). Specifically, participants noted that being pushed onto a pathway, with little respect for autonomy, was not conducive to quality experiences. Like providers, participants spoke of control and gaining independence, resulting in a quality experience. These results strengthen research that previously described individual decision-making and personal agency as aspects of a quality experience (e.g., Fakolade et al., 2021; Jackson et al., 2019). Findings in the present section draw attention to a tension experienced by providers, where the value of participant autonomy was understood, but as discussed further later in the chapter, providers also acted to engage participants in performance pathways. Mostly, providers believed they were offering participants the choice to engage in a performance pathway, but some

participants felt as though there was pressure to engage in the pathway or felt devalued if they did not engage (see Chapter Five).

The third approach providers utilised to empower participants was to offer them opportunities for skill development: “The major thing is having a range of skills for them to progress... Starting off, everyone has their own set of skills, so... we can build on those... building blocks to get them to... where they can be successful” (Prov 4). This comment describes the facilitation of skill development and related feelings of sporting achievement. Providers empowered participants by being aware of their skill levels, and presenting them with appropriate opportunities to improve:

... we’re really considerate of... that quality experience... In the sense that an individual may acquire a disability, and their skills [or] experience, may differ from [another] individual... So, we’ve got to be really appreciative [of] the people coming into it at all levels within the pathway (Prov 7).

In addition to this, providers supported participants to develop a range of skills, as they believed it contributed to increased enjoyment: “[It’s] all about giving them some skills, and it may not be just [traditional] para sports. It may be rock climbing or something like that” (Prov 2). One provider described skill development as a motivator to engage in sport: “... you build up that skill development for them to then be included... Learning skill development is huge... To develop physically and mentally... it’s like a little hook... It hooks you in” (Prov 1). The provider recognised that skill development, or mastery, supported a quality experience, and this in turn motivated participants to engage.

In supporting participants to accomplish tasks or improve their skills, providers instilled confidence and feelings of mastery in them. Offering opportunities for skill development was an approach that aligned with participants’ comments regarding the roles of skill development and task mastery in contributing to quality experiences (see Chapter Five). Along with contributing to participant empowerment through feelings of achievement and competency, skill attainment is also necessary for developing athletic performance. In this way, providing opportunities for skill development contributed to multiple sport objectives by developing skills to improve performance, supporting quality experience through participant feelings of success and empowerment, and by motivating continued involvement in sport. Therefore, the promotion of skill development illustrates an effective strategy to support participant experiences and support performance outcomes.

To summarise, the present theme captured three key approaches used by providers to empower sport participants. The first two approaches were intended to support quality participant experiences. First, providers offered assistance to participants where necessary, to boost

confidence. Next, providers encouraged participants to use their autonomy in making sport-related decisions. Finally, providers offered opportunities for skill development, which was thought to build confidence and inspire feelings of mastery. Skill development improved participant performances and supported them to have a quality experience. These approaches to promoting participant empowerment supported the autonomy and mastery elements of having a quality experience.

One major finding related to the No Accidental Champions model (e.g., Higgs et al., 2006, 2021). In addition to providing information about sporting opportunities as per the model, providers in the present study then sought feedback from participants and utilised that feedback to provide further guidance. From a sport development perspective, the seeking of feedback could ensure that information is being received and determine how this could be improved to better engage potential participants in disability sport. Another key finding was that providers believed they were competently supporting participant autonomy. However, some participants reported that they felt pushed toward pathways, which signalled reduced autonomy. This finding demonstrates that providers understood the importance of participant autonomy, however, they reported facing challenges in prioritising participant experiences over performance objectives, due to systemic constraints and priorities.

### 6.3 Enhance the ‘System’ through Education

The first two themes, *foster inclusion* and *empower participants*, were primarily focused on approaches that supported the individual to have quality experiences in sport. The present theme discusses a ‘system level’ approach to supporting quality participant experiences indirectly, through education and awareness building. This section addresses three key approaches that were undertaken to enhance the ‘system’ (beyond individual approaches) by educating individuals and organisations: 1) educating coaches, 2) delivering inclusion training, and 3) educating through advocacy. The dual objectives of sport delivery are again touched on throughout the present theme, where provider approaches reflected intentions to enhance participant experiences whilst meeting performance objectives.

The first approach to enhancing system level activity through education was to educate coaches. In a grassroots sport environment, coach education was understood to improve the ability of coaches to deliver coordinated programmes: “... if you’re going to play adaptive badminton... those organisations that are delivering that sport have spent time... to learn exactly how to deliver it to the community... So that those people come along and don’t have bad experiences” (Prov 5). Coaches that were well prepared and informed were believed to support quality participant experiences and continued engagement in sport. It was important that participants did not have a negative

experience in grassroots sport so that they remained motivated to engage. Coaches have been found to strongly influence an athlete's participation experience (Orr et al., 2020; Ryan & Deci, 2017; Van Dornick & Spencer 2020).

In the present study, coach education was believed to improve the coach's ability to enhance participant experiences. For instance, providers recognised that knowledgeable coaches could improve relationships between participants and providers: "... for para-athletes, and coaches in parasport, to build stronger connections... confidence, and knowledge... Which will hopefully lead to... more enjoyment and engagement in parasport" (Prov 7). This comment highlights that an assumed benefit of improved relations was an increased engagement in sport. This finding supports earlier comments from Chapter Five, where participants indicated that experienced coaches contributed to their quality of experience (see Section 5.2).

In addition to improving experiences for participants, knowledgeable coaches supported participants to improve their performance. In a performance environment, providers enhanced the system by educating disability sport coaches to better deliver programmes and support participants to gain skills and improve their performance:

That comes down to upskilling coaches, officials, upskilling the clubs... it's hands on, running courses, upskilling them... when you do get a talented athlete and you have got them in the right environment, i.e., coach, support structure... they can accelerate very quickly. So, they can go from being a participation athlete, to going to a world champ's athlete, and going to a Paralympics (Prov 10).

Providers believed that educated coaches played a central role by supporting the performance progress of participants: "[We want] really good coaches, that know what they're doing and have had training and support to be the best that they can be" (Prov 9). As such, coaches with disability-specific knowledge were thought to be better equipped to support and develop participant performances.

Some providers considered coaches' functional movement knowledge to be essential to competitive success: "Typically, an athlete with a limb deficiency is asymmetrical, they're much stronger on one side, or they're a little bit twisted. So, you've got to work as hard on the... deficient side to actually balance them" (Prov 10). Therefore, providers were deemed to be better equipped to design and deliver programmes if they had an understanding of the movement and balance patterns associated with limb deficiency: "... coaches need to be aware that if you've got a limb deficiency, some of your biomechanics might be out of whack" (Prov 8). This included knowledge of early and later acquired limb deficiency and the learning of new movement patterns: "... each athlete's different in their

needs... she was born like that, so she knew no different ... When he lost his leg [he had] developed those fundamental movement patterns... 'cos those early development years, he'd had four limbs" (Prov 10). These comments highlight a need to educate coaches on the biomechanics of limb deficiency so that they can best support improved participant performance.

Coaching roles in disability sport were often held by disabled athletes, or alternatively, non-disabled coaches who had knowledge specific to non-disabled sport. These two cohorts of coaches were often considered to be proficient in disability knowledge, or mainstream coaching, but not both: "... there's not a lot of coaches at development level... it always tends to be a player, or an ex-player. Not always [knowledgeable] on the theory of coaching [but] a lot of practical experience" (Part 9). Providers in the present study worked to identify potential disability sport coaches and then educated them to deliver high quality services: "... working collectively to identify instructors that could be trained as experts, from an adaptive perspective" (Prov 9). These comments reflect a performance-based motivation, whereby educated coaches could better support improvements in participant performance.

These findings build on prior work, which has argued that oftentimes coaches are not knowledgeable in disability-specific contexts (Bush & Silk, 2012, Tawse et al., 2012), in part because mainstream coaching content is manipulated to fit the disability context (Cushion et al., 2020; Townsend et al., 2017). Therefore, coach education is understood to improve the quality of coaching and the delivery of sport (Nash et al., 2017; Stodter & Cushion, 2017), whereby coaches perform a vital role in accomplishing disability sport and social outcomes (Townsend et al., 2021). Findings from the present study highlight the complexities of disability sport coaching and how coach education can enhance participant experiences whilst supporting performance objectives.

Based on these findings, it is assumed that coach education could support in-depth understandings of coaching and impairment, with the view to support individual participants in diverse ways. Findings from the present study infer that educated coaches can, and do, improve the capabilities of participants by imparting knowledge and building strength and skills. In this way, coach education supports performance objectives. In addition to this, knowledgeable coaches were thought to contribute to quality participant experiences in grassroots and parasport by improving access and building relationships.

The second aspect of enhancing the system through education involved the delivery of inclusion training, to educate other providers on inclusion in sport. Disability awareness training is established as a form of education that develops understandings of disabled people's needs, and results in enhanced positive attitudes towards disabled people (Murray et al., 2011). In the present study,

providers supported quality participant experiences by delivering educational content on modification and the inclusion of disabled participants. Sport-based inclusion training was delivered by disability sport providers to a range of stakeholders, including management, administrators, coaches, and volunteers at mainstream and disability sport organisations. Inclusion training was promoted as a strategy to indirectly improve the quality of sport participant experiences through an improved system with understandings of modification and improved disability awareness.

As part of this, disability sport providers commonly worked with providers from mainstream organisations to modify sport and deliver accessible and inclusive opportunities to disabled people: “[For] mainstream organisations... We show them how to be fully inclusive. And what’s cool is our main guy has got a high-level limb amputation. So, if anyone’s going to know what’s needed, it’s [him]” (Prov 5). Through the delivery of educational programmes, providers sought to improve understandings of disability, and the delivery of sport for disabled people, with the intention of creating inclusive and enjoyable environments for sport participants:

We work quite closely with the NSO. [They] ring up and say ‘look, we don’t do anything within the disability community... we want everyone to have the opportunity to play our lovely sport. How do we do that’?... The first step is getting their staff trained up, then we work with them around a plan (Prov 1).

The goal of this type of education was to better equip organisations to provide suitable opportunities for disabled people, with the aim to encourage inclusion and enhance the sport experiences of disabled people:

... inclusion training [can] really open the mind up to what can be done... if they’re right arm deficient, amputation, they might play on the left wing so they capture the ball with their outside hand. So, there’s different ways you can modify to allow them to use everything they’ve got to their best advantage (Prov 3).

It has been suggested that coaches with minimal disability-related knowledge contributed to negative experiences for athletes (e.g., Allan et al., 2019). The present findings demonstrate that inclusion training can contribute to an enhanced system that supports inclusive practice to facilitate quality participant experiences.

The findings in this section connect to prior research that advocated for the use of inclusion training to improve sport environments (e.g., Kiuppis, 2018), where the education of sport stakeholders is considered central to impacting disability sport participation (e.g., Cunningham & Warner, 2019; Pate et al., 2020). The present study expands on this research to explain how inclusion training might influence sport participation. Improving knowledge on modification and awareness of disability in

sporting contexts may result in enhanced participant experiences, which as demonstrated earlier (see Chapter Four), could result in improved engagement in sport.

The third major approach utilised by providers to enhance the system was to educate by advocating for disability sport and disabled people: “That’s the biggest education, around the general public, is understanding that these guys have generally overcome a lot to get where they are” (Prov 10). Providers shared knowledge and challenged negative attitudes in a bid to improve access to sport, and attitudes towards disabled people: “It’s all part of that awareness raising and breaking down barriers and boundaries” (Prov 5). There were layers to the advocacy work, where providers raised awareness about disabled people and disability sport, whilst challenging discrimination at multiple levels, to improve participant experiences.

Educating through advocacy was considered essential to improving others’ attitudes towards disabled people. Sport providers worked with stakeholders at the individual level to educate them about disability: “[We] work with the sports leaders and try and get that mindset shift... so then it just becomes, the norm” (Prov 1). Building on this, providers moved to the organisational level, where initially, their strategy was to infiltrate areas where there was an opportunity to advocate. Disability sport representatives were encouraged to attend sector meetings, share knowledge, and promote disability sport: “[We are] encouraging [those] who do have some sort of parasport knowledge... to attend [sport meetings] because they [can] advocate for people,... passing on and sharing information with others, across the groups” (Prov 7). This comment demonstrated that providers were actively considering where education and advocacy were needed and would be best served.

Once these opportunities had been identified, attendance at regional and national sport meetings was one way for providers to learn from each other and to advocate for disabled people and disability sport at the organisational level: “... now [disability] development officers sit next to the [mainstream] athletics person, or the swimming person. It allows for the ideas of change... So that’s been really big” (Prov 3). The presence of disability sport providers in the wider sport sector improved communication and increased opportunities for education and advocacy. Another way that providers promoted disabled people and disability sport was by holding events that generated publicity, and created a presence in the community: “... we’re trying to create a pinnacle event in our calendar... That all of our [disabled] sports people can come to, and they get celebrated. And they get awards... we’re trying to create some profile” (Prov 5).

Furthermore, several providers sought to embed disabled providers within mainstream organisations, as a way to promote disabled people in sport: “[This mainstream organisation] is

smashing it... They've got one of our [disability] coaches [who] is a real passionate disability and inclusion advocate ... and then we've got [a disabled employee] in there... So that is going great guns" (Prov 9). Disabled people were employed by a small number of NSOs in a bid to enhance inclusion. In mainstream environments, disabled providers disseminated their knowledge and offered a different perspective: "A lot of the staff were very well aware of disability... But [as a disabled] disability lead within the organisation, I'm a back stop for them to consult with" (Prov 8). Providers were also interested in promoting disabled people into leadership roles within disability sport organisations. Disabled leaders were thought to have a deeper understanding of disability, and were able to better advocate for, and empower participants:

I think that in disabled sports that you actually need to have volunteers, and/or representatives, that understand... You might have your heart in the right place, and you might have empathy, you might have a background in disability. Unless you sort of have a lived experience of disability, and particularly disability sport, then maybe I don't think you should be taking any lead roles in that space (Prov 5).

This comment is a recommendation to improve sport delivery, by considering the benefits of employing disabled people into sporting roles. Disabled people improved the delivery of sport through their enhanced understanding of disability and ability to educate, advocate, and lead in the space.

Advocacy was also a consideration at a system level, where providers ensured that strategic plans included clear objectives around advocacy: "[We are] working [on] areas in the strategic plan that pertain to advocacy, around disability" (Prov 9). In advocating for disability, providers hoped to directly influence and improve attitudes towards disabled people: "... it would change the way that people see disabled people in the community and disabled sports people" (Prov 5). Taken together with the findings from Chapter Four, these comments suggest that improving the attitudes of non-disabled people through education and advocacy may facilitate quality experiences in sport.

