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Everton
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Healthy Communities

Everton in the Community Disability Sport Provision Evaluation Report

March 2019

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EVERTON IN THE COMMUNITY DISABILITY SPORT PROVISION

EVALUATION REPORT

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EXECUTIVE SUMMARY

EitC provide both curriculum and after school disability sport provision for up to 50 special schools in the city of Liverpool. They also offer competitive opportunities for 13 pan-disability and specific impairment teams for children and adults, available to both males and females.

Recruitment is typically local to the area where levels of deprivation are above average, emphasising the need for structured programmes of activities in the local targeted community.

All participants other than those in the amputee teams demonstrated low self-esteem and participants of the teams only marginally reach the recommended daily activity levels. The disability programmes form a crucial part of their physical activity.

Participants are motivated by reasons of affiliation, competition, enjoyment and positive health. These aims should therefore continue to be prioritised when recruiting for and running the programme. Further to this, the female participants are motivated for reasons including health appearance social recognition and weight management, so programmes should be targeted towards this for recruitment purposes for the female teams.

The vocational and placement experience aspects of partnering with EitC were highlighted. Many teachers referenced raising pupils' aspirations to enter the workforce and engage, where possible, further training and employment.

Beyond the benefits to the pupils and participants themselves, the research reveals an emphasis placed on the advantages afforded to teachers and their wider schools. Teachers discussed upskilling themselves through working with EitC staff. Furthermore, teachers in the SEN schools have developed a stronger network through programmes provided by EitC, which is proving to be one of support, advice and encouragement

Links to the partnership and the prestige associated with a Premier League football club is also emphasised as an asset to the school. However, participants felt frustrated at the lack of financial backing from the club.

Overall, the disability sport provision from EitC plays a vital role in the delivery of disability sport across the region, both in terms of the recreational team based sport and supporting those in schools. This can be clearly aligned to the five outcomes aspired to by Sport England.

Recommendations

- Continue to target towards local communities, particularly those with a high deprivation index.
- Continue to employ staff who are both experienced and knowledgeable. The majority of the strengths outlined are related to the quality of staff.
- Maximise and strengthen the link with the club because, "when the people coming in are associated with a football club that students want to emulate, it helps."
- Consider the possibility of supporting some post-19 provision to continue work beyond the schools. This may take the form of a weekly 'drop in' multisport session.
- Emphasise key motivators for recruitment and running of the programmes to ensure the continued support of the provision.

1. INTRODUCTION

Everton in the Community is the official charity of Everton Football Club, which aims to use sport to engage the wider community. The predominant focus is on delivering programmes to promote equality, social inclusion, health and education.

One branch of Everton in the Community centres on disability sport. Within this EitC provide both curriculum and after school provision for up to 50 special schools in the city. Funded by both the Premier League and the Professional Footballers' Association (PFA), a large number of football opportunities are provided for disabled children and sessions delivered to adult groups each year typically engage in excess of 200 adults per week.

The programme also offers competitive opportunities for 13 pan-disability and specific impairment teams for children and adults that are available to both males and females. Resulting from this, over 40 players have been selected to represent their country.

Led by Disability Development manager Steve Johnson (who was World Amputee Footballer of the year in 1999, was inducted into the Football 'Hall of Fame' in 2008 for his services to amputee football) the programme now receives new funding from the PLPFA and Children in Need.

The teams involved in the evening provision are:

- Amputee football 12 players
- U13 pan disability 10-15 players
- U16 pan disability 5 players
- 3 pan disability male teams 55 players
- Pan disability female team 15 players
- Down syndrome team 20 players
- U16 pan disability team 12 players



2. REVIEW OF LITERATURE

Disability is a complex human phenomenon that encompasses a vast array of physical, mental, intellectual and sensory impairments (Misener and Darcy, 2014). It also has a strong social dimension: those with disabilities – estimated at 15 per cent of the world's population – are profoundly disadvantaged in terms of education and employment opportunities. These disadvantages, in turn, are compounded by factors of age, gender and poverty (United Nations, 2016). Disability is a competency of international organisations and in 2006 the United Nations adopted its Convention on the Rights of Persons with Disabilities. This instrument is designed to ensure that 'all persons with all types of disabilities must enjoy all human rights and fundamental freedoms' (United Nations, 2016). Article 30 of the Convention obliges signatory states to enable 'persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting opportunities' (United Nations, 2016). This has not been achieved in practice. According to Sport England, disabled people are more than twice as likely to be inactive than non-disabled people (Sport England, 2016).

The international consensus exemplified by the UN's declaration stems from the proven benefits that individuals with disabilities can gain from sport across a range of demographics and impairments. Studies suggest that those with intellectual disabilities, for example, derive enjoyment, a sense of achievement, and opportunities to meet friends and strengthen relationships through sport participation (Harada and Siperstein, 2009; Darcy and Dowse, 2013). In the case of individuals with Down syndrome, to take a specific example, studies have shown that sport participation can lead to physiological, psychological and cognitive benefits (Sanyer, 2006; De la Vega, Ruiz, De la Rocha, Onrubia & Rivera, 2013). This is especially significant given that as a population, people with Down syndrome are more prone than the general population to

obesity, have a low fitness capacity and their physical activity levels decline as they get older (Pitetti, Baynard & Agiolasitis, 2013).

In terms of physical disability, studies consistently show that in the case of amputees, for example, sport increases fitness, physical functioning and indices of psychological and physical functioning (Bragaru et al., 2011). Research on individuals with spinal cord injuries has revealed similar findings. Both qualitative (Papathomas, Williams & Smith, 2015) and quantitative (McVeigh, Hitzig & Craven, 2009) studies reveal the powerful role of sport participation in enhancing social integration and quality of life among spinal cord injury populations.

Findings are similar in research that focuses on adapted sports specifically. In one study, those who participate regularly in adapted sports scored higher in measures of quality of life and life satisfaction compared to people with disabilities who did not participate in sport. Moreover, adapted sports participants ranked sport first among seven factors that contributed to their participation in the community, and first among the same seven factors that had a positive effect on their quality of life (Yazicioglu et al., 2012). Another study found that individuals with disabilities derived a sense of achievement and built social networks through taking part in adapted sports in a community-based programme (Lundberg et al., 2011).

