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# Sport and Disability

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## Overview

- Theorising disability
- The emergence of disability sport
- Physical education and youth sport
- Organisational and policy development in the UK
- Elite competition, classification and the Paralympics
- Perspectives on disability sport
- Conclusion

The Paralympic Games held in October 2000 provided an illustration of the quality and excitement in elite-level disability sport, and the significant advances in its development. In a short but rich history, disability sport has undergone substantial changes in its organisation, funding and public and political profile. However, there appears to be a paucity of literature that traces and evaluates these developments. This chapter seeks to fill this gap and provides a critical examination of the phenomenon of disability sport.

### THEORISING DISABILITY

Those considered different from the physical, sensory or intellectual norm are considered

abnormal and thus disabled in almost all societies. Being labelled as disabled has, at different times and in different cultures, led to reverence, pity, mockery, torture or death. In ancient Greece there was no place for women, non-Greeks and the physically or intellectually inferior, rather there was an obsession with bodily perfection. Greeks and Romans from 500 BC to AD killed children that they considered to be disabled. The early Christians were compassionate to all but those with mental illness, who were considered as sinful and were often killed as a result. On the other hand, in the sixteenth and seventeenth centuries deaf people were deemed godly and superior to the hearing. It was not until the eighteenth century and the emergence of welfare and caring social policies, that

disabled people were treated with more dignity. However, the ideology of caring in the late eighteenth and early nineteenth centuries marginalised disabled people, as illustrated by the proliferation of segregated institutions such as special schools and asylums for the mentally ill and the 'handicapped' (Barnes, 1997).

Industrialisation in Britain exacerbated this segregation by creating social divisions between those who were deemed to be of use in the workplace and those who were not. Those not up to the physical and mental standards required for the workplace were thus considered useless. This is consistent with the dominant capitalist ideology which values individuals according to their productivity: from this perspective inability to produce results in low or no value. As Oliver suggests, disability is 'culturally produced through the relationship between the mode of production and the central values of the society concerned' (1990: 23). As a result, *disabled people are six times more likely to be out of work than non-disabled people* (DfEE, 2000).

### DISABILITY MODELS

The way in which disability is defined helps to explain how sport for disabled people has developed. Definitions of disability generally fall into one of two categories, medical or social.

The medical model or 'personal tragedy theory' perceives disability as an impairment owned by an individual, resulting in a loss or limitation of function. This implies the need for professionals to impose their own priorities on the lifestyles of disabled people, often relegating other personal or social needs to second place. This medicalised perception of disability allows little leeway for the role of society in the

construction of disability. Such definitions and understandings of disability are based on notions of normality or function, with little or no recognition of other cultural or personal factors. According to Stone (1995), individualised medical definitions and explanations of disability that ignore the wider aspects of disability are often depersonalised and insulting, treating disabled people as unfortunate, dependent, helpless and pitiable. Indeed, the obsession with bodily perfection, Stone suggests, is oppressive not just to those who are considered as disabled, but also to the non-disabled, as it alienates us all 'from our bodies'. Stone maintains that Westernised culture treats disability as a condition to be avoided, encouraging us to deny visible difference and aspire to the body perfect.

An alternative model of disability views disability as socially constructed, whereby *the responsibility for the disability lies with society rather than with the individual*. It is argued that society disables people by limiting their worth in society thus placing an additional burden on their own impairment, and isolating them unnecessarily from the rest of society. The central tenet of this model is that disability is created by non-disabled values, norms and beliefs, reducing it to a medical and individual problem.

There seems to be a general consensus among academics that, despite the acceptance of environmental explanations, the medical model has dominated definitions of disability, and disabled people have been dominated by the medical professions (Drake, 1994; Oliver, 1990). Oliver (1990) argues that the ruling classes were dominant in the professions and acted as social controllers of the impaired. Furthermore, with disabled people underrepresented in positions of authority, they have had little control over the organisations meant to serve them. For example, in an analysis of

British voluntary organisations, Drake (1994) found that (a) few of the influential positions were held by disabled people; (b) organisations run by non-disabled people had more resources and access to staff than organisations run by disabled people, and (c) organisations run by non-disabled people are more likely to receive financial support from the government.

The Disability Discrimination Act (DDA) was passed in 1996 to reduce the discrimination faced by disabled people. The Act states that disabled people should never be refused services or entry to places where the public can normally go because of their impairment. It has been criticised, however, for being too weak. Furthermore, whilst legislative changes, such as those detailed in the DDA, signify a challenge to the dominant non-disabled culture, typically, disabled people remain in subordinate, powerless positions and continue to be dominated by the predominant able-bodied hegemony.

### THE NEED FOR A NEW MODEL

There has been growing support for the social model as it 'under-played the importance of impairment in disabled people's lives, in order to develop a strong argument about social structures and processes' (Shakespeare and Watson, 1997: 289). However, the social model has itself been criticised for failing to provide a definition and understanding of disability which acknowledge impairment and experience.

Hughes and Paterson (1997), for example, suggest that contrary to the beliefs of Shakespeare and Watson a necessary repositioning of the distinction between disability and impairment is required. They argue that both the medical and social models consider bodily impairment in similar ways,

that is, as discrete, physical and inert, 'pulled apart' from the social consequences of the impairment. Hughes and Paterson believe that if disabled people are to challenge effectively the political and economic structures that oppress and exclude them, they need to embrace body politics and accept the significance of the individual within the wider socio-political environment. In 2000 the World Health Organisation revised the 1980 International Classification of Impairment, Disability and Handicap, (ICIDH-2). The ICIDH-2 was an acknowledgement of the criticisms made of the earlier definition, particularly by disabled activists and academics. The ICIDH-2 attempts to incorporate both the individual and the social models of disability by distinguishing between those limitations to activity that are best dealt with by medical intervention and those that are the cause and subject of social and environmental barriers. Bickenbach et al. (1999) claim that this model disabuses people of the notion that impairment is necessarily the prime disabler. Nevertheless the new classification has been criticised for continuing to classify difference in relation to prevailing social norms, thus perpetuating the stigmatising effects of labelling.

