

Disability sports coaching: towards a critical understanding

Smith, Brett; Townsend, Robert; Cushion, Christopher J.

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1 **Disability Sports Coaching: Towards a Critical Understanding**

2 Robert C. Townsend^a, Brett Smith^b & Christopher J. Cushion^a

3 ^aPeter Harrison Centre for Disability Sport, School of Sport, Exercise & Health Sciences,
4 National Centre for Sport & Exercise Medicine, Loughborough University, Loughborough,
5 UK.

6 ^bSchool of Sport, Exercise and Rehabilitation Sciences, University of Birmingham,
7 Edgbaston, Birmingham, UK.

8 Corresponding author: Robert Townsend, Peter Harrison Centre for Disability Sport, National
9 Centre for Sport & Exercise Medicine, Loughborough University, Loughborough, UK, LE11
10 3TU.

11 R.townsend@lboro.ac.uk

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19 **Abstract**

20 The growing work that addresses coaching disabled athletes has thus far failed to engage with
21 the field of disability studies, and as a result misses a crucial opportunity to develop a critical
22 understanding of coach learning and practice in disability sport. Therefore the aim of this
23 paper is to bridge the gap between coaching and disability studies and to review critically the
24 current literature in coaching, in order to problematise some of the assumptions that underpin
25 disability coaching research. Disability studies, and in particular the models of disability, are
26 an important first step in a critical understanding in disability sport coaching. The models of
27 disability provide a lens through which researchers, coach educators and coaches can
28 question how they learn to coach disabled athletes, interrogate knowledge about impairment
29 and disability, and critically evaluate coaching practice. In connecting with disability studies,
30 we hope to help coaches, and researchers make sense of how they position disability, and
31 appreciate how coaching knowledge and practice are produced in context. In turn, we feel
32 that such critical understandings have the potential to develop nuanced and sophisticated
33 ways of thinking about, and developing, disability sports coaching.

34 **Keywords; Disability Studies; Models of Disability; Coach Education; Coach Learning;**
35 **Coaching Practice.**

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43 **Introduction**

44 We know very little about coaches who work in disability sport¹. This is despite the
45 acceptance that coaching is a social process comprising complex interactions between coach,
46 athlete and context (e.g. Cushion, Armour & Jones, 2003; Cushion & Jones, 2006, 2012;
47 Jones, Edwards & Viotto Filho, 2014; Potrac & Jones, 2009, inter alia). However, the
48 emerging research exploring disability coaching (e.g. Cregan, Bloom & Reid, 2007; Duarte &
49 Culver, 2014; McMaster, Culver & Werthner, 2012; Tawse, Bloom, Sabiston, & Reid, 2012;
50 Taylor, Werthner & Culver, 2014; Taylor, Werthner, Culver & Callary, 2015, inter alia) has,
51 not yet explicitly engaged with the field of disability studies. This neglect limits the
52 discursive space through which to explore coach learning and practice in disability sport and
53 clearly misses an opportunity to advance the sports coaching field.

54 This paper goes some way to bridge the gap between coaching and disability
55 studies. Central to disability studies are models of disability. To demonstrate the nature,
56 scope and limitations of existing knowledge, the paper uses the lens of disability studies to
57 address, critique and problematise some of the current understandings of coach learning and
58 practice in disability sport coaching. In so doing, we attempt to carve a critical space where
59 researchers and practitioners can make explicit the assumptions that situate the problems,
60 methods and questions that guide research and practice. Our contention is that disability
61 studies provide an ontological and epistemological platform for exploring and understanding
62 coach learning and development in disability sport, and to reconceptualise coach education
63 and coaching practice in more critical terms. In this sense, ‘critical’ means a self-conscious
64 process of exposing the underlying assumptions that influence particular ways of *thinking*
65 about disability – rather than say particular methods – to highlight the limited engagement
66 with disability studies and offer opportunities to develop and enhance coaching by presenting

¹ Disability sport is a broad term used to describe sports that accommodate people with physical, sensory, and intellectual disabilities (DePauw & Gavron, 2005).

67 some ways in which coaching can, and should connect with disability studies. To do this we
68 focus on four models of disability and argue that disability studies are fundamental to a
69 coherent conceptual understanding of the field of disability sports coaching.

70 As DePauw (2000) argued over 15 years ago, theoretical models of disability have
71 implications for scholarly inquiry and the professional development of sports coaches. The
72 models of disability may help coaches to understand how they position impairment and
73 disability (as conflated or distinct concepts), to reflect on their own practice critically. Simply,
74 how sports coaches and researchers understand disability and apply it to the coaching field
75 will be influenced, either knowingly or unknowingly, by the models that capture how
76 disability is understood in society. Moreover, the models provide researchers with the tools to
77 expose sterile consensus and coaching dogma while at the same time offering a means of
78 organising the field in the face of essential but exposed paradigmatic differences. In
79 connecting with the models of disability, we are encouraging a sense of self-reflexivity, open
80 dialogue, and rethinking about the conventions, assumptions and aspirations of both research
81 and practice (Smith & Perrier, 2014a).