A systematic review has identified policy and programme issues, as well as environmental factors, as among the most significant barriers to sport participation experienced by people with disabilities. Specifically, these barriers include: lack of physical activity programmes, lack of staff capacity and inadequate facilities. More and better quality programmes, specifically community-based programmes, the authors of the review suggest, can facilitate physical activity among populations with disabilities (Shields, Synnot and Barr, 2012). This view echoes other

research. A study by Zabriskie et al., (2005) found that participation in a community based sport programme had a positive impact on quality of life, overall health, quality of family life and quality of social life among people with disabilities. Another study carried out

in Australia has argued that long-term, sustainable and low cost programmes mitigate many of the barriers to sport and physical activity encountered by those with intellectual disabilities (Lante, Walkley, Gamble & Vassos, 2011).

SPORTING FUTURE: TOWARDS AN ACTIVE NATION STRATEGY

- Physical well-being – increased % of the population in England meeting the CMO guidelines for physical activity / decreased % of the population that are physically inactive
- Mental well-being - Improved subjective well-being
- Individual development - Increased levels of perceived self-efficacy
- Social and community development - Increased levels of social trust
- Economic development - Economic value of sport to the UK economy

In the UK, 'Football in the Community' programmes are well positioned to provide sporting opportunities to disadvantaged groups. This is especially true of programmes associated with professional football clubs, given the salience and popular appeal of the latter (Sanders, Heys, Ravenscroft and Burdsey, 2014). Since the late 1990s, the expectation among policy-makers that football clubs should make a positive contribution to

their local community, especially in the area of social inclusion, has grown. These efforts have largely been vectored through football in the community projects. A report in 2012 identified disability as one of the key priority areas of community work in the football industry (Jenkins and James, 2012). Everton in the Community's efforts in this area are examined in this report.

3. METHOD

The evaluation was conducted using a two-strand approach. Firstly, questionnaires were distributed amongst several EitC disability sport teams. Secondly, a series of focus groups were conducted with teachers of children with disabilities in schools with an EitC involvement.

Strand 1: Questionnaires

29 participants took part in the study, representing five of the sport teams from Everton and the Community. These were:

- Female – pan disability team (8 participants)
- Male – pan disability A (4 participants)
- Male – pan disability B (5 participants)
- Male – pan disability C (7 participants)
- Amputee football team (5 participants)

Participants were recruited through the EitC programmes and following appropriate consent (i.e. including parental consent if necessary) were asked to complete a questionnaire pack following a training session.

The questionnaire pack contained a range of validated questionnaires to assess the participants' perceptions of social support, self-esteem, social identity, group identity, and motivation to exercise. Furthermore, the general physical activity levels of the participants were reported.

The questionnaires used were:

- Perceived social support - 3 items (Gleibs et al., 2011, based on Haslam 1995)
- Self esteem - 10 items (Rosenberg, 1965)
- Four Item Social Identity scale (FISI; based on Doojse, Sears, & Ellemars, 1995)
- Group identity scale - four items (Sani et al., 2014)

- Exercise Motivation Inventory - 51 items (Markland & Ingledew, 1997)
- General practice physical activity questionnaire (Department for Health, 2009)

All questionnaire responses were inputted into SPSS. Descriptive statistics were calculated and relationships or differences were analysed using bivariate correlations and ANOVAs respectively.

Strand 2: Focus groups with teachers

Nine teachers (male=5, female=4) took part in two focus groups, as representatives of EitC stakeholders. All participants gave consent prior to participation and both focus groups were recorded. Questions were designed to ascertain the immediate impact of the EitC disability sport involvement on the pupils and staff. Further questions probed the potential future impact of the programme on participation levels, access to health-related services and future training and employment opportunities.

The focus groups were later transcribed and analysed using thematic analysis, where the transcripts are read and key or reoccurring themes are extracted alongside representative quotes.

4. DEMOGRAPHIC FINDINGS

The participant group was comprised of 21 males and 8 females. There was range evident in length of participation in the teams from 2 weeks to 19 years.

The map below shows a map of the recruitment pattern for the ladies pan

disability team (orange), pan disability A team (blue), pan disability B team (green), pan disability C team (yellow) and amputee team (red) from the Everton in the Community Hub (black).