The literature indicates that:

- 1 disability has traditionally been defined as an individual loss or restriction;
- 2 the contemporary social explanation of disability, whilst perceived as an improvement, fails to embrace the individual experiences of impairment within the broader environmental explanation; and
- 3 in professional practices such as welfare and education, disabled people have been dominated by non-disabled officers and their medical understanding of disability.

Consequently, people with impairments continue to be disabled by a society

dominated by the norms and values set by people without impairments.

### **THE EMERGENCE OF DISABILITY SPORT IN THE UK**

Despite the intensification of debates on disability, relatively little attention has been paid, in the UK at least, by disabled activists to disability sport, perhaps because it provides such an overt and often visual illustration of the significance of impairment. Despite the long association between participation in sport and the development and maintenance of physical and mental health, the marginal status of disabled people has militated against their involvement in the dominant able-bodied sporting culture.

Where disabled people have been encouraged to participate in sport and physical activity, it has often been as a vehicle for physical or psychological therapy. For example, in the twentieth century the war injured were encouraged to use sport and recreational physical activity as a means of rehabilitation back into civilian life. This 'therapeutic recreation' concept became particularly well developed in America, where hospitals and schools have continued to use recreation as a form of therapy.

Whilst hospitals in the United Kingdom also embraced the American therapeutic recreation model, the concept of sport and competition specifically for disabled people, and in particular those with spinal cord injury, was first realised by Guttmann at Stoke Mandeville hospital in England. Although the initial rationale for his intervention was to provide therapeutic recreational activities, he soon recognised the wider potential of competitive sport. Consequently, Guttmann and the International Stoke Mandeville Games

Federation (ISMGF) which he then formed are acknowledged by many as instrumental in the inspiration and early development of disability sport in England. One of the earliest international competitive events for physically disabled people was held in 1948. Sports clubs and hospitals were invited that year to Stoke Mandeville, to coincide with the Olympic Games being held in London. According to Atha, President of the English Federation of Disability Sport, 'although Guttmann was a most remarkable pioneer, he was a single-minded autocrat and maverick, whose interest was limited to those with spinal cord injury and he would not entertain the involvement of other disabilities which I, as Vice-Chairman of the Sports Council, wished him to do' (interview, June 2000). Indeed, even though sport for blind and deaf people was, according to Price, Chairman of the British Paralympic Association and currently President of the European Paralympic Committee, established long before wheelchair sport, the inclusion of these disabilities was 'far removed from the consciousness of Guttmann (interview, 2000). Despite Guttmann's highly personal and distinctive views, few would deny his contribution to giving disability sport its early impetus.

### **Level of sports participation in the UK**

There is scant empirical work which clearly demonstrates disabled people's low levels of participation in sport. The few studies that have been carried out tend to reflect similar patterns of participation. The Council for Europe (1987) found that while 30 per cent of non-disabled adults participated in sport, only 3 per cent of disabled people did so. Later studies in the UK found that 2.5 per cent

of disabled people participated in sport (Williams and Newman, 1988) compared to 38.4 per cent for non-disabled men and 24.2 per cent for non-disabled women (Sports Council, 1988). Schmidt-Gotz et al. (1994) refer to a study in Germany in which 28 per cent of non-disabled people and 2.5 per cent disabled people were found to participate in sport. Sport England found from a recent nationwide survey that whilst the majority of disabled young people participate in sport both in and out of school time, the rate and frequency of participation are significantly lower than for the overall population. Only 14 per cent of disabled young people, compared to 45 per cent of the general population, take part in extracurricular sport.

As regards the range of sports played, Elvin (1994) found in a survey of 137 local authority leisure services that swimming was the most frequently mentioned programme of activity (94 per cent), weightlifting the most frequently run integrated activity (84 per cent) and short mat bowls the most frequently run segregated activity. While the shortage of data on participation is regrettable, its collection is fraught with practical and ethical problems:

- 1 It is very difficult to achieve agreement on definitions of impairment and disability.
- 2 It is difficult to estimate casual participation outside the club and national governing body structure.
- 3 The collection of such data may necessitate a labelling of 'people with impairment' and consequently perpetuate their social stigma.

### **Constraints on participation**

Notwithstanding the paucity of empirical research, available evidence indicates that, however defined, disabled people take part in sport significantly less than their

non-disabled peers. According to a recent Health Education Authority study (1999) involving 40 in-depth interviews and five focus groups, the significant causes of this lower participation in physical activity and sport include:

- lack of motivation and confidence;
- negative school experiences;
- no support from family and friends;
- lack of information on opportunities;
- transport problems;
- a lack of time and money; and
- poor physical access.

Sport England (2000) found from a recent survey that transport was a problem for 32 per cent of young people and that 21 per cent believed that staff at centres and sports clubs were not welcoming. The lack of time others have to supervise and support participation also seems to be a significant constraint, along with a lack of disabled role models. The most common barriers to participation in after-school sport were lack of money, ill health and unsuitability of sports facilities. Whilst the Disability Discrimination Act requires sports facility managers to take steps to ensure their facilities are accessible, facility design and the provision of adequate ramps and changing facilities is only a small part of the process of making a venue attractive for general use by disabled people (ISRM, 1999). A further factor which may contribute to low levels of participation is the poor media coverage of disability sport. Notwithstanding what may be perceived as the BBC's positive coverage of the recent Paralympic Games, the general coverage of disabled people in the mass media continues to medicalise, patronise and dehumanise disabled people, reinforcing stereotypes which 'form the bedrock on which the attitudes towards, assumptions about and expectations of disabled people are based' (Barnes, 1992: 39).