82 **Disability Studies: Models of Disability**

83 The paper considers four models of disability- from the medical and social model, through to
84 a more contemporary social relational understanding, and finally the human rights model of
85 disability. To contextualise the models, and show their utility in developing understanding in
86 coaching we use the models as a lens to examine existing conceptions of disability coaching.
87 We will then problematise some of the assumptions that permeate the disability coaching
88 literature, and offer some ways forward for the field.

89 **Medical Model**

90 The medical model has historically been dominant in understanding disability and positioning
91 research (Smith & Perrier, 2014a). This perspective, emerging from clinical practice, places
92 the body under intense scrutiny. The central focus of the medical model lies in its positioning
93 of disability as bound to the functional limitations of impairment (Swain, French & Cameron,
94 2003). Impairment, then, typically becomes *the* defining feature of the disability experience
95 (Fitzgerald, 2012). Disability is constructed as a deviation from the norm, to be othered, fixed,
96 or intervened upon (Smith & Perrier, 2014a, 2014b; DePauw, 1997). From this perspective,
97 people with disabilities are supported to fit in with normal life and are regarded as victims of
98 a biological injustice.

99 However, the medical model has been criticised for applying a reductionist biological
100 lens that does not capture the complexity of disability (Grenier, 2007; Silva & Howe, 2012;
101 Smith & Perrier, 2014a, 2014b). A major criticism of the medical model is that it assumes a
102 normative perspective on disability, creating a “normal/abnormal” dichotomy and
103 overlooking the apparent social construction of “disability” and “normality”. As Quinn,
104 Degener and Bruce (2002) claimed, the medical model “encapsulates a broader and deeper
105 social attitude” (p. 14) in which a tendency to problematise people with an impairment and
106 view them as an object for intervention is entrenched. The lived experience of disability is
107 also ignored. Furthermore, the social environment and culture are treated as unproblematic
108 and people with impairments are instead viewed as disadvantaged by their own bodies
109 (Oliver, 1996). The medical model frames disability as an individual problem, a phenomenon
110 located outside of culture, a “significant bodily and/or cognitive variation from those who
111 meet the cultural expectation of embodied normality” (Thomas, 2004, p.28). In so doing, the
112 medical model reinforces dominant ableist (i.e. normal) ideals and values conformity (Swain
113 et al., 2003).

114 Aligning either implicitly or explicitly with the medical model has implications for
115 coaches, because within the structure of sport the athletic body, including appearance,
116 dispositions and actions, is significant in definitions of ability. The medical model should not
117 be disregarded or abandoned but challenged as the dominant mode of thinking informing
118 coaching, because coaches' corporeal thinking has practical implications in, for example,
119 dealing with individual athletic needs, specialised equipment and classificatory competition
120 demands (Burkett, 2013; Cregan et al., 2007). It is important therefore not to write the body
121 out of our theorising (Hughes & Paterson, 1997). Performance disability sport is typically
122 framed by the assumptions of the medical model. Here disability is reduced to biological
123 processes and mechanisms (e.g. Goosey-Tolfrey, 2010), silenced in psychological
124 interventions for disabled athletes (e.g. Banack, Sabiston & Bloom, 2011; Falcão, Bloom &
125 Loughead, 2015; Martin, 1999) and corrected through strategies and frameworks for
126 inclusive coaching practice (e.g. Hanrahan, 1998; Vargas, Flores & Beyer, 2012). These
127 various approaches mean that the disabled athlete is constructed as an object to be
128 "educated...observed, tested, measured, treated, psychologised...materialised through a
129 multitude of disciplinary practices and institutional discourses" (Goodley, 2011, p.114).
130 Coach learning in these terms is framed by behaviourism, and practice informed by medical
131 discourse that embraces scientific functionalism and technocratic-rationality (e.g. Burkett,
132 2013). This promotes a dominant consciousness where all problems are instrumental or
133 technical problems to be solved (e.g. Burkett, 2013; Cregan, et al., 2007). The suggestion
134 here is that coaching is fundamentally about improving sporting performance against the
135 limitations athletes with a disability have. Here, disciplinary discourses (i.e. sport sciences)
136 permeate the structure of coaching to organise, regulate and constrain the body to improve
137 performance according to medical ideologies of normality (Cushion, 2011; Thomas & Smith,
138 2009).