The final approach to advocating was to engage ambassadors who educated the public, endorsed disability sport, and advocated for increased opportunities for disabled people:

... the role of the ambassadors is around raising awareness of disability. So, using their personal stories to educate and inform people. And through that... the whole concept... is that people will change their attitudes to disability, and opportunities will be opened up. Disabled people will be included in all aspects of life (Prov 9).

This provider believed that ambassador advocacy could indirectly improve participant experiences by improving attitudes towards disabled people. This finding builds on previous research, which proposed that the use of champions in sport promotes diversity and inclusion (Jeanes et al., 2018;

Melton & Cunningham, 2014), to suggest that disability sport ambassadors improve awareness and attitudes, which can result in enhanced participant experiences. This finding and others in this section can be explained by a social relational perspective, where raising awareness of disability can help to change the attitudes and actions of non-disabled people and improve the experience of disability for disabled people (e.g., Thomas, 1999, 2004).

To summarise the theme, system-level change was enacted through education, with intentions to enhance participant experiences and contribute to performance goals. Coach education helped to enhance participant performance by improving knowledge on coaching theory and the functionality of people with limb deficiency. In addition to this, inclusion training was delivered with the goal to enhance participant experiences by improving attitudes towards, and understandings of, disabled people. Similarly, providers engaged in advocacy to raise the profile of disabled people and disability sport by embedding disabled personnel into mainstream sport organisations and utilising ambassadors to educate the public about disability and enhance participant experiences.

#### 6.4 Grow Participant Numbers to Feed the ‘System’

The first three themes detailed provider approaches to improving and enhancing sport for people with limb deficiency. The present theme presents a distinct shift to explore the tension between performance objectives and participant objectives and comprises two key elements. Providers spoke extensively about their efforts to grow participant numbers by: 1) providing initial participation opportunities, and 2) providing ongoing sporting opportunities, many of which were aligned with transitions into higher levels of sport. These subthemes correspond to the attraction and retention processes (e.g., Green 2005; Sotiriadou et al., 2008) of sport development.

A substantial participation base is considered essential for achieving both community and high-performance sport outcomes (Shilbury et al., 2020). Participant recruitment is the first approach to increasing numbers in sport, however, entry into a sport programme does not ensure continued engagement in sport (Green, 2005). A growth in participant numbers relies on the recruitment of new participants, and the retention of existing ones (Sotiriadou et al., 2008). If recruited participants do not continue to engage in sport, then participant numbers reduce, and less demand can result in fewer offerings and opportunities for participants. Therefore, the provision of ongoing opportunities is essential to the growth of participant numbers and continued access to programmes.

In considering the growth of participant numbers, the present theme highlights an ongoing tension noted by providers regarding the external pressures they felt to funnel participants towards performance sport. Earlier in the Chapter, the dual objectives of sport delivery were acknowledged, where some provider approaches were focused on supporting quality participant experiences, and

others prioritising performance outcomes. These dual objectives are competing in that they both demand resourcing, but often require different strategies to achieve. Similar tensions have been observed within mainstream sport development literature (Bowers & Green, 2016), and sport for development literature (Raw et al., 2022), but there is a gap regarding understandings of this tension in the disability sport space.

In the present study, providers considered the needs of individuals in their approaches, but the external or 'systemically driven' motivation for growing participant numbers in sport was to feed performance pathways: "[We provide] opportunities... to get as many people engaged, and then they come up through the system" (Prov 9). Providers focused on increasing the number of participants engaged in community sport in the belief that it would increase participant numbers in parasport: "Unless we grow community participation of disabled people, we're potentially not going to have a wide base of people with the skills, the experience, and the confidence to embark upon a parasport pathway" (Prov 7). This thinking is consistent with the pyramid model, which prescribes many recruits in community sport from which to supply performance pathways (e.g., Grix & Carmichael, 2012).

As discussed in Chapter Two, a wide base of participants at entry level sport is thought to provide a continuous supply of participants onto performance pathways (De Bosscher & van Bottenburg, 2011; Green, 2005). In New Zealand, participation in disability sport is encouraged and promoted with the view to attain: "More para-athletes on the parasport pathway from community parasport to the Paralympic Games" (Paralympics New Zealand, 2020, p. 11). Sport system funding and sport-related policy shape this emphasis on feeding the system. However, as identified earlier, a focus on quantity participation, or objective measurements of engagement, does not adequately capture nor promote full participation, which is a right of disabled people. To support and enhance full participation for disabled people, quality participation involving satisfaction and enjoyment is also necessary. The balance required to satisfy full participation represents the tension between performance objectives and participant objectives.

#### 6.4.1 Provide Initial Participation Opportunities

The first key approach utilised by providers to grow participant numbers focused on participant recruitment. As described in Chapter Two, athlete recruitment (e.g., Green, 2005), or attraction (e.g., Sotiriadou et al., 2008), is a widely recognised stage of sport development, in which an organisation focuses efforts on attracting new participants to sport. In a bid to attract participants to disability sport, providers in the present study: 1) collaborated with providers from other organisations to link participants to organisations and to increase the range of sporting activities available, and 2) embarked on talent identification. First, providers built relationships with other providers from

different organisations, with the understanding of working together to provide initial participation opportunities. Then, providers were in a position to offer participants a choice to engage in various sports, and referred them to the appropriate organisations, as deemed appropriate. In addition to this, some providers held talent identification events to recruit participants into parasport.

The first step to providing participation opportunities to attract participants was to build collaborative relationships between sport organisations. As part of this, gatherings and events were held to initiate contact between the organisations: “... we brought a whole lot of parasport and disability providers into one venue and the prerequisite... was that they had to... be prepared to support individuals that indicated that they wanted to continue with that sport or organisation” (Prov 9). This comment acknowledges the initial step of bringing together providers to establish relationships, on the premise that each organisation was committed to recruiting participants into sport programmes. This strategy aligns with the Foundations, Talent, Elite, Mastery framework (e.g., Gulbin et al., 2013), which emphasises the formation of a collaborative sport system, in which organisations work together to achieve positive participant experiences alongside athlete development objectives.

Once relationships were established between organisations, providers were then able to connect participants to appropriate organisations: “... if we don’t do it, we’ll put you in contact with someone who does... It’s about that experience, whether it’s us providing the sport, or the experience of them dealing with us. They’ll have a positive experience” (Prov 2). Relationship building helped providers to refer participants to suitable organisations and support their engagement in a sport they were interested in: “... reaching out to [the participant], to inform them what their opportunities are... Providing a link to an appropriate environment... either the national sport organisations, and/or [disability sport organisation], and... they have a great experience in their environment” (Prov 7). Offering choice through a range of appropriate sporting activities is considered a prerequisite to having a quality experience (Evans et al., 2018). Comments from the present study expand on the QPPF to describe how providers offered information, endorsed participant choice and autonomy, to elicit quality experiences during the recruitment phase.

In addition to this, one provider spoke of collaborating with mainstream organisations, to recruit participants who were not interested in perusing competitive disability sport opportunities:

... some people, particularly with mild amputations... don’t want to be seen as disabled, so they don’t want to hang out with... special people. So, making some pathways for them to keep them involved in some kind of active recreation... Some kids don’t want to do Paralympic sport and that’s cool, they can still go to a [mainstream] cycling group for

recreation... I do care about competitive sport, but I would rather just see people being active, so if people want to carry on into an able-bodied club, then that's cool (Prov 4).

This comment details the mentality of a provider, who acknowledged that some participants did not want to engage in disability sport as they did not want to be seen as disabled. The provider presented other options to participants in a bid to keep them involved in sport. This approach to recruitment was participant focused, where the provider made contact with mainstream providers to support ongoing participation for the benefit of the participant. In a similar way, the benefit of focusing on the excitement of the sport was noted: "Yeah, I think it's that whole driving participation and celebrating the sport thing rather than celebrating winning" (Part 7). This comment identifies the importance of growing the sport, but prioritises enjoyment over competition or success.

Inspiring participants to affiliate with mainstream organisations was thought to contribute to a quality experience, to wider goals, and to keep disabled people involved in an active lifestyle. The comment above could be seen as a general push by the 'system' to support performance outcomes, but going against 'systemic pressures,' prioritised participant enjoyment. In supporting the recruitment of a participant into mainstream community sport, the provider was effectively assisting the loss of a participant from the disability sport system. However, the experience of the participant was valued and prioritised over performance objectives in this instance.

In addition to collaborating with sport organisations as recruitment partners, providers in the present study engaged with non-sporting organisations: "... we want to connect with more disabled people in different ways... So, we will directly contact the limb centre, we will directly engage with the [disability] society" (Prov 5). One coach went in search of potential participants and invited them to trial the sport: "... linking in with the Amputee Society, going to their open days and making sure that were not missing anything" (Prov 10). Another provider reflected on the intentions of providers to add value to the lives of disabled people by providing participation opportunities to recruit them into sport: "You've got the limb centres... a lot more [of them] will promote sport opportunities to some of their clients... that's what we're after. I think everyone is trying to make it a better place really, everyone's got that motivation" (Prov 3). This comment demonstrates a belief that offering sport opportunities inherently supports quality experiences and improves the lives of disabled people.

The final approach to providing initial participation opportunities was to hold talent identification events: "We do coordinated parasport community days, to provide knowledge and education to disabled people around the opportunities in parasport... talent ID days... where someone may be identified as not just participating but showing an interest in performing" (Prov 7). This comment

highlights the performance emphasis of talent identification events, where participants were offered opportunities to demonstrate skill and then acknowledged for their abilities and interest in competitive pathways.

Providers utilised introductory sport events as a forum, to attract potential sport participants, and promote the range of opportunities available to them: "... one of my friends that said, 'hey there's this girl at school that's got no hand but she's a pretty good little netball player'. So, I just invited her along to a talent development day" (Prov 10). Or alternatively, potential participants were recruited at competitions: "... we use the likes of the [sport event] as a talent identification opportunity [and our] representatives go to those games, help run the games, but talent spot" (Prov 10). These comments describe a recruitment tactic to attract participants and grow numbers in performance pathways.

To summarise, an initial approach to growing participant numbers involved participant recruitment through the provision of initial participation opportunities. Collaborative engagement between provider organisations was utilised to recruit participants with the view to providing enjoyable and quality participant experiences. A collaborative approach to recruitment was based around supporting participants to engage in sport in ways that supported their quality of experience. The recruitment of participants through talent identification was based more on the participant's ability and suitability to engage in parasport pathways. In these ways, provider intentions to support quality participant experiences were at times suppressed by a focus on feeding external, or so-called 'system demands'.

#### 6.4.2 Provide Ongoing Sporting Opportunities

Following the provision of initial participation opportunities to recruit participants, ongoing opportunities were provided to engage participants in sport and sustain growth in participant numbers. Sport organisations are said to create the opportunity for engagement by delivering programmes that facilitate participation and develop sport (Sherry et al., 2016). The ongoing delivery of programmes and pathways in the present study ensured that sport opportunities remained available for participants, so that they could engage and improve. The approaches used to provide ongoing sporting opportunities included: 1) the design and delivery of sustainable programmes and pathways, and 2) the pooling of resources with other organisations.

The first aspect of providing ongoing sporting opportunities concerned the sustainability of pathways, programmes, and events: "We believe that any sport needs to be sustainable and needs the support people around it... running it... 'Cos if it's not sustainable... it's just not worth it for us, and for the [participants]" (Prov 2). This comment acknowledges the importance of providing

ongoing opportunities to participants, to support long-term participation and the viability of the organisation. Furthermore, providers believed that the opportunity to be involved in sport created meaningful experiences for participants and motivated continued engagement: "... we had a [person with] a limb deficiency. So, he came along... there was... other disabled [people], and... a lot of providers that were fully ready to engage, and provide ongoing opportunities, that... is an example [of quality participation]" (Prov 9). In these ways, the provision of ongoing opportunities supported performance objectives and quality participant experiences.

Some providers were critical of organisations that supplied programmes or activities without a consideration for ongoing opportunities: "The whole have-a-go thing is bollocks. We don't want to provide a one-off for anybody" (Prov 5). Stand-alone events were not believed to benefit the participants, organisation, or sector: "I really believe that one-off events, where there's no ongoing opportunities to participate, is not beneficial to anyone really" (Prov 9). The delivery of sporadic or unsustainable programmes was thought to contribute to a negative experience for participants:

... we don't start something unless we know we can... finish it, and deliver it in a really top form... You don't want it to be something that just starts and then stops, because I think disabled people have been let down enough over the years by those kinds of initiatives (Prov 5).

This comment highlights a longstanding issue with the delivery of sport programmes for disabled people and offers insight into historical barriers that may have affected growth in participant numbers in sport. Essentially, where participants can rely on providers to deliver ongoing programmes, they may be more likely to engage, and their engagement may be more meaningful. In the past, sustainable approaches have been recommended in promoting physical activity (Jaarsma & Smith, 2018), and sport (Ives et al., 2021) for disabled people. The present findings build on this in explaining the negative impact of unsustainable sport programmes on participant experiences.

One key approach to delivering sustainable pathways was to collaborate with other organisations. In some sports, collaboration with a mainstream organisation was required, to ensure pathways could be developed and maintained: "... we never look to introduce or offer sport where there's no pathway... So, we're working with [mainstream organisations], so that they have a pathway for the disability community" (Prov 1). In working together, organisations could design and communicate clear pathways to participants: "... key organisations, for those athletes, have their shit together... and the pathways really clear, and an athlete can know what their options are" (Prov 9). In these ways, providers encouraged continued participation in sport by providing quality programmes and pathways for participants to engage with. These comments suggest that programme and pathway sustainability is essential to the continued engagement of participants.

Participant retention is said to be mediated by motivation, socialisation, and commitment (Green, 2005). The relationship between participant retention and ongoing opportunities can be explained by the quality participation construct. Quality experience is said to involve satisfaction and enjoyment (Evans et al., 2018). Satisfaction is positively related to commitment, motivation, and retention (Chelladurai & Ogasawara, 2003; Currivan, 2000; Fairley et al., 2007; Kim et al., 2009; Ryan & Deci, 2000). Furthermore, findings from Chapters Four and Five highlight social connection as central to quality experience and propose engagement in sport as an outcome of quality experience. It follows that the elements of participant retention as proposed by Green (2005) may be influenced by the provision of ongoing sporting opportunities that elicit quality participant experiences.