The socialisation process suggests that young people, influenced by socialising agents such as the media, family, peers, grow up adopting the values of their own society. Typically, these agents perpetuate and reinforce negative perceptions of disabled people in society and in sport. Thus, in society's system of social stratification, whereby individuals are ranked according to their contribution to society, disabled people are placed low in the social hierarchy and are therefore denied the power, prestige and life chances enjoyed by their 'superiors'. The lack of opportunity to take part in organised sport is just one consequence of this low status.

Compounding their low status in sport and in wider society is the homogeneous treatment disabled people are accorded, which assumes that they have similar lifestyles and experiences. For example, poor transport, unemployment and low self-esteem may be the key barriers for one group of disabled people while for another group the most significant constraint might be the lack of local sports provision. This heterogeneity of experience has consequently made it difficult for disabled people to form effective lobby groups. Indeed, it could be suggested that whilst many disability sport organisations have been formed since 1940, their multiplicity and differing concerns have made sustained and effective lobbying difficult.

## **PHYSICAL EDUCATION AND YOUTH SPORT**

### **Special educational needs and integration**

After the 1944 Education Act, pupils with disabilities were assigned to medically defined categories, including: the physically

handicapped, blind, epileptic or educationally subnormal. Placement into special education was often a response to a medical or psychological assessment which placed pupils in predetermined categories of impairment and which did not, according to Halliday (1993), consider individual needs and competencies. The Warnock Report of 1978 abolished the previous set of medical categories and introduced the concept of special educational needs. One of the main reasons for this was to prevent the sharp distinction between two groups of children – the handicapped and the non-handicapped. The 1981 Education Act accepted the recommendations of the Warnock Report and defined a child as having a special educational need (SEN) if 'he has a significantly greater difficulty in learning than the majority of children of his age; or he has a disability which either prevents or hinders him from making use of the educational facilities of a kind generally provided in schools' (DES, 1981: 1).

The 1981 Education Act indicated that as many as 20 per cent of children have special educational needs, of which only 2 per cent are in special schools. It was also recognised that some children might not be deemed to have a special need in many curriculum areas, but might have such a need in physical education. Conversely, some children who have special educational needs in other academic subjects may not have a special need in physical education.

The Act encouraged what has been a gradual and partial transference of pupils from special to mainstream schools and thus to mainstream physical education. It has been partial in as much as the pupils mainstreamed into ordinary schools typically are those with less severe disabilities. Special schools still remain the traditional establishment for those with more severe disabilities.

## PHYSICAL EDUCATION

Disabled children are typically considered to have a special educational need and their specific needs and types of provision are identified in a Statement. Despite the obligation on schools to meet these needs, disabled children regularly miss out on the range of physical education opportunities available to their non-disabled peers. In 1987 the Sports Council funded the Everybody Active Project in the North East of England (as one of the National Demonstration Projects) to investigate how to improve the physical education experiences and sporting opportunities of disabled young people (Stafford, 1989). Results of the study revealed that 96 per cent of the 51 mainstream schools in the survey excluded disabled pupils from specific activities. This massive structural inequality facing disabled people in sport was due to a low level of awareness of disability sport issues among leisure providers, poor knowledge of provision for disabled children among PE teachers, and poor PE training for teachers in special schools.

In 1992, the National Curriculum for Physical Education (NCPE) was introduced providing, for the first time, all pupils with an entitlement to a broad and balanced curriculum. Encouraging teachers to modify and adapt activities to suit pupils with special educational needs, the interim reports provided substantive support and advice on the planning and delivery of an accessible curriculum. However, a survey of 38 mainstreamed schools attended by disabled pupils found that despite 79 per cent of the PE department heads claiming to provide suitable PE activities, pupils with SEN, and in particular physically disabled pupils, did not have access to the full range of activities (Penny and Evans, 1995). For example, only 42 per cent provided dance and 56 per cent provided games for physically disabled pupils, although not always integrated with their peers. Games has been highlighted as the activity area in which it may

be most difficult to provide an appropriate experience for pupils with a disability in mainstream education. Furthermore, as Penny and Evans warn, since the publication of *Sport: Raising the Game* (DNH, 1995), the physical education curriculum has emphasised competitive team games, which coupled with the lack of flexibility in the guidelines, was unlikely to lend itself to a broad and balanced curriculum for pupils with SEN.

In a recent survey, Sport England found that 53 per cent of primary-aged disabled children and 41 per cent of 11–16 year old disabled children spent less than one hour in physical education lessons and only 20 per cent of young disabled people spent 2 or more hours in PE lessons compared to 33 per cent of the overall school population. Moreover, the proportion of young disabled people taking part in after-school sport was 40 per cent compared to 79 per cent of the general school population.

In any case, according to Barton (1993), physical education for a disabled person is normally an adapted version of that originally designed for non-disabled people. Consequently, a pupil with SEN is likely to receive, at best, an inappropriate programme of activities, as it was originally intended for his/her able-bodied peers and has been adapted or amended in an attempt to meet his/her needs, taking no account of individual circumstances and after-school choices. It has been argued that these early experiences in physical education will have a profound effect on children's sporting careers.

## ORGANISATIONAL AND POLICY DEVELOPMENT IN THE UK

### The legacy of Ludwig Guttmann

The history of disability sport organisations in the UK has been short but turbulent. As well as the ISMGF, the British Paraplegic

Sports Society (BPSS) was also established in 1948 as a result of the Stoke Mandeville Games, initially to serve the sporting interests of those with spinal cord injury and, much later (when renamed the British Wheelchair Sports Foundation), to serve the sporting interests of other wheelchair users. In 1961 Guttman inaugurated the British Sports Association for the Disabled (BSAD) which promoted itself as the national body with responsibility for providing, developing and co-ordinating sport and recreation opportunities for all people with disabilities. BSAD, supported by the Sports Council, sought to co-ordinate the plethora of organisations that were emerging to develop sport for disability groups other than those catered for by BPSS.