139 Specifically addressing coaching practice, an example of the implicit assumptions of
140 the medical model in coaching research can be found in studies into the attitudes of coaches
141 towards disabled athletes. Whilst well intentioned and valuable in highlighting coaches'
142 often-negative attitudes, and demonstrating the need to change perceptions, this approach
143 aligns with the assumptions of the medical model. These studies frame disability as an
144 individual flaw that is manifest in deficits in adaptive behaviour that gives rise to narratives
145 of fear, and creates challenges for coaches to overcome (e.g. Beyer, Flores & Vargas-Tonsing,
146 2008; Conatser, Block & Lepore, 2000; Flores, Beyer & Vargas, 2012; Hammond, Young &
147 Konjarski, 2014; Rizzo, Bishop & Tobar, 1997). These assumptions position disability firmly
148 within the person, the athlete being the “problem” (DePauw, 1997) to be fixed, normalised or
149 rendered docile through coaching practice. Thus, the dominance of medical discourse ignores
150 questions concerning the formation and application of coaches’ knowledge of how to coach
151 (Denison, Mills & Konoval, 2015). Disabled athletes then, become subject to normative
152 assumptions about their abilities, producing an object that operates in isolation, out of social
153 context (DePauw, 2000). This focus on the normalisation of the body and compliance with
154 ableist standards creates a hierarchy of power where disabled individuals can lose autonomy
155 over their bodies (Smith & Perrier, 2014b). Disabled athletes therefore occupy a “tenuous
156 position” as they are pressured to showcase their “superhuman” athletic ability and distance
157 themselves from devalued, disabled identities (Bundon & Hurd Clarke, 2015, p.354; Bush,
158 Silk, Porter & Howe, 2013).

159 Finally, the medical model assumes a perspective that simplifies the shifting,
160 contextual, pedagogic practice of coaching, instead assuming a linear transfer of knowledge
161 from coach to athlete, following a “top-down approach” (Côté, 2006, p. 220). In so doing, it
162 ignores the cultural assumptions that are tied to disability, with coaches’ beliefs and
163 assumptions tacit and unarticulated, and leaves the “social, cultural and political complexities

164 of practice” (Cushion, 2013, p.71) unexplored. Furthermore, as recognised in the wider
165 coaching literature (e.g. Cushion, 2013; Cushion et al., 2003; Hassanin & Light, 2014;
166 Townsend & Cushion, 2015; Turner, Nelson, & Potrac, 2012) so too in disability coaching
167 that the contested, nuanced and dynamic effects of culture on coach learning and practice are
168 left untouched. Thus, the assumptions of the medical model mean that the social world is left
169 under-theorised and unchallenged (Smith & Perrier, 2014a) and understanding of coaching is
170 superficial and impoverished.

171 **Social Model**

172 The social model² was developed by disabled activists from the Union of the Physically
173 Impaired Against Segregation (UPIAS) who attempted to reclaim the term “disability” from
174 medical discourse. Underpinned by Marxism, the social model breaks the causal link between
175 impairment and disability (Oliver & Barnes, 2010; Smith & Bundon, in press) to reconstruct
176 disability as *entirely* socially constructed (Thomas, 2014). This perspective turns a critical
177 gaze toward society and is based on the premise that disability is the product of a complex
178 collection of structural barriers that create disadvantages, exclusions and restrictions for
179 people with impairments (Thomas, 2014). These barriers permeate all aspects of social life:
180 employment, housing, education, transportation, civil rights and the built structures of
181 everyday life (Thomas, 2014). Importantly, the social model delineates *impairment*, as in the
182 medical model, as a physical characteristic (Swain et al., 2003), but reconceptualises
183 *disability* based on the notion that it is socially constructed and an act of exclusion and
184 oppression:

185 In our view, it is society which disables physically impaired people. Disability is
186 something imposed on top of our impairments by the way we are unnecessarily

² The social model is neither a social theory in its own right (Oliver, 1996; Thomas, 2007) nor, strictly speaking, is it a model. It is perhaps closer to a conceptual tool. Because it is commonly called a ‘model’ in the literature this term will be used throughout the paper.

187 isolated and excluded from full participation in society. Disabled people are therefore
188 an oppressed group in society.

189 (UPIAS, 1976, cited in Oliver, 1996, p.33).

190 As Oliver (1996) argued, the social model has the power to “transform consciousness” (p.42)
191 by connecting personal experience to professional practice. The restrictions that people with
192 impairments face in sport can be readily observed, and challenged, through the social model;
193 from individual attitudinal and institutional prejudices, to inaccessible sporting facilities,
194 exclusionary policies or unusable transport systems (Oliver, 1996; Smith & Papatomas,
195 2014; Thomas, 2014). Moreover, the social model provides a revelatory and liberating
196 perspective on disability, relocating the disability in the structures of society and outside of
197 the individual (Smith & Perrier, 2014a). This stands in direct contrast to the medical model
198 which locates disability within the individual.