The second major approach to providing ongoing sporting opportunities was the pooling of resources to ensure the continued delivery of sporting opportunities. Resources were pooled between organisations to provide increased or improved services, and to save on time and money: “... doing it with existing programmes and networks as opposed to necessarily always developing something new ourselves” (Prov 7). For example, when a provider did not have the coaching resource to deliver specific knowledge, they engaged with other organisations: “... we like including outside organisations ‘cos they have the skills, the knowledge, the equipment, to teach the skills that we don’t have” (Prov 4). In this way, the pooling of resources permitted organisations to provide ongoing opportunities for participants.

Funding was often limited, so organisations pooled resources to ensure the continued delivery of sporting opportunities. Providers collaborated with personnel from both disability sport organisations and mainstream sport organisations to share resources and broaden opportunities for participants: “... we had no money, we had to share resources, we had to share coaches, [high-performance] resources, everything. We relied on everything from able-bodied [organisations]. And it worked both ways” (Prov 10). This comment details a reliance on interorganisational relationships, where it would otherwise not have been possible to deliver ongoing programmes and to keep participants engaged in sport.

One sport provider shared an example of two organisations that pooled resources with the goal to enhance, support, and develop the capacity of both organisations:

[One organisation] are going to be working with [another organisation] to develop an initiative around the regions... There may be some sort of sports development person working [between] the two sports. They can’t justify having one person working with one sport, but they can justify something joint (Prov 2).

In working collaboratively, each organisation could acquire the resource to deliver their sport programmes and could continue to provide ongoing opportunities for participants to engage with. In

the literature, interorganisational relationships are seen to be essential for distributing the workload of sport programme design, delivery, and evaluation (Welty Peachey et al., 2018) and can improve access to resources, knowledge, and community cohesion for non-profit sport organisations (Misener & Doherty, 2013). Building on this, findings from the present study suggest that inter-organisational collaboration is valuable in enabling the sharing of resources to support the delivery of sport, participant engagement, and growth in participant numbers.

The final approach that providers utilised to pool resources was to integrate the delivery of disability and mainstream sport. Integrated sport delivery was thought to increase access to resources and improve capability and capacity for delivering sport opportunities:

It just makes total sense to have end-to-end in one building, and to be able to create that connection between the spaces... you could make the budgets work really well in terms of doing more integrated stuff at the high-performance end... So, I'm very pro [organisations] coming together... If there's an able-bodied [sport] camp happening, there's no reason why we couldn't have your high-performance para [athletes] there (Part 7).

This comment describes how the sharing of facilities, budgets, and ventures between disability organisations and mainstream organisations could help to improve the delivery of sport.

Partnering with mainstream sport organisations to deliver sport was also viewed as an opportunity to raise the profile of the disability sport organisation, whilst improving efficiencies: "... we could be piggy backing off of [the NSO] for so many things, joining in on their tournaments to get more visibility and awareness" (Part 9). In these ways, collaborative relationships with larger, or more established, organisations could assist providers in promoting sport and enhancing performance. Moreover, integrated environments were thought to enhance experiences when participants could prove their ability against non-disabled participants: "[Integration] raises the profile of disabled athletes... and is awareness raising, so those are the massive benefits... For the disabled sportsperson, they get to play against other, fierce competition... that will make them feel really good about themselves" (Prov 5).

The International Paralympic Committee promotes integrated sport for the inclusion benefits (International Paralympic Committee, 2019). However, researchers have indicated that integration is also being utilised to improve the coordination of sporting opportunities (Kitchin & Howe, 2014). The findings from the present study support this proposition and describe how providers primarily utilised integrated environments to improve capacity and capability, by pooling resources with mainstream organisations. In this instance, integration was arguably utilised as a strategy to benefit the organisation, where benefits to the participant may have been indirect, as a function of a more efficient organisation.

Findings from Chapter Five offered further insight into integrated sport from the perspective of sport participants. Some participants welcomed the challenge of the integrated environment and utilised it to prove themselves, whilst others avoided environments where they could be compared to non-disabled participants. These findings highlight the complexities of integrated sport and the individuality of the participant experience, where integration may improve organisational capability, foster inclusion and quality experience, or promote difference and feelings of exclusion.

To summarise, the present theme encapsulated approaches utilised by providers to grow participant numbers in sport through system coordination. These approaches supported sport development objectives by providing initial participation opportunities together with ongoing opportunities for engagement in sport. The subthemes align with sport development processes, to recruit and retain participants in the sport system (e.g., Green, 2005; Sotiriadou et al., 2008). One key finding details the collaborative relationships between organisations that supported participant recruitment. Providers from different organisations worked closely to provide options and support participant choice, which motivated participants to engage. In addition to this, a more traditional talent identification strategy was utilised to recruit participants.

Following this, the delivery of sustainable programmes was found to support the feeding of performance pathways by providing structured, reliable opportunities for engagement. The provision of sustainable programmes further motivated participant retention in sport by supporting quality participant experiences. A major finding from Chapter Four revealed that ongoing engagement in sport was an outcome of quality experiences. Findings in the present section expand on this to appreciate how the three elements (motivation, socialisation, and commitment) of participant retention (e.g., Green, 2005) may be ignited through quality ongoing opportunities to engage in sport. The dual objectives are often competing, but these findings demonstrate how they intersect, where supporting quality experiences can contribute to participant retention, which in turn, supports performance objectives.

Finally, the pooling of resources was discussed as an approach to negotiating the dual objectives of sport delivery. The integration of mainstream and disability sport enhanced efficiencies and improved provider abilities to provide ongoing opportunities, but was not found to foster inclusion, as suggested by the IPC. Next, the final theme discusses classification as the point at which participants enter a parasport performance pathway.

## 6.5 Transition Participants to Parasport: Classification

The final key focus for providers was to transition participants to a parasport pathway. As discussed in Chapter Two, most sport and athlete development models describe transitions of non-disabled athletes (Patatas et al., 2020a), where athlete transition is recognised as advancement to a more complex level of training or competition (e.g., Sotiriadou et al., 2014). Disability sport has a unique structure where the transition to parasport presents as a major distinction in the pathway. This transition correlates with the classification process, where participant eligibility to compete in parasport is assessed and successful classification characterises the beginning of a performance pathway. Classification was utilised by providers as a mechanism to transition participants from community sport into parasport pathways: “[We] want to have like a pyramid. So have more people involved at [the grassroots] level. And those who want to get to the top, we will support them at all levels to get there” (Prov 4).

Classification is crucial to parasport participation and the development of parasport (Mann et al., 2021). In the present study, sport providers considered classification to be essential to sporting success. They used classification to inspire participants to engage in parasport by offering them entry to a structured pathway and competitive opportunities. Classification has been identified in the QPPF as a condition that supports quality experiences but has the capacity to alienate and disadvantage participants if they are wrongly classified (e.g., Evans et al., 2018).

Previous themes have considered how sport providers utilised various approaches to support quality participant experiences as well as to promote performance objectives. The present theme references a specific point in the delivery of sport, where performance-related outcomes were prioritised, and the sole aim was to transition participants to parasport where they could be competitive and contribute to performance goals. Providers focused on three strategic approaches to transition participants to parasport: 1) determining eligibility to parasport, 2) improving the classification process, and 3) considering the involvement of non-classified participants.

The first approach to transitioning participants to parasport was to determine their eligibility to compete through classification: “... classification is a fundamental part... [we want] to ensure, [participants] have got a pathway within Paralympic sports” (Prov 7). Participant eligibility to parasport was determined early on through classification: “... we very much focus on parasport opportunities and ensuring that there's a pathway... So, we're upfront right from the start, so whatever their disability is, 'what can you participate in? What is the pathway?'" (Prov 2). Providers believed that offering guidance around classification would inspire more participants to become classified, and that once they had a classification, they would be more engaged in sport.

One approach to confirming eligibility to parasport was to offer participants a temporary, provisional classification: “We’ve now got a system that every single para-athlete, no matter what classification, we try to have a provisional classification. Just to make sure that they’re eligible” (Prov 10).

Provisional classification was utilised to motivate sport participants to engage in competitive classes, and to confirm their eligibility in parasport, prior to continuing on a competitive pathway: “... it’s called a provisional classification... it’s a very simple process... to keep people informed... because the individual... needs to understand their classification and that they are eligible to compete in parasport” (Prov 7). This comment identifies how provisional classification was utilised to deem participants eligible for competition and prepare them to enter a pathway to performance sport. Literature on provisional classification is limited and as such, this finding contributes to a growing understanding of classification in sport.

The classification process was thought to encourage participants to transition to parasport by framing it as an attractive competition prospect, where they were assigned to fair and equitable competition groups: “I want them to get classified because it means they’ll be on a level playing field” (FG 1). This provider believed that the participant was more likely to achieve success when competing against participants with similar functionality. Furthermore, classification contributed to performance outcomes by confirming participants as eligible to achieve medals and records: “... we give those athletes an opportunity of gaining national classification. So, then they can take medals, they can break records” (Prov 10).

This view created a point of contention in the focus group, where the push from organisations to promote performance outcomes was sometimes at odds with what participants wanted:

We’ve got this fixation with calling them a para [athlete]. I really feel like I’m having to sell [classification], to this boy in particular, and his parents just want him to... enjoy the sport that he’s enjoying... That’s our sport sort of winning in some ways, is a kid who’s enjoying their time in the sport and that’s all they want to do (FG 1).

...

I would challenge [FG 1] back in saying does that young person want to compete, or do they want to participate? And is it you, trying to force them... down a pathway that you think they want to go... because of the structure you’re working within? ... Not that you’re personally trying to push them, but the structure you’re working within is forcing you. That’s the only option you can see for them to continue ‘cos there are no opportunities for non-competitive competition or participation... Are we being constrained, not by classification... but by other things, greater than that, [for instance] what the whole sport system is set up for?... I think

the issue is around participation versus competition. And my experience in 30 years of sport is NSOs are set up predominantly for competition and competition pathways (FG 2).

These comments from the focus group highlight a tension that providers experienced in delivering on dual objectives (quality experiences and sport performance), within a performance-focused parasport system. Providers had optimistic intentions to provide quality, enjoyable experiences for participants. However, the system that they were working within limited their abilities to focus on the individual experience during the transition to parasport. In this way, the sport system in some ways limited access to quality participant experiences, unless the participant valued performance-related outcomes as a key component of their quality experience.

Though classification is central to transitioning participants to parasport and supporting performance objectives, the process has also been deemed intrinsically medicalised and responsible for perpetuating negative experiences in sport (e.g., Schantz & Gilbert, 2012). In Chapter Four, classification was identified as exclusionary, and a potential barrier to quality experience. The parasport system dictates that providers encourage participants to become classified so that they are able to be included in sport, but in doing so, non-classifiable participants are excluded. In this way, the classification process is problematic because it is framed as promoting inclusion, fairness, and equality of opportunity, but it can also be exclusive. Classification has previously been outlined as a prerequisite to a quality experience (e.g., Evans et al., 2018). However, findings from the present study highlight how the sport system is designed to drive participants toward parasport participation, and there are limited opportunities for those who are not eligible for classification and cannot transition to a parasport pathway.

In addition to this, for participants who are successfully classified, a focus on performance can minimise the individual experience. The problem with a sole focus on performance at the entry to parasport is that participants still need to enjoy participating. As discussed in Chapter Five, a focus on performance objectives can minimise the importance of the participant experience. Quality experiences in sport are valuable for encouraging participant engagement (see Chapter Four), and continued engagement is necessary to successfully transition participants to parasport. Research regarding the transition into parasport is sparse (Patatas et al., 2020a), but arguably, a focus on quality participant experiences could support the transition to parasport by facilitating engagement and enjoyment. Therefore, providers looking to feed performance pathways could benefit from supporting participants to have enhanced experiences.

The next approach to transitioning participants to parasport was to improve the classification process. Providers collaborated with other organisations to share knowledge to upskill classifiers:

“We work very closely with the Australians around classification opportunities. They host it. Around coach education, around specific coaching, like wheelchair racing” (Prov 10). Collaboration resulted in more classifiers and a greater ability to offer classification: “... increased classifiers within the system enable that support” (Prov 7). The sharing of knowledge and personnel supported providers to classify new sports and offer regular opportunities for classification: “... we would link around the classification... being a brand new sport... we will have to link New Zealand [sport organisation], with Paralympics... [so] everyone could be graded and classified” (Prov 1). Providers believed that improvements to the classification system would better support participants to transition to parasport. In this way, collaborative classification partnerships contributed to performance objectives.

The final approach to transitioning participants to parasport was to consider the involvement of participants who were not classifiable. One provider considered other parasport opportunities for participants to classify in a different sport: “... if they’re not eligible [for classification]. They might be eligible in one sport, but not the other” (Prov 7). Going beyond this, another provider recognised the issue and worked to educate others around the inclusion of non-classifiable participants: “There’s a huge, big gap for athletes that don’t fit into a classification. So, we’ve been doing a lot of work around developing clubs to be able to cater for everyone. It’s... extremely relevant to this conversation” (FG 7). This comment highlights the need to ensure participants continue to have access to sport if they are not eligible for classification. Furthermore, it highlights the importance of educating providers on the specifics of inclusion for this cohort, so that they are able to support participants to have enjoyable experiences outside of parasport.

To summarise, the present theme discussed classification as a mechanism for transitioning participants to parasport. The transition of participants to parasport is a point in the delivery of disability sport where performance is prioritised over quality of experience. When performance is prioritised, individual experiences may be minimised, resulting in a reduced emphasis on enjoyment, and a greater emphasis on achievement and performance. At the point of transitioning participants to performance pathways, factors within the New Zealand sport system, such as funding and policy, seemed to encourage the prioritisation of performance more explicitly than quality participant experiences. Most providers had intentions to facilitate quality experiences, but prioritised the transitioning of participants through pathways, to achieve performance outcomes. Due to this, the promotion of quality experiences was likely secondary to performance objectives during classification and entry to parasport.

Previous research has noted the influence of classification in transitioning athletes through pathways (Patatas et al., 2020b). The present study builds on this work to consider the role of provisional

classification in supporting performance objectives. Providers utilised provisional classification as a strategy to prepare and inspire participants to join a parasport pathway. In addition to determining eligibility so parasport through classification, providers also worked to improve the classification process to increase capacity and capability of organisations to classify participants. Finally, a small number of providers considered the involvement of non-classified participants. However, there was no prescribed process regarding the handling of such participants, and little attention given to the issue. The findings in this section reflect perceptions about system level design, the resulting provider commitments to performance development, and at times, their discomfort with how they perceive the 'system'.