By the mid-1980s the Sports Council was playing a significant role in the policy development of sport for disabled people. In 1982 the Sports Council published *Sport in the Community: the Next Ten Years*, which recognised that for some groups, their vision of 'Sport for All' had not become a reality, and groups such as those with a physical or learning disability had substantial barriers 'to overcome' (Sports Council, 1982: 29). The promotion of sport for disabled people was acknowledged, but it formed no part of the national strategy, despite eight out of the nine regional Sports Councils identifying disability as a priority area within their regional strategies (1982: 31). However, during the 1980s the British Sports Council began to develop policy in the area of disability sport, although this rarely amounted to more than funding other organisations that were pursuing a more innovative and inclusionary vision of 'Sport for All'.

In 1988 the Sports Council published *Sport in the Community: Into the 90's* in which local authorities such as Northamptonshire, and governing bodies such as the Amateur Rowing Association, were cited as examples of organisations using innovative schemes to promote mass participation opportunities for disabled

people. More significantly, by 1988 the Sports Council was providing the British Sports Association for the Disabled with a grant of £100,000 a year. However, despite substantial Sports Council and commercial funding, it was perceived that the BSAD failed to provide either the effective unified voice for disability sport or an efficient organisational infrastructure for competition.

### **The 1989 government review**

Despite BSAD's decision in 1987 to switch from being an umbrella to a membership organisation, dissatisfaction with the Association led to a gradual decline in BSAD membership and a weakening of the credibility of its claim to be the primary advocate on behalf of other disability sport organisations. According to Price,

the dual responsibility for membership (through BSAD's network of clubs) and national co-ordination (acting as an umbrella over all the NDSOs) had always been over-ambitious and misguided. As BSAD could not and did not claim exclusive responsibility for all disability groups, it could never adequately represent their interests vis à vis the Sports Council, but nor could it ignore that responsibility and invest its limited resources exclusively in its membership services (Interview, 2000).

In 1989 Colin Moynihan, the Minister for Sport, initiated a review prompted in large part by criticisms aimed at BSAD by the other disability sports organisations and mainstream governing bodies. The disability sports organisations were accused of creating confusion and duplication by the Minister for Sport Review Group (1989). A key recommendation of the review called on governing bodies and other mainstream agencies to afford disabled people the benefits currently enjoyed by the non-disabled, as it was perceived that segregated disability sports organisations did not have the resources to support their athletes adequately.

Table 6.1 *Examples of national disability sports organisations (1948–1998)*

Founded	Organisation
1930	British Deaf Sports Council*
1948	British Paraplegic Sports Association (later British Wheelchair Sports Association*)
1961	British Sports Association for the Disabled (later Disability Sport England*)
1976	British Blind Sport*
1978	British Amputee Sports Association (BASA)
1981	United Kingdom Sports Association for the People with Mental Handicap* (later, in 1995, the English Sports Association for People with Learning Disability*)
1981	Cerebral Palsy Sport*
1982	British Les Autres Sports Association (BLASA)
1989	British Paralympic Association
1990	British Les Autres and Amputee Sports Association* (merger of BASA and BLASA)
1998	English Federation of Disability Sport

\*National disability sports organisations recognised by the Sports Council.

As a result of the perceived failure of BSAD to be an effective representative body, numerous organisations had been established, some with a remit to improve the range and quality of opportunities for one disability group in all sports, such as Cerebral Palsy Sport, and others to meet the sporting needs of all disability groups in one particular sport, such as the British Table Tennis Association for Disabled People. Table 6.1 shows that by 1989 there was a vast array of disparate autonomous organisations representing a range of disability and sporting interests.

Whilst at an international level disability specific organisations liaised with their own equivalent disability specific international federations, e.g. British Blind Sport with the International Blind Sport Association, it was at the local, regional and national levels that BSAD was perceived as failing to

develop competition and sports development structures to meet the specific needs of the disability groups in their remit. Whilst recognising the invaluable role BSAD played in the early development of disability sport, it failed to represent the breadth of disability sport interests. This failure became more pronounced as more disability specific organisations were established and began to impose higher expectations for policy action and lobbying on BSAD. Notwithstanding these organisational shortcomings, Price claimed that the smaller NDSOs at times seemed envious of BSAD's position. 'They didn't have then, and haven't developed since, the network of grassroots clubs and regional organisations that even come close to BSADs, nor did they enjoy the financial support of the Sports Council' (interview, 2000).

### **Box 6.1 The British Sports Association for the Disabled (BSAD)**

In 1961 Guttman inaugurated the British Sports Association for the Disabled (BSAD). BSAD, supported by the Sports Council, sought to co-ordinate the plethora of organisations that were emerging to develop sport for disability groups. The untenable dual responsibility of promoting participation for other organisations as well as developing its own sports club and event infrastructure, led to a gradual decline in BSAD membership and a weakening of the credibility of its claim to be the primary advocate on behalf of other disability sport organisations.

### **The mainstreaming of disability sport**

As consequence of the publication of *Building on Ability* by the Minister for Sport Review Group in 1989, there occurred during the 1990's a gradual policy shift by the Sports Council towards the mainstreaming of disability sport. In 1993 the Sports Council published a policy statement *People with Disabilities and Sport*, in which they recommended that sport for disabled people was at a stage where 'having developed its own structures, [it should] move from a target approach to the mainstream' (Sports Council 1993: 5). In other words, the Sports Council was recommending a gradual shift of responsibility for the organisation and provision of sport for disabled people, to move away from the NDSOs towards the mainstream, sports-specific National Governing Bodies. In doing so it highlighted those mainstream and disability sport agencies that were involved in the network of disability sport. However, whilst the National Disability Sport Organisations, regional sports forums, facility managers and teachers were all identified as being potential partners, no clarification was offered regarding the precise role of these groups. Elvin (1994), in an attempt to map the 'complex variety' of agencies involved in the provision of opportunities, found that despite the similarity in their objectives, many of the public and private sector organisations worked independently of one another. The National Disability Sport Organisations had, he believed, an important part to play but 'often lacked the resources and the facilities' to deliver programmes (Elvin, 1994: 325), and thus needed the co-operation of other agencies.