199 Despite its potential, the social model has not been drawn on explicitly in the
200 coaching literature, where applying it may help to focus important questions regarding coach
201 education and learning. For example, a consequence of the limited research on coaches in
202 disability sport is the lack of informed resources to support coach development (Tawse et al.,
203 2012). Indeed, conceptualisations of disability coach education remain silent and unexplored,
204 despite the importance of developing formalised learning structures for coaches in disability
205 sport (Tawse et al., 2012). This issue should arguably be addressed, considering the wealth of
206 research that evidences coaches’ preferences for uncritical sources of knowledge
207 (Stoszkowski & Collins, 2015) and informal modes of learning (Cregan et al., 2007; Duarte
208 & Culver, 2014; McMaster et al., 2012; Tawse et al., 2012) where coaching practice is based
209 predominantly on informal and experiential modes of learning, while disability is ignored in
210 many mainstream coach education programmes (Cregan et al., 2007; McMaster et al., 2012;

211 Taylor et al., 2014; Taylor et al., 2015). The lens of the social model could provide the means
212 for research to question why this is the case.

213 A possible reason is that currently, coach education and development in disability
214 sport follow a compartmentalised approach that is underpinned by medical discourse (Bush &
215 Silk, 2012). As a result, disability coach education is characterised by discontinuous training
216 episodes designed to deliver impairment specific knowledge and contains little follow-up
217 support or longitudinal data to evidence meaningful application to coaching practice (Cregan
218 et al., 2007; DePauw & Gavron, 2005). The current situation, therefore, is particularly
219 concerning when considering the growing body of coach development rhetoric challenging
220 coaches to be inclusive without any specific education in coaching people with a disability
221 (Hammond et al., 2014). In addition to this, the social model can offer insight into the
222 barriers that disabled people may face in entering the coaching pathway. As Bush and Silk
223 (2012) highlighted, barriers such as inaccessible educational resources and a lack of
224 opportunities to practice or appropriate mentors may influence the number of disabled people
225 who become coaches. The social model, therefore, is a useful frame through which to
226 highlight something of the inadequacies of coach education in this field, yet so far, the
227 literature evaluating disability coach education is yet to apply such critical perspectives.

228 Furthermore, the social model can be valuable in exploring and scrutinising coaching
229 practices in disability sport, so that we may develop an understanding of exclusion in
230 pragmatic ways. As Burkett (2013) stated, the considerations of coaching a disabled athlete
231 may place demands on the skills, knowledge and practices of coaches beyond that which is
232 expected in mainstream sporting contexts. Research in coaching disabled athletes, for
233 example, points to coaches managing a multitude of pragmatic and contextual constraints
234 such as limited financial support, fewer coaching and support staff, a lack of coaching and
235 training resources and equipment, and a smaller talent pool (Taylor et al., 2014). Furthermore,

236 coaches may need to communicate with athletes' families, support workers and caregivers,
237 and reflect upon the accessibility of facilities and transportation (Cregan et al., 2007). Indeed,
238 access to facilities, a lack of information, equipment costs and a lack of professional training
239 for coaches directly impact upon the sporting opportunities disabled people can enjoy (Bush
240 & Silk, 2012; Smith & Sparkes, 2012). Research in coaching has identified structural barriers
241 that exclude athletes and provides insight into the disabling tendencies of coaching practice
242 (e.g. Bush & Silk, 2012; Cregan et al., 2007; Dorogi, Bognar & Petrovics, 2008; Taylor et al.,
243 2014). However, the research does not connect with the social model, leaving this work cut
244 off from disability studies and floating in sterile and superficial 'humanistic' coaching
245 discourse. The social model offers an emancipatory perspective on disability, proposing both
246 a research construct *and* a political challenge to professionals whose practices disable people
247 with impairments (Bickenbach et al., 1999). In this sense, the social model can make a
248 political argument in demanding change in coaching and coach education.

249 Despite the potential benefits of connecting the social model to disability sport
250 coaching, a criticism of the social model is that it ignores the functional implications of
251 impairment, and as a result also fails to address an important reality for many people - that of
252 dysfunction, illness, or bodily pain (Martin, 2013). As Hughes and Paterson (1997) argued,
253 the social model of disability proposes an "untenable separation" (p.326) between body and
254 culture, and impairment and disability. As a result the social model fails to explain the role
255 that impairments have upon individuals and their embodied, lived experiences (Shakespeare,
256 2006). Furthermore, the understanding within the social model that people with impairments
257 face only structural disablism can be a limited view, as it ignores the cultural and experiential
258 dimensions of disability (Reeve, 2004). Here, the agency of the impaired body is overlooked,
259 leaving unchallenged another way in which people are oppressed and excluded (Smith &

260 Bundon, in press). Instead, focus ought to turn to the tension between structure and agency³
261 that constitutes exclusion within disability sport, in line with the view of coaching as a
262 contested, negotiated and relational activity (Jones, Edwards & Viotto Filho, 2014).