## 6.6 Summary

In Chapter Six insights were provided into the approaches utilised by sport providers to support quality experiences in sport for people with limb deficiency. In delivering sport in New Zealand, providers were found to negotiate dual objectives of sport delivery, where supporting quality participant experiences was at times, intertwined with the promotion of performance outcomes. These objectives can be competing, though providers demonstrated a range of approaches that satisfied both objectives. At times, providers were found to experience tension when delivering on these dual objectives, as they negotiated them from within a system that they perceived was designed, and funded, to prioritise performance outcomes.

Sport providers were found to foster participant inclusion in sport by modifying rules, activities, and equipment, cultivating belonging, and promoting equal opportunities. These approaches supported the physical and social inclusion of participants in sport and were undertaken to create inclusive, welcoming environments. Further to this, providers promoted participant empowerment by providing assistance, encouraging autonomy, and offering opportunities for skill development. These approaches aligned with elements of quality experience and with the approaches that participants themselves used to navigate toward quality experiences. Next, providers delivered education on disability and sport by educating coaches, delivering inclusion training, and advocating. Coach education promoted performance outcomes by improving coach knowledge and ability to develop athletes. Furthermore, inclusion training and advocacy supported quality participant experiences by building awareness of disability and challenging discrimination.

Then, in the second half of the chapter, there was a distinct shift from a focus on participants to a focus on perceived system level expectations. Providers also focused on growing participants numbers in sport by recruiting participants and providing ongoing opportunities for their continued engagement. These approaches aligned with the recruitment and retention phases of sport

development (e.g., Green, 2005; Sotiriadou et al., 2008). Collaborative recruitment strategies supported quality participant experiences by providing a range of options, supporting participant choice, and ensuring ease of access to organisations. Along with this, providers promoted performance outcomes by undertaking talent identification with the goal to offer participation opportunities and recruit participants with an interest in competitive pathways. In addition to this, providers delivered sustainable programmes and pathways and pooled resources with other organisations to provide ongoing opportunities to participants. Ongoing opportunities were considered to support quality participant experiences, which in turn promoted participant engagement and motivated participant retention.

Finally, providers transitioned participants to parasport by determining their eligibility for classification, making improvements to the classification system, and considering the involvement of non-classified participants. These approaches aligned with the transition phase of sport development (e.g., Green, 2005; Sotiriadou et al., 2008). Classification was identified as a major transition point for disabled participants, which is very different from the sport transitions of non-disabled participants. The point where participants transitioned to a parasport pathway was identified as primarily centred on performance outcomes; consequently, quality participant experiences were minimised.

Whilst disability sport providers were found to support quality participant experiences through intention and action, working within a system that they perceived promoted competing objectives, at times restricted their ability to effectively support quality participant experiences. Supporting quality participant experiences inherently supported performance outcomes because quality experience promoted participant engagement, which is necessary for participant retention and transition to parasport. However, prioritising performance outcomes, at times, had the potential to undermine quality experiences.

In considering the findings from Chapters Four, Five, and Six, the present study has provided insight as to the elements of quality sport participation for people with limb deficiency. In exploring this issue, the perspective of sport participants and disability sport providers were discussed and compared. Barriers and facilitators to participation were reported, along with the perceived outcomes of quality participation. Sport participants shared their approaches to navigating quality experience and these were compared to the approaches utilised by sport providers to support quality experiences. Both participants and providers were found to satisfy elements of quality experience in navigating and delivering sport. Next, a conclusion is introduced and strategic recommendations proposed in relation to the findings.

## Chapter Seven: Conclusions and Implications

### 7.1 Introduction

This study examined elements of quality participation for people with limb deficiency, in the context of disability sport. Disabled people are a marginalised group who experience increased discrimination and exclusion (Statistics New Zealand, 2018; Spaaij et al., 2014). Sport has been widely promoted as a means to enhance the social and physical wellbeing of disabled people (Smith & Perrier, 2014), where often the emphasis revolves around removing barriers and increasing participation in sport (Smith & Bundon, 2018). However, a focus on measurable objective aspects of participation is said to promote normative perspectives of participation (Dijkers, 2010; Mitra & Shakespeare, 2019), and minimise subjective experiences (Hammel et al., 2008). In addition to this, the human rights treaty, the CRPD (e.g., United Nations, 2006) endorses the right for disabled people to experience “full participation”, where there are equal opportunities for involvement in an activity (quantity participation) as well as a positive subjective evaluation of the experience (quality participation) (Hammel et al., 2008; Imms & Granlund, 2014; Martin Ginis et al., 2016).

To advance thinking in sport management, the present study set a theoretical agenda by applying a quality participation perspective (e.g., Evans et al., 2018) in disability sport research. Utilising the QPPF (e.g., Evans et al., 2018) as the guiding framework, the present research drew on concepts and theory from rehabilitative sciences and sport psychology to explore the sport experiences of disabled participants and the perspectives of disability sport providers. A social relational lens was applied, along with sport development concepts, to build understandings around quality sport experiences for people with limb deficiency. In doing so, the present study considers how quality sport experiences can be supported and enhanced through the design and delivery of sport. As such, this research offers a contribution with respect to understanding the approaches of disability sport providers *and* sport participants with limb deficiency in improving participant sport experiences.

Furthermore, as sport development research to date has focused primarily on non-disabled sport, the present study also offers advances to our sport development knowledge base. A review of the sport management literature shows that there are gaps in understandings of disability sport development and how the existing sport development processes (e.g., Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008) relate to disability sport. Further to this, the review highlights the importance of capturing the voice and perspective of disabled people in disability research. Finally, gaps in the literature indicate a need to examine participant experiences in sport, including how they can be improved, and how they relate to sport development objectives.

People with limb deficiency comprise a sizeable portion of competitive disabled sport participants in New Zealand, so it is important to know more about how this population experience sport, and how disability sport providers support them to do so. In seeking to advance knowledge about the sport participation of people with limb deficiency, the present study explored experiences and perceptions of participation in disability sport. In addition to exploring influences on, and outcomes of, quality experience (Chapter Four), the present study compared the approaches of sport participants (Chapter Five) and disability sport providers (Chapter Six), in navigating toward quality participation experiences, to advance knowledge on participation in disability sport. Chapter Seven begins with a reflection on the research questions and summary of the findings, culminating in Figure 7.1 which provides a synthesis of the findings. Following this, theoretical contributions and practice implications are discussed, then study limitations and opportunities for future research are outlined.

## 7.2 Reflecting on the Research Questions

Four research questions were posed to achieve the overall aim of exploring elements of quality sport participation for people with limb deficiency. RQ1 relates to sport participant and provider perceptions of quality experience. RQ2 focuses on the navigation of quality sport experiences by people with limb deficiency. RQ3 compliments this perspective by exploring sport provider approaches to supporting quality sport experiences for people with limb deficiency. Finally, RQ4 considers the ways in which quality experiences in sport could be enhanced. In this section, the findings from RQ1, RQ2 and RQ3 will be synthesised by reflecting on the influences on participation, outcomes of quality experience, and approaches utilised to facilitate quality experiences. Figure 7.1 is offered as the outcome of this synthesis by way of a model of influences, approaches, elements, and outcomes of quality experience in sport. Then, in Sections 7.3 and 7.4, outcomes from RQ4 will be drawn into this synthesis, including the proposal and examination of theoretical and practical implications of the present study.

### 7.2.1 Quality Sport Experiences: Influences and Outcomes

To answer the first research question, the perceptions of sport participants and disability sport providers were examined to provide insights regarding influences on sport participation and the outcomes of quality sport experiences. Influences on sport participation and quality experiences were grouped into three categories: attitudes toward disabled people, bias within disability systems, and inequalities between disabled and non-disabled sport participants (see Figure 7.1). Influences on sport participation and quality experiences were largely consistent with existing research on barriers and facilitators to sport. However, in the present study, results were interpreted utilising a social relational perspective (e.g., Thomas, 1999, 2004) to generate a deeper understanding of how

relationships between disabled and non-disabled people can act as a barrier to quality sport participation by contributing to social oppression and the experience of disability.

Positive influences on sport participation included supportive attitudes, access to funding for equipment, and increased opportunities for participants on a high-performance pathway. However, participation in sport was found to be constrained by several factors that were intimately connected to notions of access and equality such as disparities in access to equipment, unfairness in the classification system, a lack of recognition, inequality of power, and a fragmented disability sport system. As discussed, from a social relational perspective, imposed social restrictions contribute to the experience of disability, which results in social oppression and reduced wellbeing (Thomas, 1999, 2004). Therefore, the experience of disability, together with factors embedded into the organisational structure of disability sport, influenced sport participation and the quality of a participant's experience.

Sport providers believed that the attitudes and actions of others were generally trending in a positive direction over time, and that organisations were helping to improve attitudes by increasing the visibility of disability sport and disabled people. However, sport participants continued to experience discrimination and often felt safer in disability-specific sporting environments. These findings demonstrate a disparity in perception. Interestingly, both providers and participants discussed a hierarchy of impairment, where individuals with bodies that held a closer resemblance to non-disabled bodies received favourable treatment. As part of this, people with limb deficiency were perceived to have fewer needs than people with other types of impairment. This hierarchy was considered to influence attitudes toward disabled participants, where those viewed as less impaired were given more opportunities and had better experiences in sport.

Furthermore, bias within disability systems influenced access to sport. Participants and providers discussed the influence of funding on access to prosthetic equipment. As part of this, there were mixed opinions on what type of prosthetic equipment was necessary to aid, or enable, participation in sport. In addition to this, a disparity in access to funding was found, where people with limb deficiency were funded differently depending on the aetiology of their impairment. Bias was also found within classification practices, which are generally considered to facilitate fair and equal opportunities. Paradoxically, participants and providers in the present study highlighted examples where the classification system existed as a barrier to participation for certain participants. The system essentially labelled some participants as too disabled or not disabled enough to participate in parasport, which resulted in these groups experiencing exclusion.

The third and final influence on sport participation identified perceived inequalities between disabled and non-disabled sport participants. Funding disparities between disability sport and mainstream sport organisations drove inequality in access to sport and quality experiences for disabled people. In addition to this, non-disabled sport participants were considered to receive preferential treatment, whereas disabled participants struggled to obtain recognition. As part of this, a power imbalance was found where non-disabled organisations and participants were perceived to be prioritised over disabled groups. Furthermore, the 'non-disabled sport system' had better clarity in its structure, whereas the 'disability sport system' was perceived by some as fragmented, with too many organisations competing for control and funding. This disjointed structure resulted in difficulties with collaboration, incompatible strategies, obscurity in pathways, and too many options for participants. These inequalities created a 'them' and 'us' mentality between disabled and non-disabled groups and contributed to the experience of disability.

Regarding outcomes, quality experiences were found to contribute to enhanced mental wellbeing and continued engagement in sport (see Figure 7.1). Specific outcomes included enjoyment, competence, social connection, motivation, and immersion. Enhanced mental wellbeing was directly linked to achieving goals through the *challenge* and *mastery* elements of quality experience. In addition to this, social interaction in sport and the resulting feelings of belongingness were identified as positively influencing mental wellbeing. Fun and enjoyment in sport created a personally meaningful experience for participants. Furthermore, sport participants described a decrease in mental wellbeing that was associated with negative sport experiences.

Quality experiences in sport also motivated continued engagement in sport. It was suggested that motivation may be an outcome of quality experience (e.g., Shirazipour et al., 2017) but the present findings offer a novel contribution in demonstrating that quality experiences in sport motivated participants to continue engaging in sport. Engagement is considered an element of quality experience (e.g., Evans et al., 2018), but the present findings deemed engagement to instead be an outcome of quality experience (see Section 7.3.1 for further discussion).

Through an exploration of influences on participation, an improved understanding was gained as to the factors that impact participation and quality sport experiences for people with limb deficiency. Paired with insights into the outcomes of quality experiences, this investigation provided a contextual platform from which to explore participant and provider approaches to supporting quality sport experiences. Next, approaches utilised by sport participants in navigating toward quality experiences are reflected on.

### 7.2.2 Navigating Toward Quality Experiences: Sport Participants

Sport participants were found to navigate toward quality experiences through four key approaches (see Figure 7.1). Firstly, participants described an achievement-based approach where participants pushed the limits of their capabilities in order to feel success and accomplishment in two different ways. This involved proving themselves by competing against others, as a measure of success and to satisfy a competitive drive. Or alternatively, improving their personal performance by setting and achieving goals related to self-improvement, whilst avoiding direct comparison with others. This distinction between competing against oneself and competing against others has not been established in the quality participation literature and as such, this finding offers a novel contribution.

The second key approach utilised by participants in navigating toward quality experiences was to maximise their ability and minimise their disability. Some participants felt normal and fully included in mainstream environments, but for other participants, mainstream environments provided a reminder of a disparity in ability. Overall, participants sought out environments where modifications to rules and equipment supported their inclusion and highlighted their ability. However, these participants felt more disabled when they perceived themselves to be a burden on others due to the extra effort required to modify activities for them. In exercising choice, control, and autonomy, participants felt less disabled, and this resulted in feelings of empowerment and contributed to a quality experience. In addition to this, a positive sport environment was considered to inherently minimise the effects of impairment and allowed participants to be perceived as competent and athletic, which maximised their ability and facilitated quality experiences.

The third approach utilised by sport participants was to connect with others to enhance their experiences. All participants in the present study expressed the importance of social connection and described their engagement in both casual and community-based peer relationships. Further to this, participants acknowledged that they experienced connection with others in a sporting environment, without actually playing sport, and were engaged in alternative opportunities to support their involvement, such as coaching and officiating.

The final approach saw participants facilitate access to sport and raise awareness by challenging stereotypes and perceptions about disabled people. Changing perceptions, removing barriers, and helping others to enjoy sport supported participants to have a quality experience in sport. In the next section, the approaches utilised by sport providers to support quality participant experiences are reflected on, and a synthesis is offered as to the approaches of both participants and providers.

### 7.2.3 Supporting Quality Participant Experiences: Disability Sport Providers

Providers engaged in different approaches to support participants to have quality, meaningful experiences in sport. Three key approaches were directly aimed at supporting quality experiences, reinforced by two further approaches that more effectively supported performance objectives (see Figure 7.1). Providers were well intentioned in facilitating individual quality participant experiences and did so by fostering inclusion and empowering participants, as well as using education to enhance the system. However, a key finding was that as participants moved towards a performance pathway, there was a distinct shift in provider approach.

The first key approach utilised by sport providers to support quality experiences was to foster participant inclusion. Commonly, providers worked to modify activities, rules, and equipment to facilitate access or spatial inclusion. However, providers often overlooked a participant's need for subtle and discrete modification strategies in efforts to be inclusive, which sometimes resulted in participants feeling burdensome.