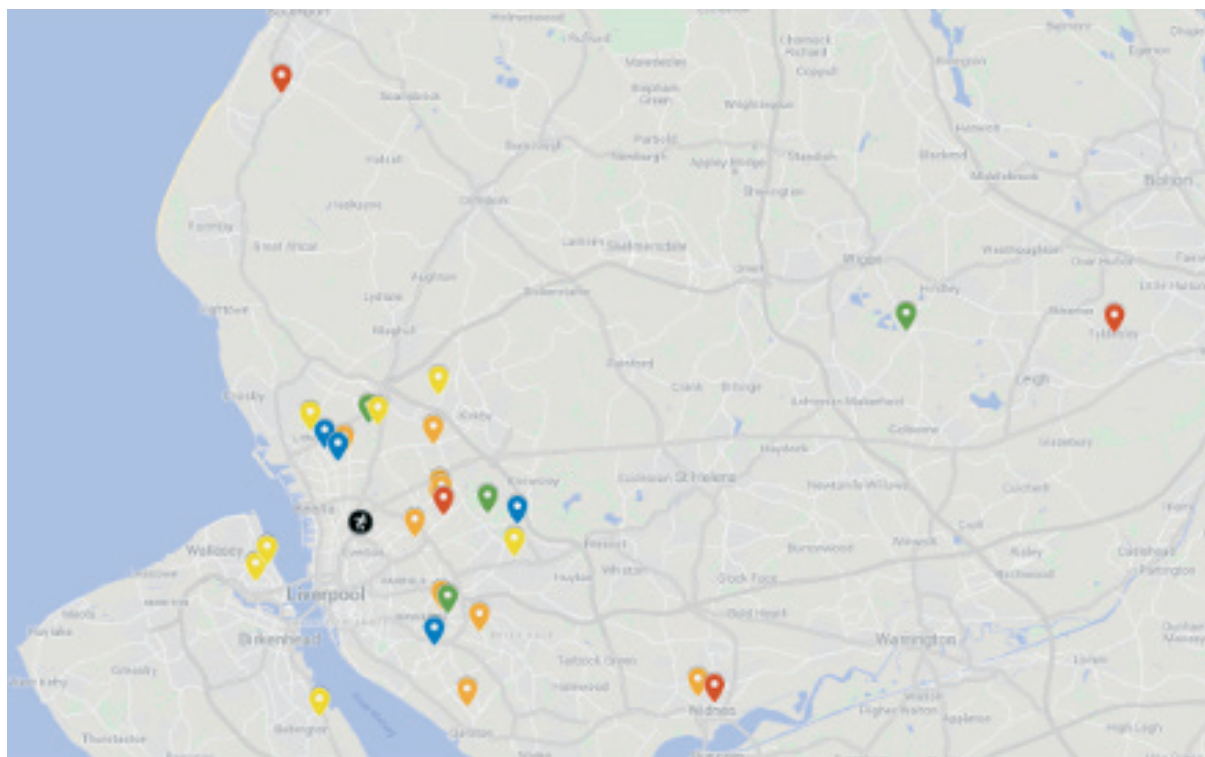


Figure 1: Recruitment Pattern Map

Specific demographic details of the various teams are outlined below. The average age is expressed in years and the average length of participation in months. Calculations by postcode from the Index of Multiple Deprivation have been taken as a proxy measure of socio-economic background. Activity levels are calculated using the General Practice Physical Activity Questionnaire.

Overall

Average age = 23.55 years (SD=10.63)

Average length of participation = 45.92 months (SD=59.40)

Socio-economic background = 6611 (out of 32844 LSOA), approximately the 80th percentile for levels of deprivation. This ranges from 32090 (2nd percentile) to 69 (98th percentile) for deprivation.

Physical activity data = 45% active, 34% moderately active, 18% moderately inactive, 3% inactive

Female – pan disability team

Average age = 17.33 years (SD=3.28)

Average length of participation = 19.33 months (SD=16.67)

Socio-economic background = 6959 (out of 32844 LSOA). This ranges from 32090 to 574 for deprivation.

Physical activity data = 34% active, 33% moderately active, 33% moderately inactive

Male – pan disability A team

Average age = 21.75 years (SD=1.5)

Average length of participation = 43.5 months (SD=13.3)

Social status = 8018 (out of 32844 LSOA). This ranges from 15290 to 649 for deprivation.

Physical activity data = 50% active, 25% moderately active, 25% inactive

Male – pan disability B team

Average age = 21.8 years (SD=6.41)

Average length of participation = 73.8 months (SD=89.24)

Social status = 6852 (out of 32844 LSOA). This ranges from 12905 to 2298 for deprivation.

Physical activity data = 80% active, 20% moderately active

Male – pan disability C team

Average age = 24.57 years (SD=11.13)

Average length of participation = 42.93 months (SD=77.3)

Social status = 5337 (out of 32844 LSOA). This ranges from 12368 to 69 for deprivation.

Physical activity data = 57% active, 29% moderately active, 14% moderately inactive

Amputee football team

Average age = 36.8 years (SD=16.81)

Average length of participation = 72.0 months (SD=67.35)

Social status = 6331 (out of 32844 LSOA). This ranges from 12789 to 620 for deprivation.

Physical activity data = 75% moderately active, 25% moderately inactive

5. QUESTIONNAIRE FINDINGS

Self-esteem was measured and the results demonstrated variation across the five different teams, ranging from 14.00 for the pan disability A band to 15.4 for the amputee team (see below), with an overall average of 14.62.

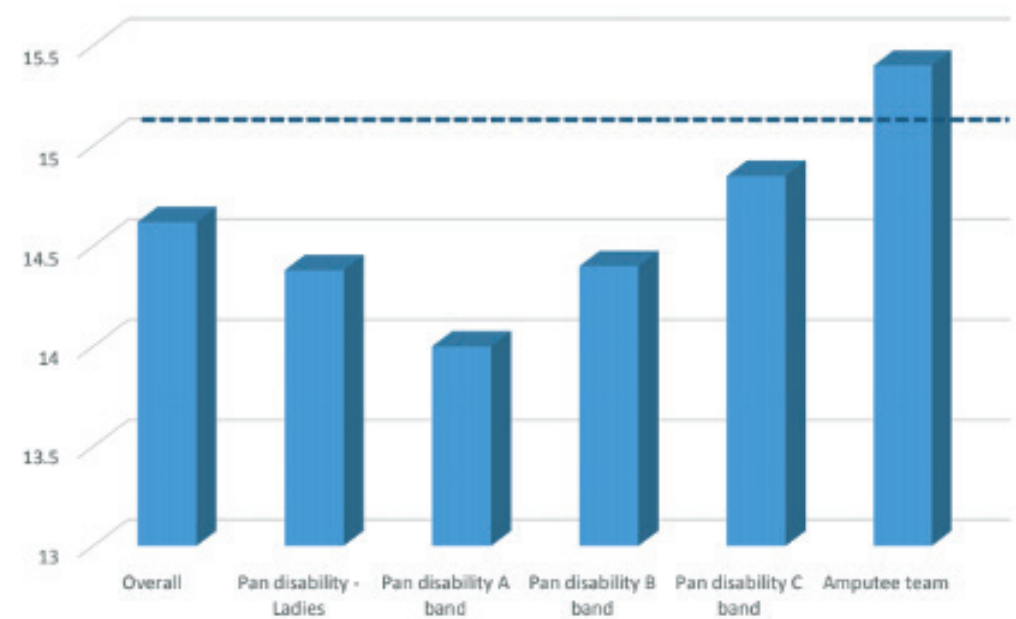


Figure 2: Self Esteem

Previous research suggests that scores ranging from 0-15 indicate low self-esteem and 25+ indicates high self esteem, with 15-25 being considered within the normal range. The results for the disability teams demonstrate low self-esteem from the pan disability teams, with the amputee team scoring within the normal range.

In order to assess motivation to exercise, the Exercise Motivation Inventory was completed. Results revealed high levels of motivation attributed to reasons of affiliation, competition, positive health and enjoyment, indicating that these are strong contributing factors to participation.