263 **Social Relational Model**

264 In response to the medical and social models and subsequent criticisms, Thomas (1999, 2007)
265 developed the social *relational* definition of disability. Thomas argued that:

266 Disablism is a form of social oppression involving the social imposition of restrictions
267 of activity on people with impairments *and* the socially engendered undermining of
268 their psycho-emotional well-being. (2007, p. 73)

269 By reconciling structure *and* agency the social relational model “carves out a space of
270 understanding” in which disability is reconceptualised as a manifestation of social
271 relationships (Smith & Bundon, in press; Smith & Perrier, 2014a, p. 12). Drawing on the
272 social model, a central tenet of the social relational model is that disability is socially
273 constructed. However, the social relational model also positions disability within the
274 sociocultural and historical traditions that influence collective activity. Disability is given
275 meaning through the relational practices that shape how people experience the world. Here,
276 disability is a bodily reality for many people, but is not limited to impairment, as the medical
277 model illustrates, nor is it entirely social. Instead disability is lived, experienced, socially
278 constructed and culturally fashioned (Smith & Perrier, 2014a). Thomas (2007) created an
279 understanding of disability as “profoundly bio-social...shaped by the interaction of biological
280 and social factors, and are bound up with processes of socio-cultural naming” (Thomas, 1999,
281 p. 43). To illustrate, the biological effects of certain impairments, such as pain and fatigue,
282 can pose limits on the participation of disabled people in sport. Further, the relational

³ For a more applied sense of agency and structure in relation to coaching, see *The Sociology of Sports Coaching* (Jones, Potrac, Cushion & Ronglan, 2011). These authors- drawing on Giddens (1984) - position agency as the ability of the individual to “exercise some form of power” (p.142), and structure as the expression of cultural rules and values that influence human behaviour.

283 practices through which disabled people may face bullying from peers or coaches, become
284 the target of jokes and negative stereotypes, or face physical and verbal abuse directly
285 undermine a disabled person's psycho-emotional well-being (Smith & Papathomas, 2014).
286 Thus the impaired body, and the psycho-social disablism found in sport become a form of
287 social oppression (Reeve, 2004; Smith & Perrier, 2014a; Thomas, 1999, 2007, p. 73). The
288 strength of the social relational model for coaching lies in its acceptance that exclusion is
289 created and constructed in particular ideologies and values, ways of thinking, discourse,
290 power structures, and practices (Swain et al., 2003), thus providing a platform from which to
291 analyse the social relations within coaching that "construct, produce, institutionalise, enact
292 and perform disability" (Smith & Perrier, 2014a, p. 12) and directs attention to impairment,
293 experience and disablism.

294 Furthermore, using a social relational model allows coaching and coach learning in
295 disability sport to be explored as an unequal, dynamic process that moves beyond dominant
296 psychological approaches. As McMaster et al. (2012) usefully described, disability coaching
297 is embedded within cultural contexts involving the relationship between the coach, athlete
298 and the environment and the intersection of these factors is of "unique significance" (p.238)
299 in developing coach and athlete learning in disability sport. In this relationship, coaches and
300 athletes contribute to the coaching process, with the coach possessing sport specific and
301 coaching expertise, and the athlete possessing embodied knowledge on disability, and in this
302 sense both agents co-construct knowledge (Cregan et al., 2007). Indeed, a number of studies
303 point to socialisation as a primary mode of development for coaches (e.g. Cushion & Jones,
304 2012; Potrac & Jones, 2009; Potrac, Jones & Armour, 2002). Knowledge in disability
305 coaching is similarly derived from experience (both coaching and athletic) and peer-to-peer
306 coaching and mentoring (e.g. Burkett, 2013; Duarte & Culver, 2014; MacDonald, Beck,
307 Erickson & Côté, 2015; McMaster et al., 2012). As Piggott (2015) argued, one of the obvious

308 consequences of this mode of learning is the “uncritical reproduction” (p.4) of coaching
309 ideologies and practices that become unquestioned in knowledge construction and
310 formulation of practical truths (e.g. “coach the athlete, not the disability”). Hence in disability
311 sport coaching this accepted mode of learning creates a number of questions regarding
312 legitimate knowledge and power. Therefore, through the lens of the social relational model,
313 researchers can consider usefully the individual (coach and athlete), the environment (social
314 space) and their interaction as the focal point for inquiry into coach learning in disability
315 sport.