The second key approach to supporting quality participant experiences was to empower participants to achieve their personal goals. Providers inspired confidence by offering assistance, whilst encouraging participant autonomy. Choice and control were recognised as being central to a quality participant experience. Though providers sought to empower participants to achieve their goals, they acknowledged that at times, the wider goals of the sport system shaped their ability to support participant autonomy by prioritising performance objectives and the feeding of pathways. However, for some participants, being pushed onto a pathway with little respect for their autonomy was not conducive to a quality experience. Providers also offered opportunities for skill development as a means to empower participants. This approach aligned with the strategies that participants used to develop their skills and attain feelings of achievement, or mastery.

The third key approach embraced a 'system level' focus, where providers delivered three main types of education to meet sport development objectives and improve participant experiences. Coach education was utilised to improve the coach-participant relationship as well as to support improvements in participant performance. In addition to this, inclusion training was delivered by sport providers to improve awareness and attitudes towards disabled people, to support inclusive practice and facilitate quality experiences. Furthermore, providers advocated for disability sport and disabled people by challenging negative attitudes and raising awareness. For instance, by embedding disabled employees in mainstream sport organisations or engaging ambassadors to educate the public and endorse disability sport.

The final two approaches proposed a distinct shift, where the focus of providers changed from prioritising quality experiences to growing and feeding the sport system, to support performance objectives. Findings highlighted a tension experienced by providers between facilitating performance objectives or participant objectives. On one hand, sport providers were working within a system that was aligned with traditional sport development models, which promoted growth in participant numbers and the transition of participants to parasport pathways. On the other hand, providers were acutely aware of supporting participant outcomes through positive sport experiences.

The fourth key approach was to grow participant numbers. First, participants were recruited into sport through collaborative endeavours and talent identification events. Then, providers worked to deliver ongoing opportunities to keep participants engaged in sport as unsustainable programmes were thought to have a negative influence on participant experiences. Furthermore, interorganisational collaboration was found to be valuable in enabling the delivery of sport, participant engagement, and a sustained growth in participant numbers. In undertaking these approaches to grow participant numbers, providers remained dedicated to supporting quality participant experiences. For instance, during recruitment providers offered choices and personalised support, and where they could, prioritised the experience of the participant over performance objectives.

Finally, after a focus on recruiting and retaining participants in sport, providers utilised the classification process to transition participants to parasport pathways. They did this by determining eligibility to parasport, continually improving the classification system, and considering the involvement of non-classifiable participants. These final two approaches utilised by providers highlight a trend in prioritising performance outcomes. Essentially, provider intentions were to support quality participant experiences, however, the system (i.e., sport policy, strategy, and funding) can prioritise performance outcomes, namely because investment into a high-performance system can be justified by measuring return on investment in attaining medals, titles, and other measurable successes (e.g., Donnelly & Kidd, 2015).

Interestingly, the findings of the present study demonstrate that if providers support quality participant experiences, they can contribute to both participant-based objectives (i.e., wellbeing) and performance-based objectives (i.e., engagement). Even though objectives appear to be competing at times, by supporting quality participant experiences through sport design and delivery, sport providers can enhance the development of disabled sport participants and disability sport.

The findings suggest that sport participants and providers shared similar areas of focus in their approaches to navigating and supporting quality experiences. Table 7.1 compares the approaches of

participants and providers in facilitating quality experiences and highlights the corresponding elements of quality experience. The two groups were found to align in their approaches to fostering *belongingness, mastery, autonomy*, and in some instances with *meaning* via personally meaningful activities. However, sport providers were less supportive in offering socially meaningful activities and opportunities for challenge. Further to this, as discussed above, providers utilised various approaches to enhance the system, under the guise of supporting quality participant experiences. However, these approaches were aimed at increasing engagement in sport.

**Table 7.1**

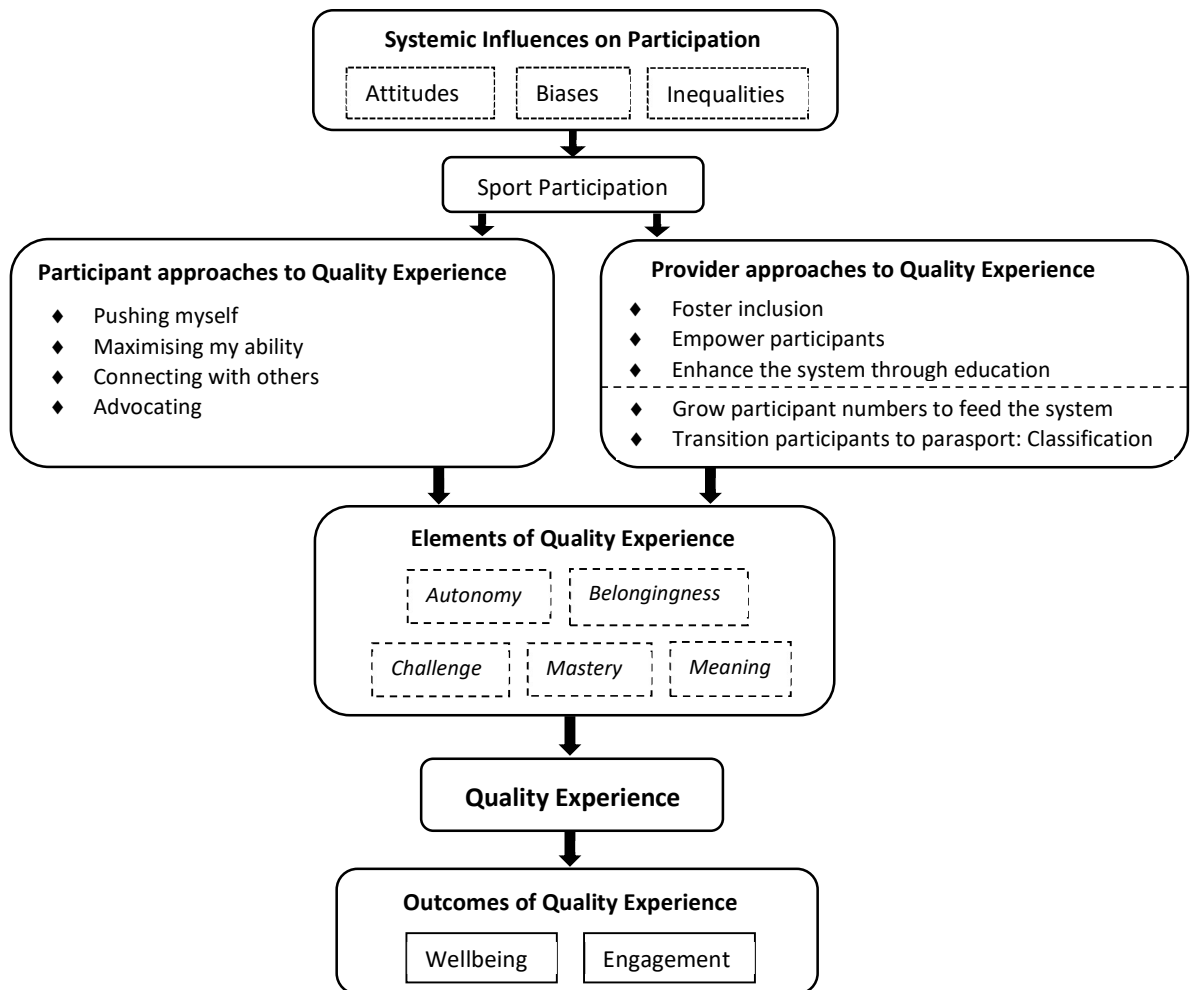
*Approaches to Facilitating Quality Experience: Participant vs Provider*

<b>Participant approach</b>	<b>Provider approach</b>	<b>Quality experience elements</b>
Measure performances against others	-	<i>Challenge</i> <i>Meaning (personal)</i>
Seek appropriate competitors	-	<i>Challenge</i>
Improve personal capability	Opportunities for skill development	<i>Challenge</i> <i>Mastery</i>
Minimise performance pressure	-	<i>Meaning (personal)</i>
Seek inclusive environments	Deliver inclusion training Advocacy Modification	<i>Belongingness</i>
Enlist support of coaches	Provide assistance Educate coaches	<i>Meaning (personal)</i> <i>Mastery</i>
Exercise autonomy	Encourage autonomy	<i>Autonomy</i>
Use sport to feel normal	Promote equal opportunities	<i>Meaning (personal)</i>
Casual socialising	Initiate participants into sport	<i>Belongingness</i>
Belonging to a community	Opportunities for involvement	<i>Belongingness</i>
Facilitate access for others	-	<i>Meaning (social)</i>
Raise awareness	-	<i>Meaning (social)</i>
-	Recruit participants	-
-	Deliver sustainable programmes	-
-	Transition to parasport	-

In summary and explained in Figure 7.1, there are three key types of influences on participation in sport. Once access to sport has been navigated and participants are involved in sport, then the attention turns to supporting quality experiences. Sport participants and providers each use approaches that can be linked to five elements of quality experience (E.g., Evans et al., 2018). When these approaches are successful, the individual experience culminates in a quality experience, in which outcomes of wellbeing and continued engagement in sport are associated.

**Figure 7.1**

*A Model of Influences, Approaches, Elements, and Outcomes of Quality Experience in Disability Sport*



### 7.3 Theoretical implications

The present study identified a series of research gaps, and then utilised theory (i.e., Quality Parasport Participation Framework: Evans et al., 2018; Social Relational Model: Thomas, 1999, 2004, 2007; sport development frameworks: Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008) as a basis to explore the perceptions and actions of sport participants and disability sport providers. Existing sport management research has promoted increased sport participation rates, and improved access to sport, to gain purported individual-level participant benefits as well as to develop sport. In addition to this, recent research has identified the subjective experiences of disabled people as central to their participation and involvement in sport (e.g., Evans et al., 2018; Martin Ginis et al., 2017a; Shirazipour et al., 2017).

The present research contributes to theory by expanding knowledge regarding the elements of quality participation for people with limb deficiency and by examining the differences between sport participants and disability sport providers in the approaches that they utilised to navigate and support quality experiences. Most importantly, this study advances research within the field of disability sport by proposing the use of the quality participation construct (Evans et al., 2018) in sport management research.

The following two sections will propose theoretical implications relating to the guiding framework, the QPPF (e.g., Evans et al., 2018) and the sport development literature. In utilising an interdisciplinary framework (QPPF) to capture quality experiences in sport, a richer understanding of issues in disability sport have been captured. Application of the QPPF in a new context, exploring people with limb deficiency, has helped to advance thinking on disability sport participation and to better understand the complexities associated with subjective experiences in sport, including how these may relate to sport development objectives.

### 7.3.1 Implications for the Quality Parasport Participation Framework

The QPPF draws from literature in rehabilitative studies and psychology to identify the importance of subjective sport experiences in a world where objective participation is considered superior. The present study makes an important theoretical contribution in offering support for Evans et al. (2018) conceptualisation of quality participation by applying the QPPF in disability sport environments for people with limb deficiency. The present study offers three key contributions to the QPPF and illuminates areas that may require further development.

The first contribution from the present study relates to the finding of wellbeing as an outcome of quality experience. Outcomes of quality experience have been highlighted as an area for future research (e.g., Evans et al., 2018; Orr et al., 2020; Shirazipour et al., 2017). Quality experiences have been said to promote psychological and psychosocial outcomes such as enjoyment, mental healing, pride, and social connection (Shirazipour & Latimer-Cheung, 2020). Study findings present a novel contribution in identifying enhanced mental wellbeing, self-esteem and competence, and social wellbeing as outcomes of quality sport participation experiences. These outcomes comprise short- and long-term psychological benefits of quality sport experiences for people with limb deficiency.

As noted earlier, parallels have been drawn between the elements of quality experience and theoretical conceptualisations of wellbeing (e.g., Martin Ginis et al., 2017a). As a prominent theory of wellbeing, self-determination theory (e.g., Deci & Ryan, 1985; Ryan & Deci, 2000) explains the relationship between the two constructs, whereby the satisfaction of three basic psychological needs (autonomy, relatedness, competency) is said to lead to enhanced wellbeing (Ryan & Deci,

2000). Regarding the relationship between wellbeing and quality experience, the three basic needs are closely related to some elements of quality experience (e.g., *autonomy, belongingness, mastery, meaning*). The present study provides evidence of this relationship, where wellbeing was found to be an outcome of quality experience (see Chapter Four).

The second key finding highlights continued engagement in sport as an outcome of quality experience. The QPPF denotes that *engagement* is an element that contributes to quality experience. However, evidence for *engagement* as an element of quality experience was not found in the present study, or in earlier work (e.g., Shirazipour et al., 2017). Instead, participants and providers described feelings of flow, and commitment to sport, as outcomes of a quality experience. In the same way, negative sport experiences were connected to a failure to return to sport. Previously, researchers have investigated the elements of quality participation that promote sport engagement (e.g., Shirazipour & Latimer-Cheung, 2021). Specifically, the element of *challenge* has been linked to long-term participation in sport pathways (e.g., Shirazipour & Latimer-Cheung, 2021).

The present study offers a theoretical contribution in identifying that quality sport experiences inspire continued engagement in sport for people with limb deficiency. Quality experiences likely contribute to engagement through intrinsic motivation, where enjoyable and meaningful experiences provide the motivation to continue involvement over time (e.g., Ryan & Deci, 2000). This finding answers a calling to explore potential outcomes of quality experience and adds support to earlier research, which suggested that quality experience may influence engagement over time (Allan et al., 2018; Shirazipour et al., 2017).

The third key contribution considers one of the six elements of quality experience, *meaning* (e.g., Evans et al., 2018). The element of *meaning* is said to consist of a personally- or socially meaningful activity. Findings from the present research suggests that personal *meaning* and social *meaning* can vary from one another and may be better considered as two distinct, but related elements. The present study found that sport participants derived social *meaning* by helping and advocating for others, and that socially meaningful activities were more likely to contribute to a quality experience within the sporting context, but outside of, or alongside, the physical activity.

Socially meaningful activities involved participants feeling good by offering support to individuals, groups, or more widely promoting the disabled community. On the other hand, personally meaningful experiences related to feelings of worth, equal treatment, and being seen as a person, and related to participation in sport as a disabled person. In these ways, the two dimensions of the original *meaning* element represent overlapping but distinct ideas that are fulfilled in different ways. Therefore, the *meaning* element of quality experience could be improved with a better definition,

that accurately conveys the two dimensions of *meaning* and what they each relate to. Or alternatively, the two dimensions could be reflected by two separate elements.