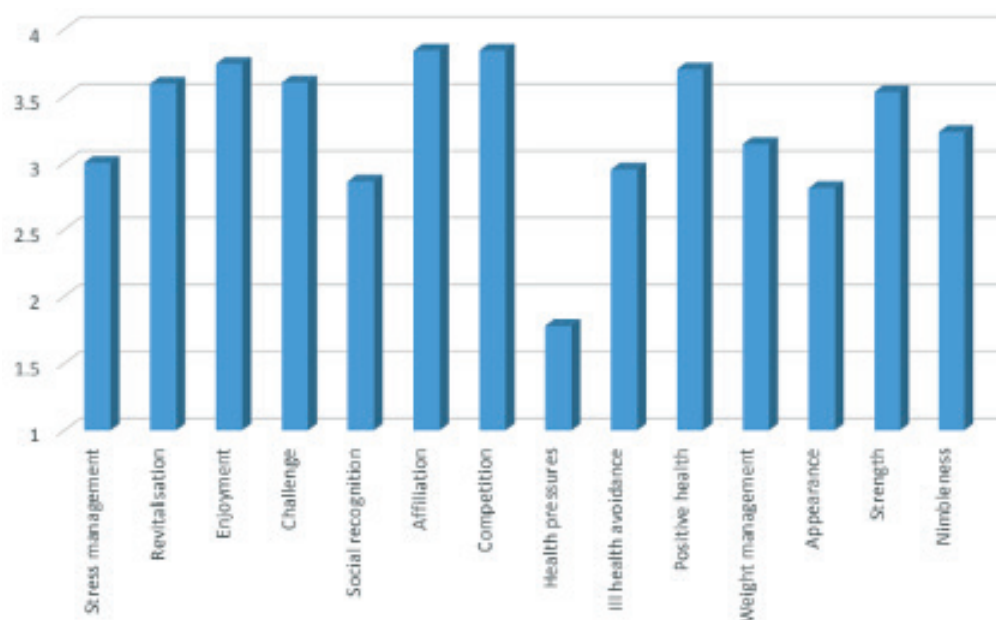


Figure 3: Exercise Motivation

Within exercise motivation, there were significant differences apparent amongst the different groups. Notably these were in the categories of:

- Revitalisation
- Weight management
- Ill-health avoidance
- Appearance
- Positive health
- Strength

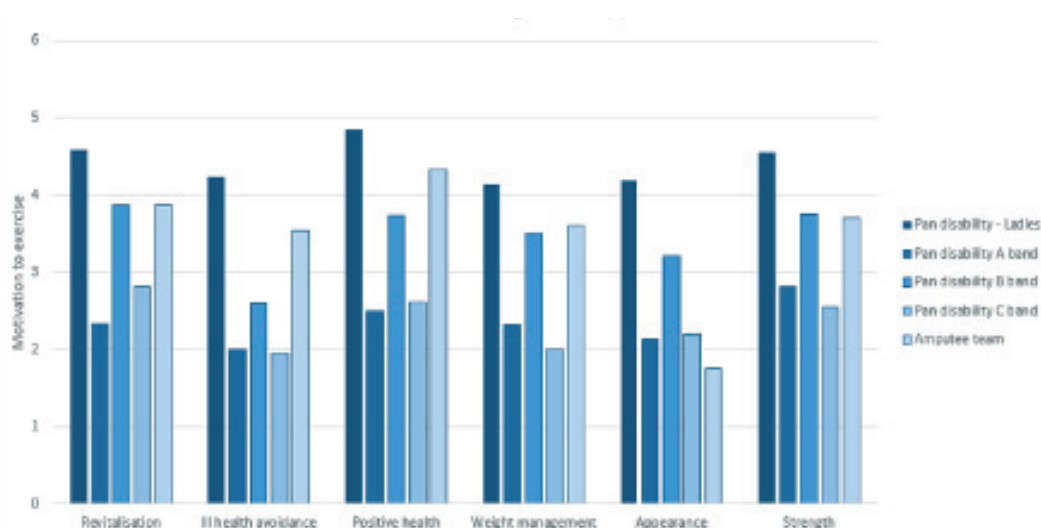


Figure 4: Exercise Motivation in Categories of Apparent Differences

With regard to gender differences, female participants scored significantly higher than male participants for:

- Stress management
- Ill health avoidance
- Revitalisation
- Strength
- Enjoyment
- Appearance
- Social Recognition
- Weight Management
- Health Pressures

The perceived level of social support also differed between the groups, ranging from 9.4 and 10.25 in the amputee team and pan disability ladies team respectively to 13.25 in the pan disability A band team. Whilst these differences are not significant, the questions ask about the availability of necessary support and advice. Thus, participants of the amputee team and pan disability ladies team may benefit from additional exploration of this as an area of need.

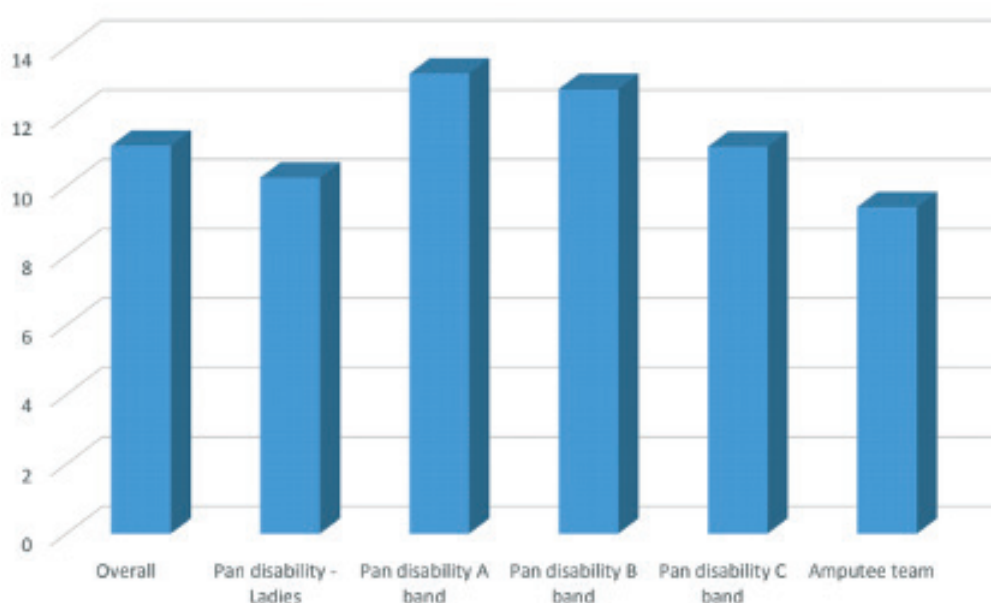


Figure 5: Perceived Social Support

Identity was assessed both in terms of both social identity (a person's belief of who they are based on membership of a particular group) and group identification (a person's identification with an interacting group). There was only a narrow range of scores across the groups for social identity, ranging from 4.71 in the pan disability C band team to 6.6 in the amputee team.