316 However, disability coaching research fails to explicitly harness the utility of the
317 social relational model in exploring coach learning in more contextual and analytical ways.
318 Research is currently limited to overly descriptive case-study examinations of coach learning
319 in disability sport (e.g. Cregan et al., 2007; Duarte & Culver, 2014; McMaster et al., 2012;
320 Taylor et al., 2014), the roles and philosophies of coaches in disability sport (e.g. Tawse et al.,
321 2012; Robbins, Houston & Dummer, 2010) and the value of reflection in learning for
322 disability sport coaches (e.g. Taylor et al., 2015). Whilst valuable in highlighting the complex
323 nature of practice, and the recognising the diverse, integrated sources of knowledge that
324 coaches draw upon in this context, these studies miss valuable and critical leverage to deepen
325 understandings of disability and improve coaching practice by failing to draw on models of
326 disability and connect with disability studies. Consequently, research continues to apply a
327 narrow “coach-centric” (Blackett, Evans & Piggott, 2015, p.3) view on the acquisition of
328 coaching knowledge. This view downplays the broader sociocultural context including
329 disability, while overplaying the autonomous agency of the learner as an individual at the
330 heart of a learning process (Blackett et al., 2015; Hassanin & Light, 2014; Townsend &
331 Cushion, 2015). This is perhaps understandable when recognising that the coach occupies a
332 position of centrality, power and influence within a sporting context (Cushion, 2011), but this

333 perspective overlooks the wider social, cultural and historical structures that predispose
334 coaches to certain ways of knowing and doing. Indeed, such a position runs contrary to an
335 understanding of how agency (e.g. coaches and their beliefs, experience and decisions) and
336 structure (e.g. cultural norms, social pressures and contextual constraints) function in the
337 intersection of people, culture and context, and constitute action, knowledge and practice.
338 This interplay is an important issue to address in terms of the construction of coaching
339 dispositions (Hassanin & Light, 2014; Townsend & Cushion, 2015). Instead, coaches are
340 represented as generic learners that function instrumentally in the field of disability, along a
341 continuum of practice (Cushion, 2011), located outside of context, with disability forced into
342 the background (e.g. Cregan et al., 2007; Duarte & Culver, 2014; Hanrahan, 2007; McMaster
343 et al., 2012; Tawse et al., 2012).

344 As Cushion and Partington (2014) argue, such an abstract view of coaching is
345 reflective of a psychological approach to learning that dominates current research in coaching.
346 The humanistic discourses that underpin such an approach align implicitly with the
347 individualised assumptions that underpin the medical model of disability. In turn, this
348 approach creates a number of assumptions about coaching disabled athletes that remain
349 unchallenged. These include: the assumption that disability problematises coaching practice;
350 coaching knowledge as well as skills and judgements about athletes are neutral, rather than
351 socially and culturally weighted, and coaching practice is unbiased, aligned and passive
352 (Cushion & Partington, 2014). Put simply our understanding of disability sports coaching
353 remains partial at best, yet dominated by the assumptions of medical model discourse. The
354 value of the social relational model is that it allows for a nuanced and layered understanding
355 of the assumptions that guide explorations into coach learning, to move beyond current
356 conceptualisations that, whilst useful, limit further explorations. Furthermore, it places
357 disabled people at the heart of coaching. It provides important insights into how disabled

358 people are socially oppressed within sport coaching contexts and the ways in which this can
359 be reversed to not just improve coaching, but the lives of disabled people. The social
360 relational model also encourages research *with* disabled people, rather than *on* them.

361 **Human Rights Model: A meta-model for coaching and coach education**

362 The human rights model was drawn from the United Nations Convention on the Rights of
363 Persons with Disabilities (CRPD). This international treaty was the first to address the rights
364 of disabled people, recognising both equality *and* diversity (Ollerton & Horsfall, 2013; Rioux
365 & Heath, 2014). Underpinned by a strong activist ideology, the human rights model builds on
366 the foundations of the social model of disability, and places people with disabilities as subject
367 to the disabling practices of society (Harpur, 2012).

368 The human rights model entails a move away from viewing people as passive objects
369 without rights, and towards an understanding of the various economic and social processes
370 that constitute disability (Quinn et al., 2002; Rioux, 2011). The significance of this shift
371 towards a human rights perspective is in promoting the importance of facilitating access to
372 basic freedoms for people with disabilities that are mostly taken-for-granted (Quinn et al.
373 2002). Under the banner of the human rights model, participation in disability sport is a
374 fundamental human right. Article 30 of the CRPD, which addressed ‘Participation in Cultural
375 Life, Recreation, Leisure and Sport’ clearly outlines how people with disabilities are entitled
376 to participate in sport on an equal basis with others (Hassan, McConkey & Dowling, 2014).
377 This highlighted the need to provide inclusive policies and practices that support the
378 involvement of people with disabilities in sport. Such measures include appropriate training
379 and education for coaches to create more inclusive and high-quality coaching environments.
380 Thus, the disability rights movement necessitated a shift in how disability is positioned within

381 cultural life and provides a compelling context for the exploration of disability sports
382 coaching.