The fourth key finding relates to the use of the Social Relational Model (e.g., Thomas, 1999, 2004, 2007) and considers the 25 conditions (as outlined by the QPPF) within the physical environment, the activity, and the social environment that influence participation. In addition to considering influences on participation at the individual level, the present study utilises the SRM (e.g., Thomas, 1999, 2004, 2007) to consider the wider issues at play that may influence participation in sport. Findings explain how the process of social oppression, together with individual impairment effects, influence participation in sport for people with limb deficiency. This demonstrates the applicability of the SRM for assessing challenges and barriers to sport at the system level, which in the future, could support the development of a new strategy to improve access to quality participation.

Overall, the present research focused specifically on the sport experiences of people with limb deficiency living in New Zealand, however the QPPF (e.g., Evans et al., 2018) could be applied in various research contexts. There is scope to consider the relationship between disability as a phenomenon and service provision in other settings, or communities, that disabled people have interactions with. In this way, concepts presented in this thesis have the capacity to frame additional disability research in sport, physical activity, and leisure, and could be utilised to consider the provision of disability services in education, employment, health, or rehabilitation settings. An interdisciplinary approach is encouraged in understanding the complexities associated with disability sport presented in this thesis. Next, theoretical implications for sport development literature are considered.

### 7.3.2 Implications for Sport Development Literature

The present thesis advances sport development knowledge by providing insight on disability sport participants, providers, and systems. In drawing on psychological and rehabilitative concepts, through the utilisation of an established conceptual framework (e.g., QPPF: Evans et al., 2018), this study sought to demonstrate theoretical advancement of disability sport development research. Therefore, a further key theoretical contribution of this thesis is the presentation of the quality participation concept to the sport management literature. Another major contribution pertains to the use of the SRM in sport development research, to highlight inequalities, social relationships, and individual effects in contributing to the experience of disability.

The development of sport is paramount to researchers in the context of mainstream sport, yet limited attention has been given the experiences of disabled individuals and how these could advance the field of sport development (Patatas et al., 2020a). The strategies that sport providers

were found to utilise in prioritising high-performance goals (e.g., grow participant numbers and transition participants to pathways) may be successful in promoting engagement in mainstream sport. However, sport researchers could enhance sport development knowledge by considering individual quality experiences in disability sport, in addition to removing barriers to sport and promoting objective measures that increase participation rates.

As they stand, existing sport development models seldom account for the complexities of disability sport, such as a commonly fragmented system (e.g., Thomas & Guett, 2014), or context-specific processes such as classification. The QPPF offers a position from which to extend existing sport development models, or to develop new models that take into consideration the intricacies of disability sport. Participants indicated that quality experiences are central to their participation in sport. Therefore, a key theoretical implication from the present study relates to the advancement of existing sport (and athlete) development models (e.g., Balyi et al., 2013; Green, 2005; Gulbin et al., 2013; Sotiriadou et al., 2008), to better incorporate disability sport contexts. Participants in the present study indicated that quality experiences are central to their participation in sport. Building on this, sport management researchers could consider how to incorporate the individual experience into sport development models.

For example, the Sport Development Processes model (e.g., Sotiriadou et al., 2008), provides descriptions of who may be responsible (e.g., sport development officers), and what the objectives are (e.g., nourish large numbers of participants), through three processes of sport development. To extend this model, a quality participation perspective could be utilised, as a tool by researchers, to understand *how* sport development goals may be achieved in disability sport. Key findings from the present study suggest that quality participant experiences promote continued engagement in sport, which may have relevance to the retention and transition phases of sport development (e.g., Sotiriadou et al., 2014). In addition to this, the Foundations, Talent, Elite, Mastery framework (e.g., Gulbin et al., 2013) could be expanded in a similar way, with an increased focus on sport for disabled people. Quality participant experiences could be considered in each of the three prescribed pathways as a means to improve access to, and engagement in, sport for disabled participants.

Another framework with potential for extension is the No Accidental Champions model (e.g., Higgs et al., 2006, 2021), which builds on the LTAD framework (e.g., Balyi et al., 2013) and the Sport for Life Long-Term Development in Sport and Physical Activity resource (e.g., Higgs et al., 2019), to identify two phases of long-term development specific to disabled athletes, which describe initiation to sport and the removal of participation barriers. An extension of this model could consider the development of disabled athletes at later stages of involvement in sport and reflect on the importance of quality individual experiences in encouraging engagement in sport.

Beyond advancing existing sport development models, the development of a more encompassing model, that considers the complexities of disability sport at the system level could benefit the sport development discipline. The QPPF could be used to inform a new model of disability sport development which takes into account the individual subjective experience and participant engagement in sport.

Further considering continued engagement in sport, another key theoretical implication relates to participant retention in sport. Retention is critical to sport development, ensuring that participants remain in the sport system and have a chance to develop and progress toward and through performance pathways. Therefore, the finding that continued engagement in sport is an outcome of quality experience is poignant to sport researchers. Recent investigations in sport management have examined the implementation of programmes designed to increase participant numbers in sport (Cottingham et al., 2013a; Cunningham & Warner, 2019; Jeanes et al., 2018; Pate et al., 2020; Storr, 2021). Yet, none of these have considered the subjective participant experience in motivating participation. Therefore, findings that link quality experience to continued engagement in sport provide an original way to advance knowledge in the sport development literature.

As Green (2005) proposed, the retention phase of sport development relies on participant motivation, where the athlete must find value in their participation in order to maintain involvement. Building on this, the present findings demonstrate that a meaningful and enjoyable sport experience may result in motivation to continue engaging. This can be explained by self-determination theory (e.g., Deci & Ryan, 1985; Ryan & Deci, 2000), which posits that intrinsic motivation results from engagement in enjoyable tasks through the fulfilment of three basic psychological needs (autonomy, competence, relatedness). These three basic needs correspond to Evans et al. (2018) elements of quality experience (*autonomy, mastery, belongingness*) and are also consistent with Green's (2005) components of retention (motivation, socialisation, commitment), demonstrating the potential to integrate these three frameworks in sport development research.

A further theoretical contribution considers the tension that exists between the development *of* sport and development *through* sport. In the present study, this tension presented as competing objectives, where sport providers sought to engender performance-based outcomes alongside participant-based outcomes. The findings from the present study indicate that in future research, a focus on quality participant experiences could assist in navigating this tension as outcomes of quality experience relate to both participant objectives (wellbeing) and performance objectives (continued engagement).

The final theoretical implication relates to the SRM, which is presented as a key theoretical tool to integrate into sport management literature as it draws attention to the structural, psychological, and social barriers that inhibit sport development and participation in sport. As discussed in Chapter Two, the SRM is increasingly being utilised by sport scholars to capture the subjective experience of disability, and is conceptually progressive in the way it frames, explains, and examines disability in sport (e.g., Allan et al., 2019; Patatas et al., 2020b; Townsend et al. 2017). However, the SRM has been under-utilised in sport management research, where disability theory is often overlooked or implied.

Framing the present study from a social relational perspective helped to highlight disabling attitudes toward participants as well as inequalities in the system that contribute to the oppression of disabled people. The SRM can support sport providers to focus on the multiple social mechanisms by which people with impairments can be disabled in sporting environments. In addition to this individual impairment, effects are directly related to the classification process, so it is valuable to use a model that acknowledges them in disability sport research. In recognising the effects of impairment, the SRM goes beyond the social model of disability to offer sport researchers the opportunity to consider how impairment contributes to the experience of disability for each individual.

Understanding the concept of disability is essential to strategic thinking, planning, and the adaption of sport management principles from mainstream sport (Patatas et al., 2020a). Looking to the future, a social relational positioning of disability in sport management could help to emphasise relationship building between providers and participants, enrich understandings of individual needs, and encourage the construction of individualised support systems, leading to the promotion of participation and quality experiences. In addition to this, use of the SRM in sport management research could bestow power and recognition on disabled sport participants in the construction of their sport experiences. In these ways, the SRM is positioned to advance the sport management discipline by providing an encompassing definition of disability that incorporates the range of restrictions relating to the individual and the social environments.

The present thesis is specific to people with limb deficiency and those who provide sport opportunities to them. However, the findings relating to quality sport experiences and sport delivery may possess theoretical implications that are generalisable to people with a range of impairments, who are engaged in a variety of sport and recreation activities. Key implications for practice are explored next.

## 7.4 Agenda for Advancing Disability Sport Participation

Key implications for practice relate to the design and delivery of sporting strategies, programmes, and pathways that improve participation in disability sport. An agenda is proposed for sport managers, with the goal to offer sport opportunities for disabled participants that promote quality experiences whilst meeting sport development objectives. Implications for practice relate to opportunities to review the ways in which disability sport practitioners and managers support quality sport experiences for disabled participants. This section proposes an agenda of action, which may be beneficial to the sector, through managerial intervention. The action points relate to: 1) defining quality, 2) employing disabled people in sport management roles, 3) evaluating and enhancing the structure of the system, 4) seeking opportunities for integration, 5) increasing access to sport, 6) developing coaches, and 7) facilitating quality individual experiences.

The first action point of the agenda highlights the importance of holding a shared understanding regarding the definition of 'quality'. Quality participation and quality experience have been highlighted in a number of formative local documents (e.g., Sport New Zealand Disability Active Recreation and Sport Review, 2018; Halberg Foundation Strategic Overview, 2018-2020; Sport New Zealand Disability Plan, 2019; Sport New Zealand Strategic Plan 2020-2024; Sport and Recreation New Zealand Talent Plan 2016-2020). However, 'quality' is not defined in any of these documents and therefore, readers may attribute various meanings, depending on the context. If the understanding of quality is not consistent, then strategies to facilitate quality experience may not be effective. Therefore, it could be valuable for Sport NZ to introduce a definition of quality. In defining the quality construct, sport providers may be able to more accurately measure experiences and better design programmes to meet strategic objectives. This could result in more easily achieved outcomes, the attribution of key performance indicators, and determine the allocation of funds for certain outcomes.

The second action point of the agenda pertains to the employment of disabled people in sport management roles. Participants and providers from the present study agreed that there was an underrepresentation of disabled people in sport management roles. Though disabled participants and providers in the present study held several different roles in sport, few were in roles of influence or had decision-making power regarding policy, strategy, and action. In future, an emphasis on employing greater numbers of disabled people into sport management roles could help to advance sport and enhance the lives of disabled people. From a quality experience perspective, a disabled manager has a different perspective to a non-disabled manager and can draw on similar lived experiences as the participant to enhance strategy and implementation. Therefore, a key practical implication from the present study is that disability and mainstream sport organisations could work

to increase the number of disabled employees, including those in management roles. Increasing the numbers of disabled people in sport roles could be achieved through employment quotas, policy changes, or funding mandates. Previous research suggests that the skill level of disabled applicants may influence the competence rating given by potential employers (Wright & Cunningham, 2017). Therefore, the provision of professional development opportunities could support the promotion of disabled workers into management roles.

The third action point of the agenda is for sport managers and system leaders to consider how the current structure of disability sport in New Zealand contributes to participant experiences, and how it could be improved. Findings from Chapter Six demonstrate that disability sport organisations, national sport organisations, regional sport organisations, schools, and clubs encourage and deliver sporting opportunities. These groups each have their own interests and agendas, which contribute to the wider goal of developing and delivering sport, but the groups also hold some competing objectives. As part of this, there is a disconnect between organisations who compete for funding, or power and leadership (e.g., McBean et al., 2022). In this way, the disability sport sector is collaborative but can also be disconnected, fragmented, and uncoordinated (Thomas & Guett, 2014).

Some strategies in the present context already exist for improving relationships and encouraging collaborative endeavours, such as joint projects and sector meetings. Additionally, the sport sector may benefit from leaders identifying further opportunities for collaboration, and offering continued support of collaborative projects through funding. Ultimately, collaboration across sport organisations offers benefits to sport providers and participants (Hammond et al., 2019). As part of this, a better organised sport system may enhance connection and lead to better experiences for sport participants. Scope exists to establish a network, to encourage groups to come together in a formal setting, where focus groups could be utilised to grow awareness and understanding of each organisations' role and where there is overlap. Then, certain areas could be targeted, and changes made to strategy which could help to minimise the overlap.

Some disability sport organisations have well-defined pathways from participation to performance and are successful in recruiting and developing participants. Other organisations may need assistance with pathway development including establishing a connection to the relevant NSO. Sport New Zealand could assist with this by giving directives for NSOs to engage with disability sport organisations, whether this be encouraged through mandates or funding. Again, better communication or regular, structured meetings could help to create more explicit pathways. It may be beneficial for Sport New Zealand to take authority as the governing body and to establish a clear

hierarchy for the disability sport system, in the same way that has been done for the mainstream system.

The fourth action point of the agenda is for sport providers to seek opportunities for integrated sport experiences. In conjunction with an existing focus on integrating the delivery of disability sport into NSOs, sport managers could consider the integration of smaller groups of participants in sport development camps, training sessions, or competitions. Integrated sport delivery is considered to enhance organisational efficiency as well as promote social inclusion (Hammond et al., 2019; Jeanes et al., 2019). Findings from the present study suggest that sport providers utilised integration primarily to improve capacity and capability, through the pooling of resources. Therefore, in future providers could look for genuine opportunities to encourage social connection through integration. This may involve discussions with disabled sport participants to plan how integrated sport could best serve their social needs.

Some approaches could be undertaken by a single provider with a small group. If executed well, these small collaborative efforts could enhance participant experiences, particularly through the *belongingness* element of quality experience, and may also evolve sport systems to become more comfortable with the integration process. Looking forward, the process of integrating disabled participants does not necessarily need to involve an entire organisation to have an impact on systems or to enhance participant experiences. However, it would likely be beneficial to seek input from, and plan alongside, disabled people to ensure their full inclusion in the integrated environment. It is also important to note that some sport participants seek integrated sport environments whilst others prefer disability-specific sport environments, so it may be practical to offer a choice to participants. Regarding quality experience, providing additional opportunities for integration may offer social value (i.e., *belongingness*) and opportunities for challenge to participants.

The fifth major action point for advancing disability sport participation concerns access to sport. As discussed earlier, the QPPF outlines three groups of influence, or prerequisite, to sport participation including those in the physical environment, the activity, and social environment (e.g., Evans et al., 2018). Findings from the present study consider similar influences on participation including attitudes and actions of others, bias within disability systems, and inequalities between disabled and non-disabled participants. Prior (e.g., Evans et al., 2018; Shirazipour et al., 2019) and present research indicate that influences on participation are specific to the environment or the individual. Therefore, from a practical perspective, it may be beneficial for sport managers to focus on influences that are relevant to their specific context.