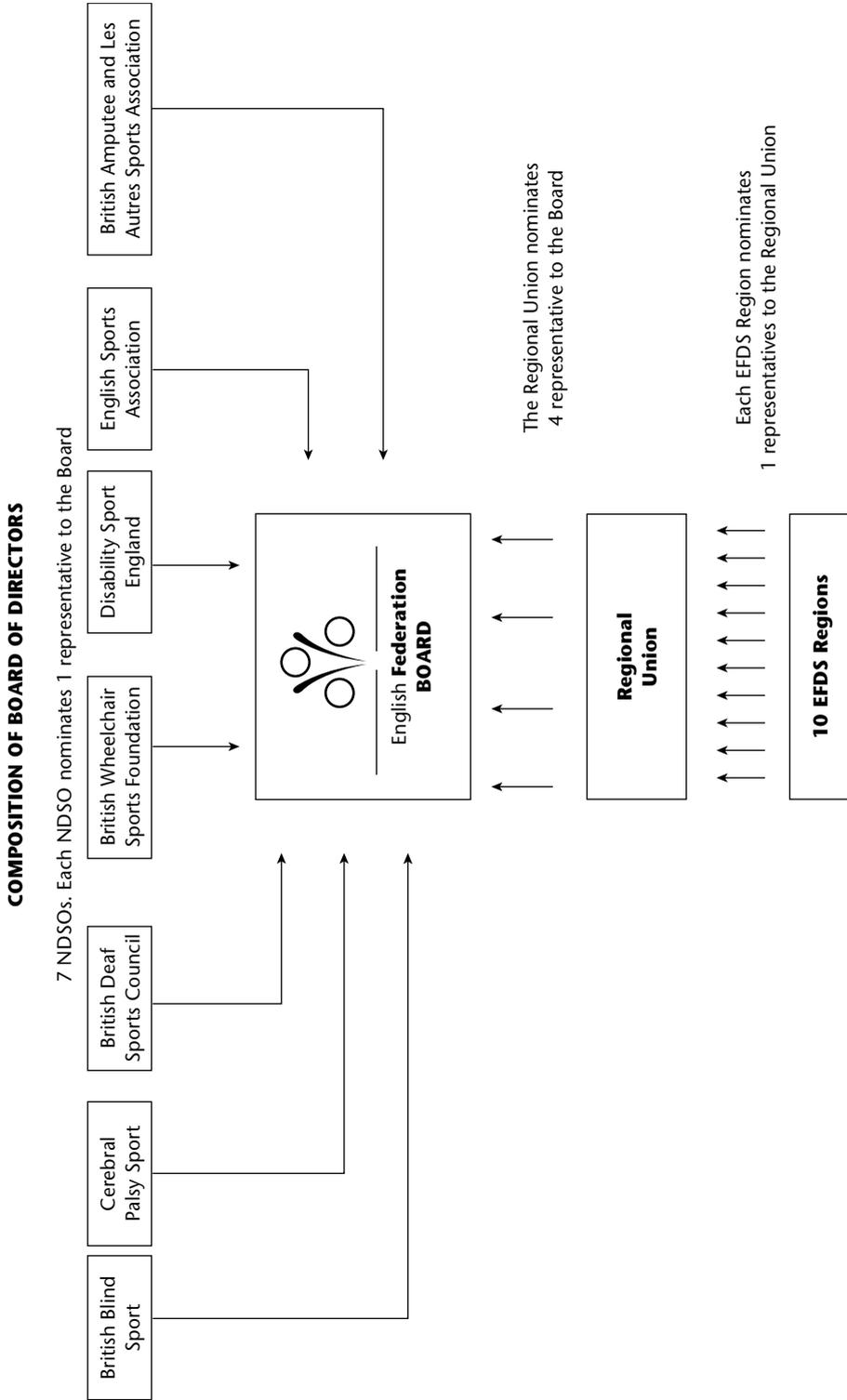
### **A new start**

In recognition of the continued poor co-ordination between these agencies together with the wider political trend towards integration, the Sports Council convened a National Disability Sports Conference in 1996 to consider the future of disability sport in England. As a result of the conference, the Sports Council established a task force with the remit to 'facilitate the mainstreaming of disability sport in England by the year 2000' (Collins, 1997). In June 1997 the National Disability Sports Conference was reconvened to receive the task force recommendations and the results of the consultation exercise. Collins (1997: 1) reported that in contrast to earlier attempts at reform, there was now a unity of opinion on the future of disability sport policy, the main recommendation of which was the creation of an English Federation of Disability Sport (EFDS).

The EFDS was established in 1998 and, as indicated in Table 6.1, plays a pivotal role in the co-ordination of opportunities provided and developed by disability sports organisations. It has a mission to:

- increase the choices for, and inclusion of, disabled people in all sporting communities;
- provide a professional first-stop shop service on all matters relating to sport for disabled people;
- increase the effectiveness of existing disability sport structures.

Atha (President of EFDS) suggests that the EFDS provides 'a much needed united voice for disability sport in England' which combines the 'specialist expertise of the NDSOs, thus enabling the EFDS 'powerfully [to] demonstrate that disabled people have a right to access sport as a matter of common



**Figure 6.1** The EFDS structure

practice' (EFDS, 1999). The success of the EFDS will depend upon a diverse range of factors, including its capacity to retain the respect of disability sports organisations. Whilst the ability of the EFDS to represent the interests of the regions and the NDSOs is largely within the control of the EFDS, government funding of sport, government and local authority policies on sport and school physical education and the media coverage of disability sport for example, are all factors outside their control but which may be crucial to its success.