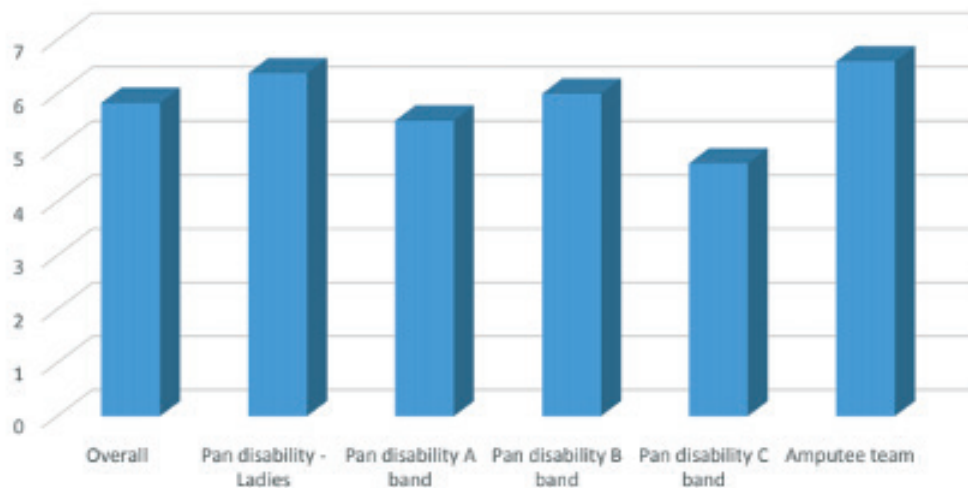


Figure 6: Social Identity

Interestingly, a bivariate correlation revealed that the length of participation was positively related to social identity ($r = .44$, $p = .02$). That is, those participating for the longest exhibited the highest social identity with the group.

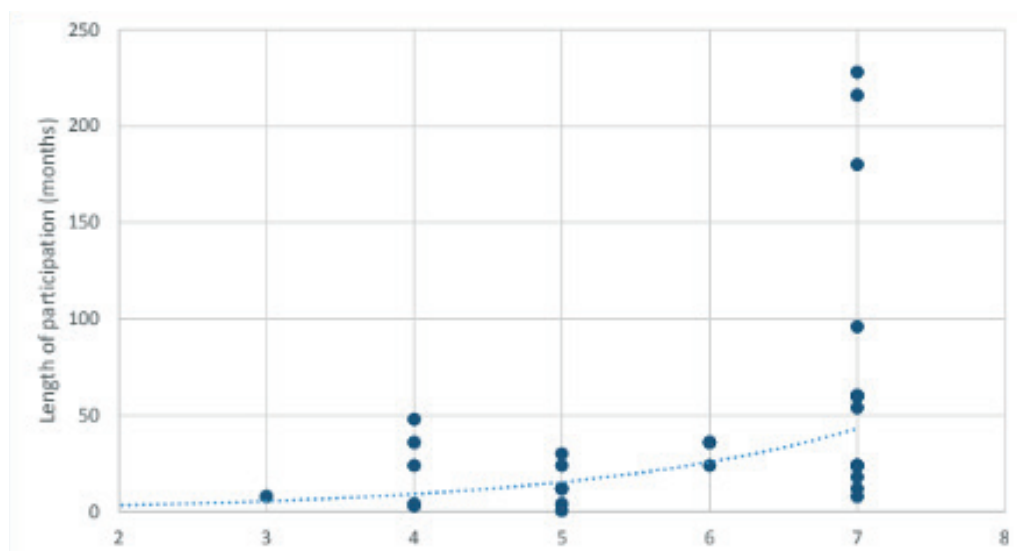


Figure 7: Length of Participation

The results for group identification also exhibited a range of scores from 4.06 in the pan disability A band team to 6.27 in the amputee team. As group identification can predict persistence of involvement with a group or team, measures could taken to enhance this in teams with lower scores.

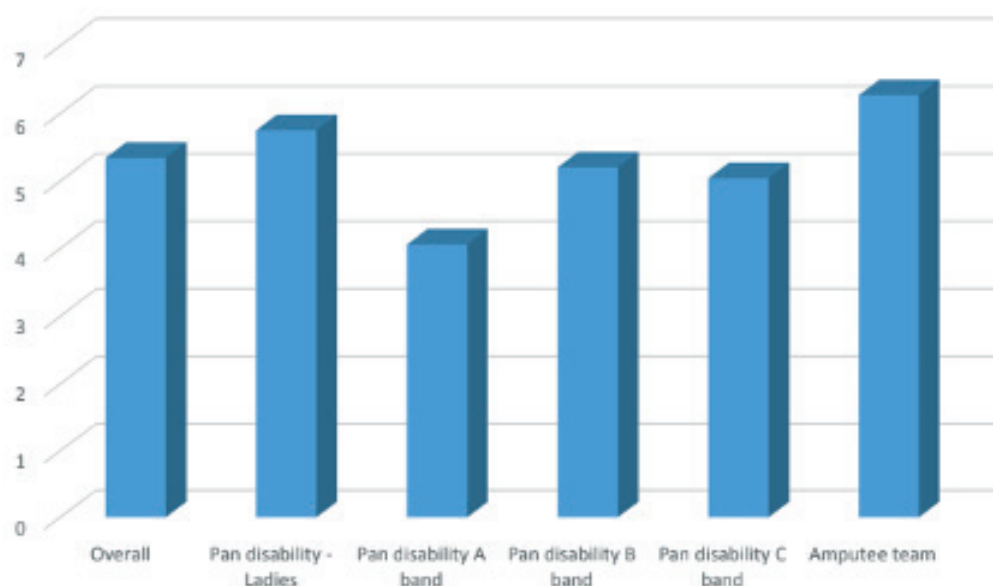


Figure 8: Group Identification

6. FOCUS GROUP FINDINGS

Details of the focus group participants

Participant Number	Role	Age group taught	Length of involvement with EitC
1	Class teacher (NQT) / PE co-ordinator	Primary	2 years
2	Class teacher / PE co-ordinator	Secondary	3 years
3	Class teacher / PE co-ordinator	Secondary	3 years
4	Pool manager / PE co-ordinator	Nursery/Primary	2 years
5	PE co-ordinator (in a school where all pupils have severe learning difficulties)	Secondary	3 years
6	PE co-ordinator	Nursery/Primary	2 years
7	PE co-ordinator	Primary	2 years
8	Class teacher / PE co-ordinator	Secondary	3 years
9	Class teacher / PE co-ordinator	Primary	3 years

Figure 9: Details of the Focus Group Participants



One of the main emerging themes was the impact that the teachers reported as a result of the involvement of EitC. This could be split into six sub-themes, which were prestige, partnership, vocation, new sports, continued professional development and supporting staff. Please see the diagram below for the sub-themes and representative quotes.