In New Zealand, some of the major participation constraints relate to funding for prosthetics, negative attitudes and actions of others, and the classification process. Firstly, in looking to increase access to sport, managers could consider the disparity in funding for prosthetic equipment between the two major funding schemes (i.e., accident compensation scheme and public health system) for people with limb deficiency in New Zealand. Small changes may be possible at the sport management level (i.e., targeted funding and support), however, this long-standing issue is entrenched in health policy. Therefore, this is an issue for consideration at the government level, where detailed policy work is required to minimise the funding gap between the two schemes.

Inclusion training is another approach that sport providers are already utilising to improve access to sport and to support quality experiences and is commonly provided to individuals that had minimal previous experience with disability. Inclusion training could also be delivered to individuals who work in disability sport organisations, or have experience with disabled people, to promote a common understanding of disability and a consistent approach to inclusive practice. Specifically, it could be beneficial to educate sport providers around the subtle approach sometimes required in navigating modification. Currently, there are several groups delivering various types of inclusion training. Instead, an accredited inclusion training standard could be designed with a syllabus so that the training aligns with best practice and all stakeholders receive the same training. This syllabus could be designed by, or with input from leading disability groups with the use of targeted funding to achieve this. Training modules could be designed and updated with support from the literature, to ensure the training remains current and appropriate. Inclusion training could be made mandatory for certain groups, or contestable funds may specify it as a requirement to increase uptake.

In accordance with the findings from Chapter Four, the classification system can be exclusionary to participants who are “too disabled” or “not disabled enough”. Provisional classification is a sound strategy to improve support for participants who are classifiable, but more needs to be done for participants who are non-classifiable. Event organisers could consider offering an additional participation category at competitions alongside the official classification categories. This category may not contribute to leader board points, but instead, offer a participatory opportunity for those who want to be involved but do not meet classification criteria. This category could also be utilised for people who may be classifiable but have not yet received a provisional or formal classification. This approach would enable non-classifiable participants the opportunity to have a quality competition experience, instead of being excluded from competition.

The sixth action point of the agenda highlights the central role that coaches play in the quality of the participants experience. Due to their influence and time spent with participants, investment into coaches to support their understanding of quality experience may be valuable (Stodter & Cushion,

2017; Townsend et al., 2021). Coaches may benefit from examining the assumptions and biases they hold about disability (e.g., Townsend et al., 2021). Organisations could lead this by developing or sourcing educational opportunities to improve coaching skills, disability-specific knowledge, or role-specific skills. Educating coaches with disability-specific content that encompasses aspects such as prosthetics and adaptive equipment, functional movement patterns, and wheelchair use could enhance participant experiences and inclusion. Furthermore, coaches could seek feedback from participants to build trust, promote autonomy, and to ensure they are feeling supported as individuals. Then, the feedback could be used to understand which aspects of participation are important to each participant, so delivery can be tailored where possible.

The final action point of the agenda contemplates future strategies for facilitating quality participant experiences. In a range of key documents, Sport New Zealand has set a clear position around pathways in sport for participants, with the aim to grow and develop talent. Based on the study findings, there may be challenges with that approach in a disability sport context because the perception amongst participants is that a focus on promoting performance can undermine the quality of a participant experience. Consequently, moving forward, Sport New Zealand may wish to also consider the promotion of quality experience in its strategies. In considering information from the QPPF and sport development literature, along with findings from the present study, there are several ways that sport providers can facilitate quality participant experiences.

Organisations could firstly adapt their vision to align with principles of quality experience so that any changes in approach are underpinned by a common understanding. Following this, programme evaluation could determine where changes would be valuable, and involve planning to adopt any changes moving forward (e.g., Shirazipour et al., 2020). Disability sport providers are positioned to directly influence the programme environment by adapting their programme design and delivery to support quality participant experiences. Regarding the delivery of programmes, offering a variety of sports at different levels may support participants to choose an appropriate and enjoyable activity to engage in (e.g., Evans et al., 2018). As a quality experience is individualised, it may be helpful to maintain smaller group sizes where feasible, so that participants have sufficient time and connection with their coach (e.g., Orr et al., 2020). When participants enter an organisation, programme, or group, it may be worthwhile for providers to discuss their motivations for engaging in sport and what they hope to achieve. With this information, providers could be better equipped to support quality individual experiences by catering to the participants expectations and desires.

Five elements of quality experience from the QPPF (i.e., *autonomy, belongingness, challenge, mastery, meaning*) were found to contribute to meaningful experiences in sport. However, instead of focusing on facilitating these elements, sport providers were found to shift their focus to feeding

the system as a means to generate performance outcomes. In Chapter Five, sport participants articulated that quality experiences were important throughout participatory and performance sport. Together with the finding that continued engagement in sport is an outcome of quality experience, these findings imply that it may be valuable to focus on facilitating quality experiences at all levels of sport. Athletes who have better mental health and good relationships are better primed to perform well (Lundqvist, 2011). Therefore, a focus on facilitating quality participant experiences across all levels of sport is positioned to advance participation and may be helpful in managerial planning.

Regarding the elements of quality experience, individualised programmes could be set with input from the participant (*autonomy*). Goal setting could take place between coach and participant (*mastery*). Providers may like to consider the achievement motivation of the participant and whether they are more interested in competing against themselves (*meaning: personal*), or others (*challenge*). Providers could facilitate organic social gatherings before and after games (*belongingness*). Finally, opportunities may be offered to participants to become involved in non-physical roles such as volunteering or coaching (*meaning: social*).

Overall, supporting and enhancing quality experiences through changes to strategy, management, design and delivery of programmes could support several sport development goals. Figure 7.2 provides a summary of the agenda for advancing disability sport participation. In considering the dual objectives of sport providers, to support participation and performance outcomes, it is suggested that a quality participation lens could benefit both sport participants and providers by encouraging participant-based outcomes (i.e., wellbeing), as well as performance-based outcomes (i.e., continued engagement in sport). To support this undertaking, there are resources available for providers, such as the Blueprint for Quality Participation (e.g., Canadian Disability Participation Project, 2018), which is a tool for evaluating quality experiences in sport contexts.

**Figure 7.2**

*Summary of Agenda for Advancing Disability Sport Participation*



## 7.5 Limitations

Findings from the present study are limited by some factors, as outlined in Chapter One. Firstly, generalisability of the study was not the goal. Rather, the basic qualitative research design, which was chosen to enhance the researchers' capability to capture rich and complex issues, and obtain social understandings of the world, thus generalisability is limited. The present research sought to explore subjective experiences, and as such, lent itself to qualitative inquiry. Study participants were recruited from a range of locations in New Zealand and incorporated a variety of gender, age, type and aetiology of impairment, 14 of which identified as disabled (11 of these identified with limb deficiency), and ten identified as non-disabled. Due to the small participant sample, the study findings cannot be considered representative of all disabled people, people with limb deficiency, or disability sport providers in New Zealand. However, as noted above, the intention of the method was not to generate generalisable findings. As per Chapter Three, generalisability is not a motivation of qualitative researchers. Instead, the researcher was motivated to capture rich, informative insights and the qualitative design allowed a detailed exploration of key issues. A reflection of the findings, in the context of existing literature, illuminates potential inferences related to disability sport participation more generally.

A further limitation related to the complexity of participant roles. As explained in Chapter Three, many participants held dual roles as sport providers and sport participants. The sample was complex, and it would have been impossible to recruit a sample that was isolated to one or the other group. Therefore, participants were assigned to a group that aligned with their primary role and asked to speak from that position. Three of the study participants assigned to the sport provider group identified as disabled, and the majority of those assigned to the sport participant group were

involved in the delivery of sport as volunteers, coaches, or in sport development roles. These dual roles of study participants presented a limitation because the researcher was seeking to compare the perspectives of the two groups. Where individuals had experience in both roles, this had the potential to complicate their perspective. However, to enable the investigation of the different perspectives, study participants were asked to report from their primary role. This may have worked to enrich the data because many participants had multiple perspectives, which enhanced their understandings of the disability sport setting.

Another limitation related to a variation in data collection processes, due to the timing of interviews. Sport participant interviews were undertaken pre COVID-19 and sport provider interviews were undertaken during the pandemic. Due to the depth of qualitative examination, and the aid of technology, this situational constraint did not significantly impact the study findings. The impacts of COVID-19 meant that interviews with sport providers were undertaken via video conferencing. The researcher would have preferred to interview all participants face-to-face, but public health constraints made this impossible, and the researcher was satisfied with the quality of interview via video conferencing.

The final limitation related to data analysis, specifically the coding procedure. The coding of data in the present study was wholly undertaken by the student researcher as a component of PhD research. It would have been ideal to utilise a second coder to analyse the data, however, this was not deemed viable, due to available resources and the timeline. To combat this, the primary coder utilised rigorous methods to generate codes from the transcripts; two rounds of coding the dataset ensued to accurately label the data (e.g., Braun et al., 2016). Thorough coding by the primary researcher was deemed the most suitable approach to data analysis given the nature of PhD research and the budget available.

The limitations detailed in this section restricted the generalisability of the findings. But with the provisions taken to minimise the effects of the limitations to explore elements of quality participation for people with limb deficiency, the research intent was not compromised. The limitations of the present study resulted in numerous future research opportunities, which are considered in the next section.

## 7.6 Future research

Consequently, a range of future research opportunities are proposed. In section 7.3, gaps in the sport development literature were highlighted, with a focus on disability sport. As noted by previous researchers (e.g., Patatas et al., 2020a), sport development research is mainstream-centric and further disability-focused research could improve sporting opportunities for participants and

contribute to sport development objectives by enhancing the delivery of sport, promoting retention, and supporting high-performance outcomes. Instead of continuing to develop disability sport using a non-disabled lens, research utilising the QPPF could support more effective management of the needs of disabled participants and contribute to improved performance. One way of undertaking this could be to utilise the QPPF in conjunction with sport development models to explore ways to enhance participation and development in disability sport.

Firstly, future study could continue to investigate the outcomes of quality experience as discussed in Chapter Four. Outcomes of enhanced wellbeing and continued engagement in sport are applicable to sport development research as they can be linked to improved performance and participant retention. Further exploration of these outcomes of quality experience could provide a greater understanding of the relevance of the present findings in the wider context of disability sport participation. As part of this, long-term outcomes of quality experience could be studied through a longitudinal research design, to explore the cumulative effects of quality sport experiences and how each element of quality experience contributes to outcomes over time.

Using a quality participation lens, future research could focus on enhancing understandings of pathways specific to disabled sport participants as well as the sport development processes specific to disability sport environments. For example, improved knowledge regarding the delivery of quality experiences and related outcomes could support the generation of engagement strategies, which may be valuable in the retention phase (e.g., Sotiriadou et al., 2008) of sport development. Further to this, researchers could use the QPPF to advance the classification system. A focus on eligibility for classification and the competitive involvement of participants who are not classifiable from a quality experience perspective, could lead to improvements in the process. As part of this, the facilitation of engagement and enjoyment through classification could support the transition phase (e.g., Sotiriadou et al., 2008) of sport development, where participants transfer from disability sport to a parasport pathway. Further to informing existing sport development models, future research might explore how the QPPF can be utilised to generate new sport development models.

Future research could also look to provide further guidance as to the threshold where repeated quality experiences become quality participation. This is likely to vary from one individual to the next, but an explanation of how this happens could be beneficial to participation research. Regarding the elements of quality experiences, the findings indicate that individuals with limb deficiency value different elements of quality experience across time and environment. Future research efforts could investigate if certain elements of quality experience are more important to different groups of participants, or if certain elements are sought in particular environments, and if so, programmes could be designed to reflect this, and to enhance experiences.

Scope also exists for researchers to compare how groups of disabled people, with different types of impairment, seek and achieve quality experiences in sport. Participants with a range of impairment types could then be better supported to have quality sport experiences. As part of this, the approaches of sport participants and providers could be examined across training and competition environments and throughout disability and mainstream contexts. There are some people with limb deficiency that do not engage with disability sport organisations, but instead, are involved in sport through mainstream organisations. Future study could examine the experiences of disabled participants who are involved with mainstream organisations to compare their quality of experience with those who engage with disability organisations.

In addition to this, the present study demonstrates the value in using disability-specific concepts, models, and theory in sport management research. Looking forward, positioning sport research within a social relational model of disability could help to address issues related to the discrimination, exclusion, and oppression of disabled sport participants. In capturing the subjective experiences of disabled people, the social relational model could be used in sport research to consider the influence of impairment effects, without using an outdated medicalised approach.

## 7.7 Concluding Statement

The present study undertook a qualitative exploration of quality experiences in sport for people with limb deficiency, focusing on the perspectives of sport participants and disability sport providers. Literature from rehabilitation studies, psychology, and concepts from sport development were utilised to aid research inquiry, where approaches to facilitating quality sport experiences were explored and compared. Through this investigation, several factors were ascertained to influence the sport participation of people with limb deficiency, where many participants experienced bias and inequality in sporting environments. Despite these barriers, some positive social and environmental influences on participation were also noted. Importantly, quality experiences in sport were observed to result in outcomes of enhanced mental wellbeing and continued engagement in sport.

Sport participants were found to navigate toward quality experiences by pushing themselves to achieve, maximising their ability, connecting with others, and advocating for disability. Sport providers were found to support quality participant experiences by fostering inclusion, empowering participants, and using education to enhance the system. Although providers made consistent efforts to support quality experiences, they also acknowledged that a focus on performance produced a shift in approach, where priorities changed from a focus on the participant to a focus on performance. Part of this shift could be attributed to the traditional values of the sport system,

where talent, performance, and achievement are prioritised over participant-based objectives such as inclusion, enjoyment, and health outcomes.

Recommendations were made to sport managers around improving awareness, being inclusive, and facilitating quality experiences to enhance participation in disability sport in New Zealand. It was suggested that the organisations leading the sport sector take action to improve consistency in disability sport, whilst promoting disabled people into positions of influence. Leadership organisations are positioned to improve disability sport participation through strategic direction, funding, and educational support. It was suggested that organisations involved in the delivery of disability sport come together to connect, coordinate, and minimise overlap between roles, to focus on delivering well-defined pathways from participation to performance, whilst supporting individual quality experiences in sport.