The establishment of the EFDS provided a sharp insight into the policy environment within which disability sports organisations operate. It can be argued that the slow progress towards the development of an effective organisational lobbying focus for disability sport was due in part to two factors: first, the reluctance of mainstream sports governing bodies to acknowledge disability sport as a significant issue and, second, the unwillingness of the non-disabled administrators in existing disability organisations to relinquish what Price suggests had become for many a personal crusade. Indeed Derek Casey, former Chief Executive of Sport England, Price and Atha concur that the attractions of working in elite disability sport had encouraged the retention of roles better served by different and possibly mainstream organisations. Price claims that a significant opportunity to progress sport for disabled people has been missed and is disappointed by the current organisational arrangements. The relationship between Sport England and EFDS seems reminiscent of that between BSAD and the former Sports Council, with Sport England, like the Sports Council before it, seeming to prefer a single outlet for all disability needs and interests. This is not to ignore the gradual, and welcome, increase in the involvement of NGBs and others in

the mainstream of sport at the elite end of the spectrum; simply to express disappointment with the slow pace of movement in that direction and apparent lack of emphasis on the involvement of mainstream providers closer to the grassroots (Price, personal communication). Atha is generally more optimistic and contends that the disability sports organisations, currently under the direction of EFDS, should retain control and power, as the mainstream NGBs 'will never take on disability fully so we will need disability sports organisations well into the foreseeable future and quite possibly always' (Atha, interview).

## **ELITE COMPETITION, CLASSIFICATION AND THE PARALYMPIC MOVEMENT**

### **The Paralympic movement**

The first summer Paralympic Games were held in 1960 immediately after the Olympic Games in Rome. However, as Doll-Tepper (1999) highlights, the term Paralympic is a recent title replacing the previous disability or organisationally defined nomenclature such as the Paraplegic Games. Advocates within the Paralympic movement emphasise that whilst the Paralympics were once exclusively for paraplegics, the 'Paralympics' is so called to reflect its 'para-lllel' status to the Olympics. It should also be noted that the deaf are not a part of the Paralympic movement, instead providing elite competition in a 'World Games for the Deaf'.

The Paralympic Games are now significantly larger than they were in 1960, in terms of the number of athletes, administrators and countries represented. In Sydney 2000, over 4,000 athletes from 123 countries competed in 18 sports. Although the Paralympic Games were initially developed for the spinally injured only, they now

Table 6.2 *The summer Paralympics, 1952–2000*

year	Olympics venue	Paralympics venue	No. of countries	No. of athletes	Disability groups	GB position
1952	London	Aylesbury, England	2	130	SCI	n/a
1960	Rome, Italy	Rome, Italy	23	400	SCI	n/a
1964	Tokyo, Japan	Tokyo, Japan	22	390	SCI	2nd
1968	Mexico City, Mexico	Tel Aviv, Israel	29	750	SCI	n/a
1972	Munich, Germany	Heidelberg, Germany	44	1,000	SCI	4th
1976	Montreal, Canada	Toronto, Canada	42	1,600	SCI, VI, LA	5th
1980	Moscow, USSR	Arnhem, Netherlands	42	2,550	SCI, VI, AMP, CP	5th
1984	Los Angeles, USA	New York, USA Aylesbury, UK	42	4,080	SCI, VI, AMP, CP	2nd 6th
1988	Seoul, Korea	Seoul, Korea	61	3,053	SCI, VI, AMP, CP, LA	3rd
1992	Barcelona, Spain	Barcelona, Spain	82	3,020	SCI, CI, AMP, CP, LA	3rd
1996	Atlanta, USA	Atlanta, USA	103	3,195	SCI, VI, AMP, CP, LA, MH	4th
2000	Sydney, Australia	Sydney, Australia	127	4,500	SCI, VI, AMP, CP, LA, MH	2nd

*Key:*

SCI	spinal cord injury	CP	cerebral palsy
LD	learning disability	LA	les Autres (the others)
Amp	amputees	VI	visually impaired and blind
MH	mental handicap		

include amputees, people with cerebral palsy, people with an intellectual disability, the visually impaired, wheelchair users and les autres (the term used to cater for those with other forms of physical impairment). Table 6.2 summarises the development and expansion of the Paralympic Games.

The increase in links between the Olympics and the Paralympics is mirrored by the increase in standards, events, spectators, hospitality, technology and sports science. The increase in standards is often exemplified by the diminishing divide between Olympic and Paralympic world records. For example, Nigerian amputee Ajibola Adoeye set a Paralympic record of 10.72 seconds for the 100m, less than one second slower than the Olympic record.

The Great Britain team have achieved significant success in the Paralympic Games. Recent performances have earned them third position in 1992 at Barcelona and fourth position at Atlanta in 1996. However, the success in Barcelona, at least according to the Sports Council (1993), was in spite of the 'minimal support' offered by the formal organisational structures. Notwithstanding what the Minister for Sport described, in 1989, as a 'long history of fragmentation and dissatisfaction within the UK disability sports organisational structure', recent changes to the funding for both Olympic and Paralympic development have significantly enhanced the opportunities for athletes and their coaches. In particular, the formation of the British

Paralympic Association (the first national Paralympic Committee) and the introduction of the National Lottery World Class Performance Plans have provided athletes with a higher quality of training and event preparation. The result of this support is illustrated by the success of the 2000 Games in Sydney, where Great Britain finished in second position, with a total of 131 medals, only 18 less than the triumphant host nation.

### **Classification**

Classification is a central characteristic of competitive disability sport, as it is the method that groups athletes into the categories which enable 'fair' competition. Initially athletes were classified in groups according to their impairment, for example; 8 classes for CP athletes, 3 for visually impaired athletes, 7 for wheelchair athletes, 9 for amputees, 6 for les autres, and 1 for LD. Since 1992, sport-specific classification systems have been introduced in which an individual is grouped according to their functional ability in the sport rather than their clinical impairment, which reduces the number of classes and improves the standard of competition. Whilst classification provides the vehicle by which disabled people compete, concerns surrounding the fairness of classification systems have abounded.