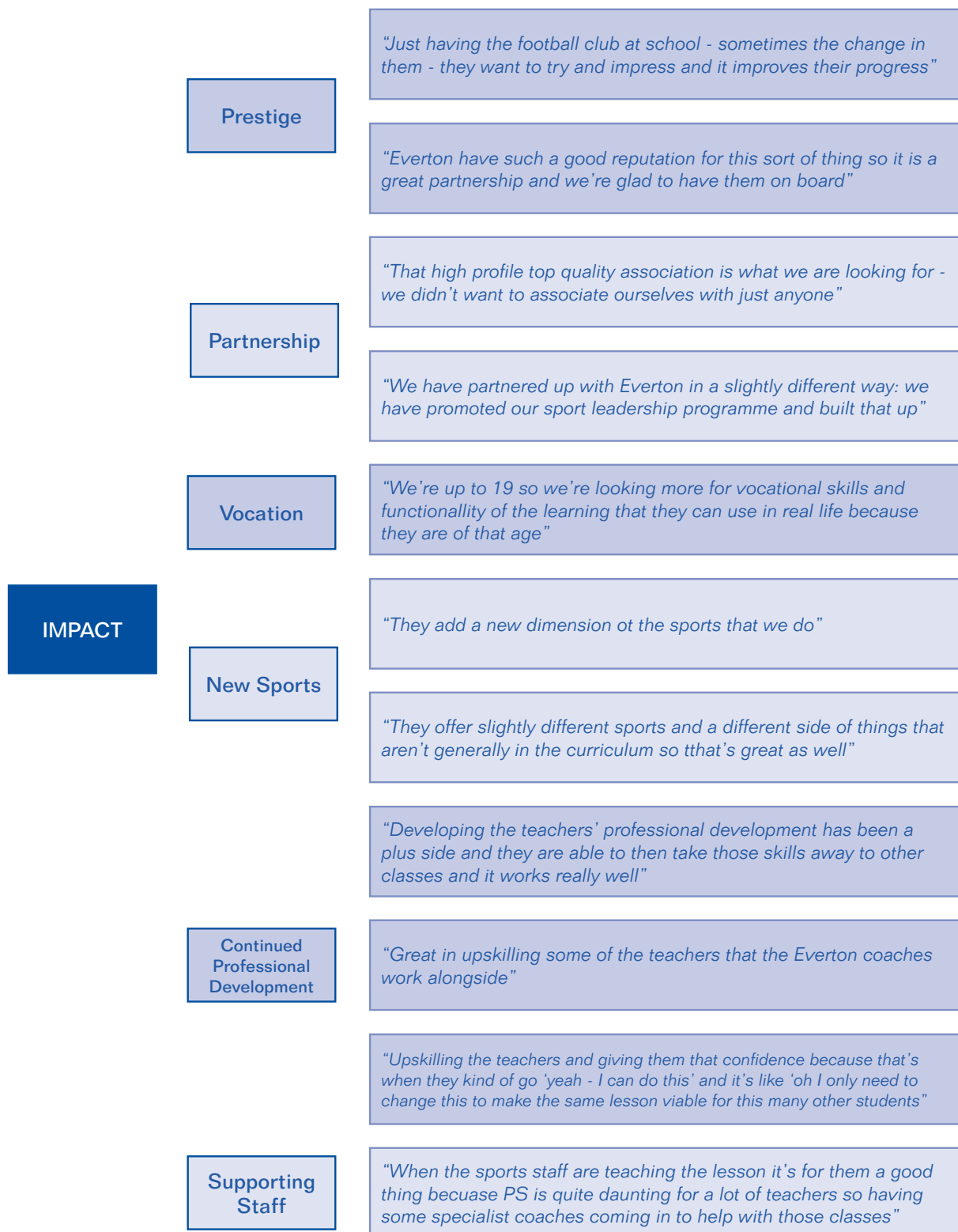


Figure 10: Sub-themes and Representative Quotes

Across the focus groups, there was much discussion regarding the different categories of people that benefit from the involvement of EitC.