383 Despite its potential to engage with people of all ages and abilities, sport can indeed
384 reaffirm and reproduce feelings of marginalisation (Hassan, McConkey & Dowling, 2014).
385 As Bundon and Hurd Clarke (2015) argued, in the case of disability sport, whilst it is possible
386 for athletes with disabilities to be included in mainstream sport, some athletes may still be
387 excluded by attitudes, practices and policies that privilege able-bodied athletes and reproduce
388 ableism within the structure of coaching (e.g. Conatser, Block & Gansneder, 2002; Conatser,
389 Block, & Lepore, 2000). Clearly, sport can and regularly does marginalise disabled bodies
390 (Bundon & Hurd Clarke, 2015; Hassan, Dowling, McConkey & Menke, 2012).

391 Thus, to research disability sport is to argue for political, social and cultural change.
392 For coaching researchers, the human rights model can be conceptualised as a meta-model for
393 framing research into disability sport. As King (2004) noted, meta-models are not theories
394 which provide specific questions to guide research and practice. Rather, meta-models seek to
395 guide thinking and understanding by conveying key ideas about a phenomenon and outlining
396 higher order principles to guide practice (King, 2004). There is a need for an overarching
397 meta-model of disability sport coaching that is transdisciplinary and serves to integrate
398 knowledge (King, 2004). We have proposed the medical, social and social relational in order
399 to explain the ontological basis of disability, but a meta-model provides a powerful rationale
400 for researching disability sport in order to uncover and address inequality in sport. Through
401 this meta-model, disablism is placed on a par with homophobia, sexism, racism and other
402 forms of discrimination.

403 Furthermore, the human rights model may help coaches, coach educators and
404 researchers to compare theories from a wider vantage point and can facilitate dialectic

405 between perspectives that can provide new and important transdisciplinary insights into
406 disability sports coaching. For instance, as a meta-model, in conjunction with the social or
407 social relational model, researchers can begin to explore the enabling and disabling
408 tendencies of coaching structures, and provide a framework to challenge dominant medical
409 discourse in coaching. Indeed, a recent report from Sports Coach UK (see Vinson et al., 2015)
410 called for more research to understand the various ways through which disabled people
411 engage with, and are excluded by the structure of coach education, alongside other
412 marginalised groups such as women and ethnic minorities. A meta-model allows for an
413 exploration of the underlying assumptions of coach education programmes that serve to
414 exclude certain oppressed groups.

415 However, in the extant literature, questions exploring disabled athletes' experiences of
416 coaching and coach education are not addressed. Thus, research misses an important human
417 rights issue in relation to barriers and opportunities for disabled people to engage in
418 formalised learning structures in coaching. Instead, conceptualisations of "inclusive" and
419 "mainstream" coach education remain dichotomous and unquestioned (Bush & Silk, 2012).
420 Understanding exclusion, oppression or emancipation in coaching through the human rights
421 model can be an important and powerful step in recommending policy change. However,
422 with this comes a critical dimension in that whilst social inclusion is desirable, it is poised on
423 the very contradiction of including individuals and groups in a set of established social
424 relationships that are responsible for excluding them in the first place (Labronte, 2004;
425 McConkey, 2014). Thus, for coaches, the human rights model looks beyond efforts at social
426 inclusion - in research and practice - to challenge the hierarchies that create exclusion
427 (Labronte, 2004).

428 **Discussion**

429 Holding current literature related to coaching and disability to the light of the models of
430 disability reveals that the medical model and its assumptions is the dominant mode of
431 framing and conceptualising disability coaching – the assumptions of which are frequently
432 implicit in the research and its findings. Arguably, the existing research has offered little in
433 the way of critical insight into disability or coaching with little to say about the complex
434 production of coaching discourse regarding disability. In mirroring some of the wider
435 coaching literature that ignores issues of power, ideology and intersectionality (Crenshaw,
436 1989; Cushion & Partington, 2014) that contribute to the simultaneity of oppression,
437 domination and discrimination of certain groups, disability sport coaching remains
438 underdeveloped. Disability is simply taken-for-granted. The potential of disability studies to
439 gain theoretical traction in the field of coaching is considerable, yet to date a critical
440 understanding of disability sports coaching remains “beyond our intellectual grasp” (Moola
441 & Norman, 2012, p.285). As Smith and Perrier (2014a) insisted, as researchers and
442 practitioners, it is our moral responsibility to “grapple with difficult yet important ideas” (p.
443 95) expressed in other fields. Consequently, if researchers and practitioners are to make
444 informed, reflexive and responsible choices regarding when and why they might choose to
445 engage with disability, then a sound theoretical understanding must be established. This is
446 especially so if we want to play a part in working with disabled people so that oppression is
447 challenged and their experiences within coaching are enhanced.