### **Integration and the Paralympics**

As standards of performance have increased, it is argued that the original rehabilitation purpose through sport has given way to sport for sport's sake and competition for competition's sake. Furthermore, as part of the IPC's commitment to increase the integration of disabled athletes into

mainstream sporting structures, demonstration Paralympic events have been held within the Olympic schedule, a primary rationale for which is to provide athletes with sports science support and afford elite level athletes a similar status to that enjoyed by their Olympic counterparts. However, Tim Marshall (a recent member of the board of Sport England), for example, holds the view that the IPC should stop trying to gain access to the Olympics Games but should encourage the IOC to provide the Paralympic Games with similar services to those provided to the Olympic Games.

There is also some debate about 'reverse integration', which is the inclusion of non-disabled athletes in disability sport events. While, on the one hand, this might be a worthwhile educational experience for non-disabled people and could also increase the opportunities available to disabled athletes, on the other hand, the practice might lead to unequal and unbalanced competition, resulting in the marginalisation of disabled people from the events that were meant to serve them.

### **PERSPECTIVES ON DISABILITY SPORT**

#### **Dominant perspective: sport as a form of therapy/socialisation**

Sport is a phenomenon that reflects wider cultural values within society; thus in a similar way to women, blacks and homosexuals, disabled people have been excluded from both mainstream society and sport. Whilst there is rich discourse on sport as a predominantly white, male, middle-class hegemony, discussions on disabled people's marginalisation in sport are not so common. Administrators and athletes in disability sport have striven, however, for greater

recognition and in doing so have tended to emphasise the extent to which sport can be of physical and psychological benefit, and a vehicle for social acceptance. This approach supports the notion that sport is a form of therapy, used to rehabilitate individuals into mainstream society. This is illustrated by Steadward's suggestion that the Paralympic movement 'provides a tremendous inspiration for people around the world to overcome adversity' (1996).

The Health Education Authority (1999) found that the existence of disability sports clubs in the UK provided a motivation for disabled people to be involved in regular physical activity. However, others believed that the emphasis by disability sports organisations on competition may serve to discourage rather than encourage participation. Nonetheless, it seems reasonable for those considering themselves as disabled to seek the benefits of sport in a similar way to their non-disabled peers, that is, to develop friendships, release stress, and improve health and fitness. Guttmann (1976) believed that sport was:

invaluable in restoring the disabled person's physical fitness, i.e. his strength, co-ordination, speed and endurance ... restoring that passion for playful activity and the desire to experience joy and pleasure in life ... promoting that psychological equilibrium which enables the disabled to come to terms with his physical defect, to develop activity of mind, self-confidence, self-dignity, self-discipline, competitive spirit, and comradeship, mental attitudes ... to facilitate and accelerate his social re-integration and integration. (Guttmann, 1976: 12-13)

According to Brasile et al. (1994), disabled people's motives for participation are similar to those of non-disabled people, for example, using after-sport social activities to seek acceptance from others. Whilst Taub and

Greer (1998) concur, their interviews with disabled athletes revealed that the non-disabled respond to disabled people's participation in sport with disbelief about their physicality and with a clear lack of knowledge about their physical capability. One interviewee with cerebral palsy said, 'they [non-disabled people] want to be so nice to people, but they don't really know what they're doing. So they give you the wrong kind of support, either paternalistic or the wrong type of information' (Taub and Greer, 1998: 290). They found that disabled athletes did not internalise these negative responses, believing that sport made them feel (a) more capable and (b) that they had not yet reached their full physical potential.

In summary, disability sport may simply provide the opportunity for acceptance and normalisation, maintaining society's equilibrium by providing positive opportunities and rehabilitative benefits for those whose impairment has disrupted society's balance. A wheelchair user, for example, may be disabled by the steps and curbs of a shopping centre but the same individual may enjoy the benefits of, and not be disabled by, a game of wheelchair basketball in an accessible sports centre. Whilst recognising the sporting excellence of disabled athletes, and the potential for shifting perceptions away from a therapeutic to a recreative model, disabled people's participation in sport may still be as much about therapy as it was in the 1950s.

### **Challenging the dominant perspective**

#### *Emulating able-bodiedness*

The overall treatment of sport and disability has been largely descriptive, atheoretical and uncritical (Williams, 1994; Barton, 1993) and policy and practice have been

dominated by a medical, individualised approach to disability. Consequently, Oliver (1990) argues that the dominant perspectives of policy-makers and researchers perpetuate disabled people's subordination. Using Gramsci's analysis of culture, the following section offers alternative explanations to the functionalist positions implicit in much of the literature concerning the involvement of disabled people in sport.

The relationship between disability and sport has been described by Steadward (1996) as 'contradictory and complex', as disability is associated with individual weakness, whereas sport is associated with strength, aggression and power over an opponent – characteristics rarely attributed to disabled people. This perspective helps to explain Hahn's (1984) suggestion that disabled people's participation in sport is an attempt to emulate non-disabled values and an example of disabled people's struggle for acceptance in a predominantly able-bodied world.

Concurring with this argument, Barton (1993) asserts that disability sport is merely an imitation of non-disabled sport in which disabled people are encouraged to accept a set of non-disabled values. Hahn (1984) suggests that much of the literature surrounding the study of sport for disabled people has focussed upon the attempts to adapt non-disabled people's activities for individuals with impairments. It seems that physical education and sport for a disabled person are normally adapted versions of those originally designed for non-disabled people. However, to start from the premise that sport should be adapted and made appropriate for the disabled individuals confirms and reinforces the hegemony of able-bodied sport.