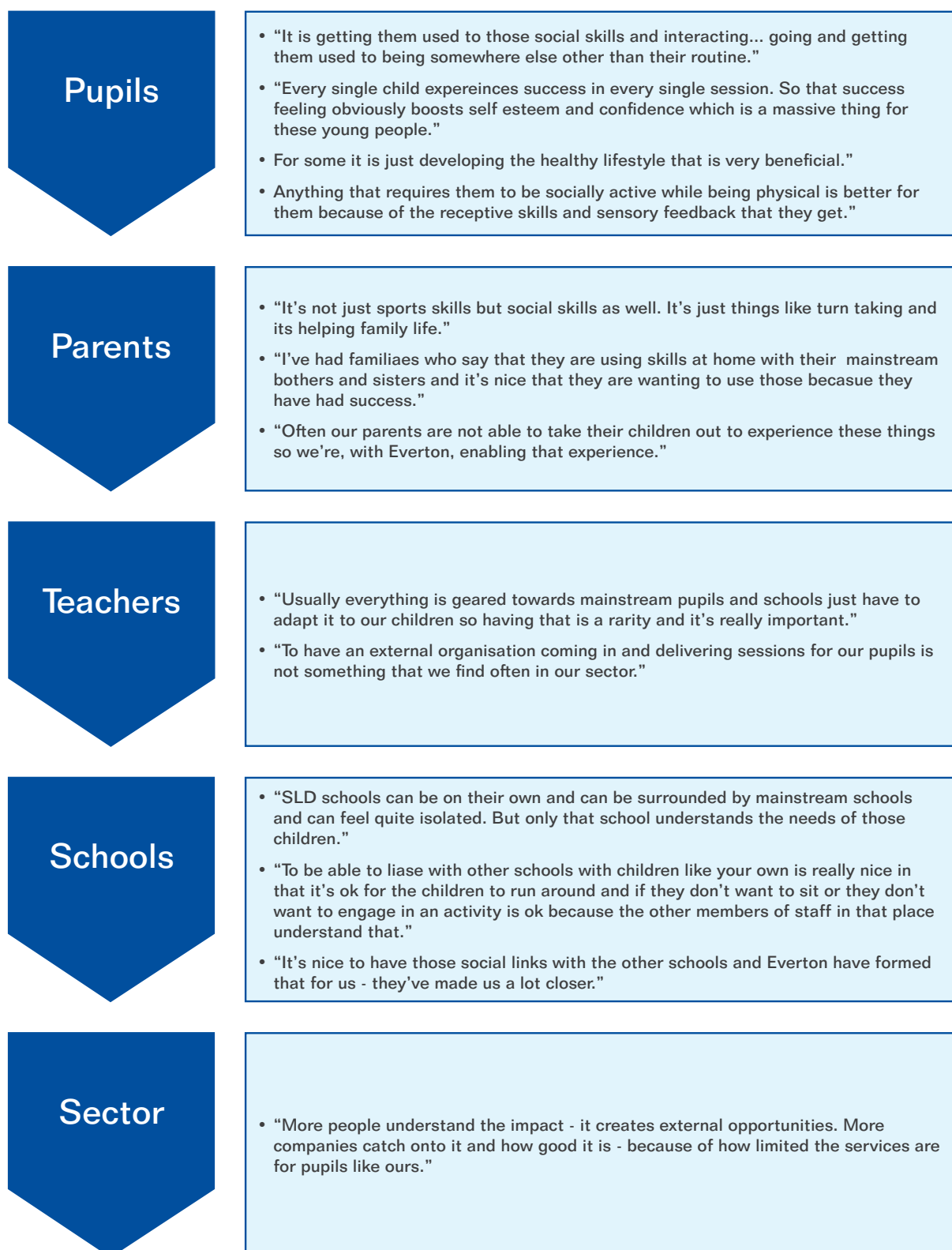


Figure 11: Beneficiaries of EitC Disability Programmes

Additional benefits were outlined that stretched beyond the practical into the psychological. For example, one teacher explained, “the sessions are delivered in such a way that every single child experiences success in every single session. So that

success feeling obviously boosts self-esteem and confidence which is a massive thing for these young people”.

Furthermore, another teacher said:

“It’s given the pupils a positive experience, a happy session and they are wanting to go back. It’s given them a positive look on sport because for a child that lacks social skills or is reluctant to partake in social interactions, they can be quite withdrawn from day to day activities - but we’re teaching them the skills and showing that it’s ok to not be able to do this skill. The practice that Everton give, every child comes out with a positive and it’s giving the children the feeling that sport is fun and sport is positive and it’s not always about the social interaction which can be quite daunting for some.”

In addition to experiencing success, the teachers outlined the importance of promoting a long-term involvement in physical activity. For example, “if they do really well, that’s amazing, but if they are just participating then that’s amazing too,” and, “it’s hard with our children because of the nature of their needs but if we can get them excited about something then it’s a starting point. The engagement level is much more important than the ability level.”

However, in addition to all of the perceived benefits of the programme there were concerns expressed about the future. For example, one teacher questioned, “when

they fall off the curriculum of being school age, what is there for them? We need to get that moving forward. There needs to be something from leaving school at 18-19, what comes next?” In tackling this the schools have attempted, “to make as many liaisons as possible whilst they are in school and hope that will carry them once they leave school.” Others “create a pathway based on their interest we will try to make it as smooth as possible”. However, future developments could focus on the post-education phase.

A further theme emerged regarding future training and employment opportunities as a result of EitC involvement. This could then be split into four sub themes. These were broadening understanding of employment and skills, raising aspirations, work placement opportunities and vocational experience.