The present research highlighted the importance of understanding and facilitating quality sport experiences as a means to supporting sport development goals related to participation and performance. A variety of suggestions were made to support the advancement of disability sport participation in New Zealand. Sport management researchers are encouraged to consider utilising the quality participation framework to further enhance understanding and to grow knowledge on disability sport development, as a supplement to the existing mainstream-based perspective. Sport managers, providers, and coaches are currently involved in different strategies to improve the delivery of sport in New Zealand. An increased focus on quality participant experiences may enhance practice through changes to strategy and the design and implementation of sport programmes for people with limb deficiency.

In conclusion, outcomes from the present study demonstrate that quality participant experiences may have a beneficial influence on the development of sport. As the New Zealand sport sector looks to encourage participation and enhance performance, sport management and development researchers are encouraged to utilise the quality participation construct to inform research on disability sport and to further enhance understanding and advance participation.

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## Appendices

### Appendix A: Ethics Approval

7 June 2019

Lesley Ferkins  
Faculty of Health and Environmental Sciences

Dear Lesley

Re Ethics Application: **19/165 Exploring elements of quality sport participation and psychosocial health in people with limb deficiency**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTC).

Your ethics application has been approved for three years until 6 June 2022.

#### Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through <http://www.aut.ac.nz/research/researchethics>.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through <http://www.aut.ac.nz/research/researchethics>.
3. Any amendments to the project must be approved by AUTC prior to being implemented. Amendments can be requested using the EA2 form: <http://www.aut.ac.nz/research/researchethics>.
4. Any serious or unexpected adverse events must be reported to AUTC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTC grants ethical approval only. If you require management approval for access for your research from another institution or organisation, then you are responsible for obtaining it. You are reminded that it is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

For any enquiries, please contact [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)

Yours sincerely,



Kate O'Connor  
Executive Manager  
**Auckland University of Technology Ethics Committee**

## Appendix B: Participant Information Sheet Interview

Date Information Sheet Produced: 11<sup>th</sup> May 2019

Project Title: Exploring elements of quality sport participation in people with limb deficiency.

My name is Olivia Baudinet. I would like to invite you to participate in the research I am undertaking at Auckland University of Technology. I am undertaking this research as part of my PhD at AUT, in the School of Sport and Recreation.

*What is the purpose of this research?*

The purpose of this research is to understand more about experiences of quality sport participation, of people with limb deficiency. The study will look at how this group of people engage in sport and what quality participation looks like. The purpose of the research is to be able to inform service providers about sport participation and what could be changed to help people have a quality experience in sport. This may help sport providers to increase participation in sport programmes and improve the experience for people with impairment. This research will also contribute to disability research and may give the opportunity for us to share our findings academically through presentations and publications.

*How was I identified and why am I being invited to participate in this research?*

You have been approached to participate because of your experiences in and around sport.

*How do I agree to participate in this research?*

You will need to complete the Consent Form that you have received with this form and return it at the time of the interview. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

*What will happen in this research?*

This research will include you being interviewed one-on-one. Your 45 minute one-on-one interview will take place at a time and place which is mutually convenient. Your interview will be structured around questions relating to your experiences participating in sport, sport service providers, and your mental wellbeing in relation to sport. You will be recorded but you can request to stop the recorder at any time, or to have something deleted if you do not wish that information to be included.

*What are the discomforts and risks?*

It is very important that you feel confident to speak freely. If you agree to participate in this research I would like to electronically record your interview. This may be a new experience for you. If there are any aspects of the research which cause you concern because of your disability, culture, religion, traditional customs, or beliefs I will encourage you to inform me. Due to the nature of the research it is possible that you may be identifiable to some people. I will do my best to keep your identify confidential. Some questions may elicit some uncomfortable reactions due to the sensitive nature of impairment. However, the questions have been designed and used on people with impairment. If you feel uncomfortable and would like to speak to someone, please call free counselling.

**Free Counsellor NZ:** Free call or text anytime to 1737

*What are the benefits?*

You will be contributing to disability research that may impact many people with and without impairment. You will also be helping us to know more about sport programmes and the organisations that deliver them.

*How will my privacy be protected?*

I will do my best to keep your identity confidential. This means that the research team will be the only people who have access to your identifying data. Interviews will take place where confidentiality can be preserved. Audiotapes and transcripts of the interviews will be kept locked up. This is to ensure that staff, volunteers, teammates, and all others will not be aware that you have participated in this research. Due to the nature of the research, there is a small chance that you may be identifiable. I will endeavour to remove all identifying information and protect your confidentiality.

*What are the costs of participating in this research?*

You will be asked to participate in one 30-45 minute interview. The interview will be at an AUT Campus or neutral venue that has been mutually agreed by the participant with the researcher.

*What opportunity do I have to consider this invitation?*

You have four weeks to consider this invitation to participate and make contact.

*Will I receive feedback on the results of this research?*

Yes, you will automatically be sent the summary findings of this research via email, or in person if preferred. You can opt to not receive the summary findings on the Consent Form.

*What do I do if I have concerns about this research?*

Any concerns regarding the nature of this project should be notified in the first instance to the Primary Supervisor, Professor Lesley Ferkins, [Lesley.ferkins@aut.ac.nz](mailto:Lesley.ferkins@aut.ac.nz), 0220729787. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Kate O'Connor, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), 921 9999 ext 6038.

*Whom do I contact for further information about this research?*

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details: Olivia Baudinet, [oliviabaudinet@gmail.com](mailto:oliviabaudinet@gmail.com), 0211357236

Project Supervisor Contact Details: Professor Lesley Ferkins, [lesley.ferkins@aut.ac.nz](mailto:lesley.ferkins@aut.ac.nz), 0220729787

This project has received funding from Paralympics New Zealand

Approved by the Auckland University of Technology Ethics Committee on 07 June 2019 AUTEK Reference number 19/165

## Appendix C: Consent Form Interview

Date Information Sheet Produced: 11<sup>th</sup> May 2019

Project Title: Exploring elements of quality sport participation in people with limb deficiency.

Project Supervisor: Professor Lesley Ferkins

Researcher: Olivia Baudinet

- I have read and understood the information provided about this research project in the Information Sheet dated 11 May 2019.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....  
.....  
.....  
.....

Date:

## Appendix D: Interview Protocol

To fulfil the requirements of qualitative data collection, individual semi-structured interviews will be taking place on an AUT Campus or at another venue as agreed by the participant and researcher, for example, at a sport club.

Before the interview begins:

- a) Participants will have read the Participant Information sheet and returned the Consent Form.
- b) Participants will be welcomed and reassured of their confidentiality.
- c) The use of the voice recorder will be explained and the participant's choice to stop the recording at any time, reiterated.
- d) Each participant will be encouraged to share any concerns about their participation with the researcher; due to their disability or impairment, cultural, religious, traditional customs or beliefs.
- e) A support person/caregiver/whanau can attend with the participant but will not contribute directly to the data collection. Their role will be to assist the participant to understand questions or to give information (dependent on individual disability or impairment), as requested by the participant, if required.

## Appendix E: Sport Participant Indicative Interview Questions

### **Getting to know the participant**

Can you tell me a bit about yourself? How do you identify? What does your disability or impairment mean to you? How do you manage your everyday activities?

### **Sport Experiences**

How often do you play sport? What are your thoughts about sport and people with limb deficiency? Do you play and train on your own, with others? Do you play or train with other people with impairment? What is the main reason you play sport? Are there other reasons? Where do you play sport?

How do you feel about the organisation? What does the organisation do to make it easy, not so easy for you to participate? How do other people find the organisation? How does the organisation accommodate your impairment? How do you experience sport and how does it make you feel?

### **Quality Participation**

What does participation mean to you? How would you describe quality participation in sport? What are some aspects that contribute to you feeling satisfied with your sport participation? When you are playing sport, how do you know you are experiencing quality participation? What are the things that make you feel motivated to keep playing sport? Can you give an example of this? How does sport make you feel emotionally? How does sport influence your wellbeing? How does sport contribute to your quality of life?

### **Recommendations**

What would you change about your participation in sport to make it a better experience for you? What could the organisation do better to support your emotional wellbeing?

## Appendix F: Sport Provider Indicative Interview Questions

### **Getting to know the participant**

Can you tell me a bit about your role? Who do you work with and what do you do? Do you work with people with limb deficiency?

### **Quality Participation**

What does quality participation mean to you in regards to athletes with limb deficiency? How do you determine whether athletes are having a quality experience? As an organisation, how do you support quality participation? Do you have any strategies for increasing the quality of the experience?

### **Programme Delivery**

What aspects of your programme design support or impede quality participation? How do you think the delivery of programmes influences quality participation? Why do you design/deliver programmes in this way? What are the factors that dictate/constrain how programmes are designed/delivered? How do you think these constraints impact athlete quality participation?

### **Recommendations**

How could your organisation improve the delivery of sport to support quality participant experiences? Do you have any other recommendations to support participation?

## Appendix G: Participant Information Sheet Focus Group

Date Information Sheet Produced: 11<sup>th</sup> May 2019

Project Title: Exploring elements of quality sport participation in people with limb deficiency.

My name is Olivia Baudinet. I would like to invite you to participate in the research I am undertaking at Auckland University of Technology. I am undertaking this research as part of my PhD at AUT, in the School of Sport and Recreation.

### *What is the purpose of this research?*

The purpose of this research is to understand more about experiences of sport participation, and the wellbeing of people with limb deficiency. The study will look at how this group of people engage in sport, what quality participation looks like, and how quality experiences support psychosocial health. The purpose of the research is to be able to inform service providers about sport participation, including programme or pathway improvements that help people have a quality experience, and how this could lead to better emotional wellbeing for athletes. This may help organisations to increase participation in sport programmes and improve the experience for people with impairment. This research will also contribute to disability research and may give the opportunity for us to share our findings academically through presentations and publications.

### *How was I identified and why am I being invited to participate in this research?*

You are being invited to participate in this research because you are involved in sport as a coach, athlete, or facilitator and you identify with limb deficiency, or have experiences with one or more people with limb deficiency. You have been approached to participate because of your experiences in and around sport. You may have been told about this research by a friend or colleague, or you have seen an advertisement about the study and have made contact with the research team.

### *How do I agree to participate in this research?*

You will need to complete the Consent Form that you have received with this form and return it at the time of the interview. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

### *What will happen in this research?*

This research will include you being interviewed as part of a focus group. Your one hour focus group (of 6-7 persons) will take place via online conference call. Your focus group will be structured around questions relating to sport delivery for people with limb deficiency. While you are being recorded you can request to stop the recorder at any time, or to have something deleted if you do not wish that information to be included.

### *What are the discomforts and risks?*

It is very important that you feel confident to speak freely. If you agree to participate in this research I would like to electronically record your focus group. This may be a new experience for you. If there are any aspects of the research which cause you concern because of your disability, culture, religion, traditional customs, or beliefs I will encourage you to inform me. Due to the nature of the research it

is possible that you may be identifiable to some people. I will do my best to keep your identify confidential. Some questions may elicit some uncomfortable reactions due to the sensitive nature of impairment. However, the questions have been designed and used on people with impairment. If you feel uncomfortable and would like to speak to someone, please call free counselling.

**Free Counsellor NZ:** Free call or text anytime to 1737

*What are the benefits?*

You will be contributing to disability research that may impact people with and without impairment. You will also be helping us to know more about sport programmes and the organisations that deliver them. This could result in changes to improve sport experiences and wellbeing for people with impairment by enhancing programme design. Specifically, you will be helping to develop information on quality participation in sport and how this relates to mental wellbeing.

*How will my privacy be protected?*

I will do my best to keep your identity confidential. This means that the focus group members and the research team will be the only people who know your identity. Interviews will take place where confidentiality can be preserved. Audiotapes and transcripts of the interviews will be kept locked up. This is to ensure that staff, volunteers, teammates, and all others will not be aware that you have participated in this research. Due to the nature of the research, there is a small chance that you may be identifiable. I will endeavour to remove all identifying information and protect your confidentiality. If names are mentioned, they will be replaced with pseudonyms to protect the identities of individuals.

*What are the costs of participating in this research?*

You will be asked to participate in a one hour focus group.

*What opportunity do I have to consider this invitation?*

You have two weeks to consider this invitation to participate and make contact.

*Will I receive feedback on the results of this research?*

Yes, you will automatically be sent the summary findings of this research via email, or in person if preferred. You can opt to not receive the summary findings on the Consent Form.

*What do I do if I have concerns about this research?*

Any concerns regarding the nature of this project should be notified in the first instance to the Primary Supervisor, Professor Lesley Ferkins, [Lesley.ferkins@aut.ac.nz](mailto:Lesley.ferkins@aut.ac.nz), 0220729787. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Kate O'Connor, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), 921 9999 ext 6038.

*Whom do I contact for further information about this research?*

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details: Olivia Baudinet, [oliviabaudinet@gmail.com](mailto:oliviabaudinet@gmail.com), 0211357236

Project Supervisor Contact Details: Professor Lesley Ferkins, [lesley.ferkins@aut.ac.nz](mailto:lesley.ferkins@aut.ac.nz), 0220729787

This project has received funding from Paralympics New Zealand

Approved by the Auckland University of Technology Ethics Committee on 07 June 2019 AUTEK Reference number 19/165

## Appendix H: Consent Form Focus Group

Date Information Sheet Produced: 11<sup>th</sup> May 2019

Project Title: Exploring elements of quality sport participation in people with limb deficiency.

Project Supervisor: Professor Lesley Ferkins

Researcher: Olivia Baudinet

- I have read and understood the information provided about this research project in the Information Sheet dated 11 May 2019.
- I have had an opportunity to ask questions and to have them answered.
- I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 07 June 2019 AUTEC Reference number 19/165

## Appendix I: Focus Group Protocol

To fulfil the requirements of qualitative data collection, one focus group interviews, of 6-7 participants, will be taking place at a venue as agreed by the participants and researcher, for example, in a meeting room in AF building, AUT North campus. Before the interview begins:

- a) Participants will have read the Participant Information Sheet and returned the Consent Form.
- b) Participants will be welcomed and reassured of their confidentiality.
- c) They will be reminded that while discussion and debate are encouraged, the participants will engage with each other in a respectful manner and not to undermine or devalue anyone's opinion.
- d) Participants will be informed that if any dominant participants begin to 'take-over' the interview, the primary researcher will intervene, to ensure that all participants are given an equal opportunity to contribute. Otherwise the primary researcher's role will be to refrain from influencing or taking part in the discussion, other than through promoting, and asking questions.
- e) The use of the voice recorder will be explained and the participants' choice to stop the recording at any time, reiterated.
- f) The participants will be encouraged to share any concerns about their participation with the researcher; due to their cultural, religious, traditional customs or beliefs.
- g) They will be reminded that no personally identifiable data will be collected and that all participants will have a code or pseudonym for the focus group transcription.