#### *High cost – low gain*

A second reason for questioning the dominant perspective on sport for disabled

people lies with the disproportionate efforts and costs that disabled people have to make to achieve what may be perceived as equality in sport. As Hahn suggests, disabled men and women seemingly can seek to approximate equality only through 'the exertion of almost superhuman effort' (Hahn, 1984: 6). This concept of equality is consistent with the experiences of other minority groups and ignores the additional economic, physical and emotional price that disabled people may need to pay in order to reap the same benefits as their non-disabled peers.

Moreover, there is little evidence to suggest that disabled people's participation in sport, however successful, has made any impact upon the broader social, political and economic environment in which disabled people live. For example, disabled people are still less likely to be in paid employment. That is not to say that participation in sport by disabled people may not produce many personal benefits, indeed for some it may now be a career. However, for the majority of the disabled population, it seems that sport has done little to challenge the dominant able-bodied hegemony and advantage the wider disabled community. Furthermore, it seems that disabled people are traditionally offered opportunities in special or separate settings segregated from the mainstream community, thus reducing any impact such performances may have on non-disabled people, and detracting from the important social, economic and environmental barriers facing disabled people. For example, an unintended consequence of the Paralympic Games could be that the exclusively able-bodied culture of the Olympics remains unchallenged, thus maintaining and perpetuating disabled people's inequality.

The oppression and marginalisation of disadvantaged groups through the medium of sport are well documented. According to

Hahn (1984), similar to blacks in the ghettos of America, disabled people by participating in sport are encouraged to strive for goals that are both unattainable and less important than the wider and more important political, social and occupational goals.

#### *Exclusivity of able-bodied sport*

It is accepted that sport is a valued cultural practice and, as such, is significant in the lives of disabled people. Sport has the capacity therefore to play what Hahn (1984) calls a gatekeeping role, whereby those who are able to participate in the commonly recognised sports will be accepted into wider society and those who do not possess these physical capabilities may be denied the benefits of this membership. Even participation in adapted versions of recognised sports does not ensure acceptance into wider society. Furthermore, society's increasing concern with physicality, health, fitness and the 'body beautiful' provides the disabled population with the opportunity to challenge and clarify the values that these preoccupations project. Greek males were expected to compete both individually and collectively in the pursuit of physical and intellectual excellence in gymnasiums, amphitheatres, and of course the Olympic Games (Barnes, 1997). It could be argued that the most significant gatekeeping role that sport plays is in the context of the aesthetic screening for physicality, with only some movements deemed as graceful and only some types of sporting bodies as attractive. The institution of sport gives priority to certain able-bodied forms of human movement (Barton, 1993); this means that the sports disabled people may wish to play, and the way they participate, may not be deemed attractive according to non-disabled values. Moreover, even within the disability sport and Paralympic sport move-

ment, there appear to be some impairments that are considered less acceptable than others.

### **CONCLUSION**

Despite considerable change since the formation of BSAD in 1961, it is clear that the organisational structure of sport for disabled people is still in a state of transition. Over the last 40 years or so a wide range of disability-generic, sport-specific and local organisations have developed sport at all levels but have worked predominantly in isolation from the mainstream sports bodies. Now enjoying better financial and political support, some disability sports organisations, encouraged by Sports England, are striving to co-ordinate their efforts, provide a united voice for disability sport, and build relations with mainstream sporting agencies. Unfortunately, the level of organisational coherence among disability sports organisations is still poor and the links between disability sports organisations and mainstream governing bodies are weak.

In recent years mainstream governing bodies of sport have begun to consider issues related to disability sport, often stimulated by Sport England funding. However, the response has been varied. While some national governing bodies of sport have embraced disabled people's needs within their existing national and regional structures, others have allied themselves to new disability, sport-specific governing bodies, and others have encouraged the traditional generic disability sports organisations to retain responsibility. The pattern of response reflects the varying levels of expertise, confidence and commitment within mainstream governing bodies of sport.

The current emphasis within Sport England on mainstreaming is problematic.

The rationale for mainstreaming, that is providing access to services typically provided by, and generally only available to, able-bodied people, seems to be (a) that resources controlled by mainstream sports organisations are greater, and (b) that able-bodied sport is the norm to which disabled athletes should aspire. With regard to the latter, it seems that the policy and practice of sport for disabled people are primarily concerned with the extent to which we can or should, integrate groups or individuals who are considered as outside of the main body of society, into the mainstream. In most cases the discussions of mainstreaming

are based on an implicit assumption that integration is necessarily desirable. This perspective is logical in so far as it is mainstream non-disabled society that has constructed definitions and public perceptions of disability. However, if integration is about equality, it can be argued that integration can only be achieved by deconstructing what is considered as 'normal'. That is, rather than categorising people into normal and abnormal groups, and then seeking to integrate the disabled or abnormal in with the non-disabled or normal, perceptions of what is 'normal' may need to change.

### Chapter summary

- Competing models of disability – the medical and the socially constructed – shape the way in which disability sport has developed and shape the nature of current policy debates.
- Disability sport developed substantially within a medical model of disability that treated sport primarily as a vehicle for physical and/or psychological therapy.
- Low levels of participation by disabled people have been explained with reference to a variety of factors, including negative school experience, lack of motivation and confidence, lack of support from family and friends, transport problems, and poor physical access.
- Britain has a complex pattern of organisations providing sports opportunities for the disabled, some defined by sport and others by type of disability.
- A key and highly controversial debate within British sport is whether disability sport should be organised separately from mainstream governing bodies.

### Further reading

Barnes (1997), Oliver (1990) and Hughes and Patterson (1997) provide rich points of entry to the politics of disability in general. Stone (1995) provides a challenging critique of 'body politics' and disability. For an examination of the development, current context and politics of disability sport, Doll-Tepper (1999) provides a European perspective. Steadward (1996) explores the politics of integration within the Paralympic movement and Barton examines the provision for children with disabilities within the Physical Education curriculum and schools.

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