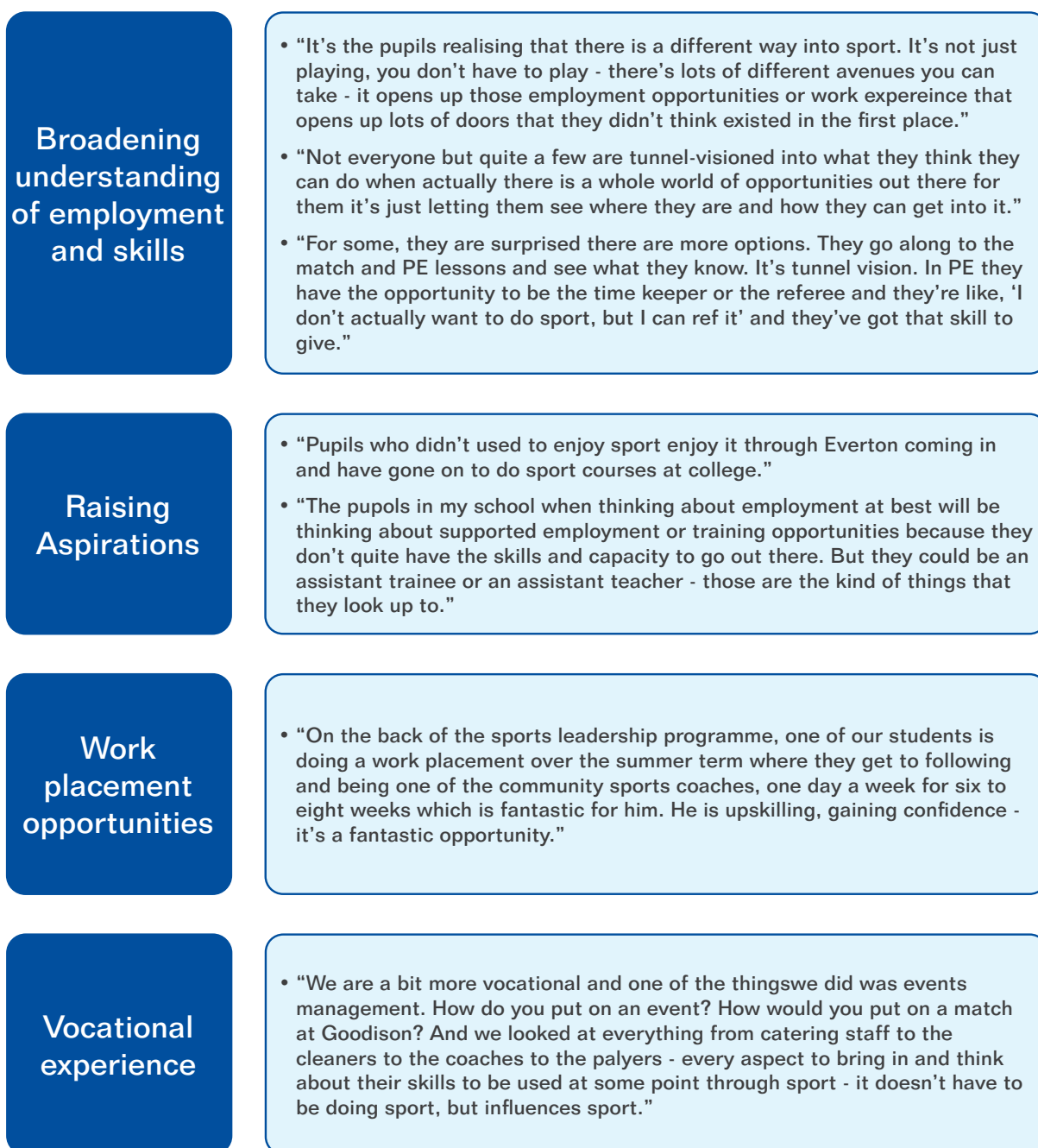


Figure 12: Training and Employment Opportunities

Participants of the focus groups were asked how they would describe the EitC disability provision.



Figure 13: EitC Disability Provision Wordel

This information is displayed as a Wordel. A wordel is a diagrammatical representation of the viewpoints of the participants. The larger words indicate a greater frequency of response.

Participants were then asked what improvement could be made to the EitC provision.

“Better links to the professional club”

“Something that is perfect cannot be faulted”

*“If it isn’t broken, why fix it?
EitC are amazing!”*

7. SUMMARY

The results of this project highlight the work of the disability programme on multiple levels. The demographic data shows that recruitment is typically local to the area, with the exception of the amputee team. The level of deprivation is above average in these areas, which emphasises the need for structured programmes of activities in the local targeted community. One of the interviewees stated that, “they’ve expanded their ‘local community’ to the Wirral, St Helens and beyond.” Providing an opportunity to engage in sport within these communities is a strong indicator of social and community development.

The questionnaire data gleaned from the sports teams highlight the need for such programmes in enhancing mental wellbeing. Indeed, all participants other than those in the amputee teams demonstrated low self-esteem. Given that feeling a sense of belonging is a key characteristic of quality of life, the relationship between length of participation and identity draws attention to the positive impact that participation in the programme can have on psychological wellbeing. The group identification was low in the pan A team so measures should be considered regarding the promotion of belongingness and identity within this group specifically.

The physical activity data demonstrates that the participants of the teams only marginally reach the recommended daily activity levels and the disability programmes form a crucial part of the physical activity that is undertaken. This is likely to have a positive impact on the physical health of the participants in addition to their individual development.

Overall, the participants were motivated by reasons of affiliation, competition, enjoyment and positive health. These aims should therefore continue to be prioritised when recruiting for and running the programme.

Further to this, the female participants are motivated for reasons including health appearance social recognition and weight management, so programmes should be targeted towards this for recruitment purposes for the female teams.

One interviewee explained, “we’re not simply working to increase the number of people taking part in sport and activity – at the heart of our investment and resource is the wider benefits being active can bring.” Through these focus groups other aspects of the Sport England aims were highlighted. Both individual development and the economic development were discussed in the interviews, with participants highlighting the vocational and placement experience aspects of the partnership. Many of the teachers referenced raising aspirations amongst the school groups to enter the workforce and engage, where possible, further training and employment. A further participant stated, “Sport promotes so many transferable skills into all sorts of life skills – and that’s why we champion sport.” The disability provision clearly provides essential vocational and life skill opportunities.

Beyond the benefits to the pupils and participants themselves, there was an emphasis placed on the advantages afforded to teachers and their wider schools. Many of the teachers discussed upskilling themselves and others as part of the link, giving a further indicator of development. For example, teachers observing sessions and then adapting these to other pupil groups. Through the link, the teachers in the SEN schools have developed a stronger network which is proving to be one of support, advice and encouragement. One interviewee stated, “the building of links with other schools and networks are of paramount importance to reduce the stress on staff and create support. Everton facilitates this.”

Links to the partnership and the prestige associated with a Premier League football

club were also emphasised as an asset to the school links. However the participants felt frustrated at the lack of financial backing from the club, citing an international charity funding relatively inexpensive facilities. For example, one participant stated, “better links with the professional club and better funding are needed. Pitches is a drop in the ocean to them – it should have been funded by the club with their badge on it.” A further participant explained, “it is a fantastic thing that is running here – a little bit of funding would go so far here.”

The benefits noted regarding the input from coaches were heavily centred on the knowledge, experience and flexibility of the staff. This was predicated both by the

quality of the coaches and the building of the relationships with the schools, leading to a mutual trust. For example, one interviewee stated that, “it’s not just about churning out coaches. There’s more friendship building. We feel very easy and involved to point out areas that need improving and its credit to Everton that we are able to do that.”

Overall, the disability sport provision from EitC plays a vital role in the delivery of disability sport across the region, both in terms of the recreational team based sport and supporting those in schools. This can be clearly aligned to the five outcomes aspired to by Sport England.

8. RECOMMENDATIONS

Some key recommendations arise from the findings of the report.

- Continue to target towards local communities, particularly those with a high deprivation index
- Continue to employ staff who are both experienced and knowledgeable. The majority of the strengths outlined are related to the quality of staff
- Maximise and strengthen the link with the club as “when the people coming in are associated with a football club that students want to emulate, it helps”.
- Consider the possibility of supporting some post-19 provision to continue work beyond the schools. This may take the form of a weekly ‘drop in’ multisport session.
- Emphasise key motivators for recruitment and running of the programmes to ensure the continued support of the provision.

*“It’s not just about the sport.
That’s the foundation but
everything else springs off
that”*

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