448 The growing literature in disability coaching, though valuable in illustrating the
449 complexities of practice in disability sport, is currently reflective of a wider dominant
450 psychological and bio-scientific paradigm that implicitly aligns with the assumptions of the
451 medical model of disability. Such positions need to be recognised, problematised and
452 unpacked further, because assumptions that underpin research about coaching disabled
453 athletes have important consequences for coaching practice and coach education. The

454 reproductive nature of coaching shows that unless new, critical perspectives are offered as a
455 basis for unpacking coaches' beliefs and values, coaching practice in the field of disability
456 will remain unchanged. Coaching is a complex, contextual, dynamic, relational and
457 pedagogical activity and to understand the practices of coaches we need to make explicit, and
458 challenge the deeply held and traditional definitions of what it means to be a coach in
459 disability sport (Bush et al., 2013). The models of disability can help to ground coaching
460 knowledge in the historical, social and discursive construction of disability (Hamraie, 2015),
461 and provide an ontological framework that can be operationalised to frame diverse research
462 questions. Furthermore, the models of disability can help researchers to frame coaching as
463 ideological and historical practice, unearthing its constructed nature through an understanding
464 of the epistemological workings of ideology and power in nuanced ways (Hamraie, 2015).
465 The models of disability are a lens through which these constructs can be explored, thereby
466 helping to advance the field of disability sport coaching.

467 Importantly, we do not wish to privilege one model over another. Moreover we wish
468 for coaching scholars to understand the historical conditions in which disability has been
469 understood, categorised and constituted in order to make explicit the assumptions that
470 underpin current research and practice. In connecting with disability studies, coaches and
471 researchers can demonstrate an informed and rational approach to research and practice that
472 moves beyond an understanding of disability as a variable in research, or another context to
473 be explored (e.g. Cregan et al., 2007; Duarte & Culver, 2014; MacDonald et al., 2015;
474 McMaster et al., 2012; Tawse et al., 2012; Taylor et al., 2014; Taylor et al., 2015). Though
475 not a panacea, and open to claims of reductionism, essentialism or determinism (Bhaskar &
476 Danermark, 2006) the models of disability are spaces in which coach learning, knowledge
477 and practice can be interrogated so that enabling sport coaching environments are created and
478 maintained. The models described above have conceptual utility for various audiences in the

479 coaching field, with respect to broadening perspectives, providing new vantage points, and
480 exploring practice. The models also have important practical implications for the design and
481 delivery of coach education and development. This first step is critical to reveal, and to
482 challenge the complex, power-ridden, sociocultural and historically constructed field of
483 disability sports coaching. The next step is to consider other, critical ways of researching
484 disability in sport that can build on current research to further inform and transform coaching
485 practice.

486 **Conclusion**

487 Coaching and disability studies have traditionally occupied very different theoretical spaces.
488 This is an important disciplinary divide to bridge, because how we explain and understand
489 disability, as a way of developing practice, matters for coaches (Smith & Bundon, in press).
490 The arguments here evidence the need for researchers, coach educators and coaches to
491 examine critically their assumptions about coaching disabled athletes and the consequences
492 for coach learning, education and practice. Engaging with disability studies may help
493 researchers offer interpretations as to “why particular ways of knowing have become
494 privileged over others” (Andrews, 2008, p.48) within particular social and historical contexts.
495 For coaches, the way they position themselves and disability has implications for practice, as
496 the assumptions they hold are implicitly, and explicitly manifested in their philosophy,
497 behaviour, discourse, constructed coaching outcomes, practice-types, beliefs about talent and
498 skill development, and judgements about disabled athletes (e.g. Cregan et al., 2007). For
499 researchers, the assumptions they hold about disability influence the questions, methods and
500 analyses they use to describe disability sports coaching.

501 Using a critical disability studies lens, we have argued that to set these assumptions
502 aside and treat disabled people as a homogenous group is to risk perpetuating “an apolitical,

503 individualistic, neo-liberal, disembodied, and simplistic” position in coaching disability sport
504 (Smith & Perrier, 2014a, p.16). By understanding how and why individuals and groups
505 became and continue to become excluded and oppressed, coaches are able to reflect on their
506 practices to uncover and deconstruct some of their deeply held assumptions about coaching
507 disabled athletes. The lens of disability allows the socially constructed nature of coaching to
508 be problematised providing alternative constructions, actions and solutions in context, to
509 challenge dominant norms according to the needs of the athlete. Furthermore, the models of
510 disability can be used to build upon the current research in coaching in powerful ways, to
511 generate policies and practices to eradicate the exclusionary barriers (both individual, cultural
512 and political) that may limit disability sport coaching (Barnes, 2012).

513 We have endeavoured to highlight the potential for coaching to connect with models
514 of disability to shed new, critical light on how disability is constructed within coaching
515 research. Whilst we cannot assume that any model of disability can explain disability in its
516 entirety (Oliver, 1996), they provide a framework for understanding and grasping the
517 complexity of coaching disabled athletes. The models of disability provide a critical vista
518 whereby dominant, taken-for-granted or dogmatic beliefs regarding disability and coaching
519 can be critiqued as a basis for research and development (Smith & Perrier, 2014a). Thus,
520 engaging with disability studies may help to turn a critical gaze on disability coaching
521 practice.

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