Disability sports coaching: towards a critical understanding

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

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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.

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Introduction

We know very little about coaches who work in disability sport[1]. This is despite the

acceptance that coaching is a social process comprising complex interactions between coach,

athlete and context (e.g. Cushion, Armour & Jones, 2003; Cushion & Jones, 2006, 2012;

Jones, Edwards & Viotto Filho, 2014; Potrac & Jones, 2009, inter alia). However, the

emerging research exploring disability coaching (e.g. Cregan, Bloom & Reid, 2007; Duarte &

Culver, 2014; McMaster, Culver & Werthner, 2012; Tawse, Bloom, Sabiston, & Reid, 2012;

Taylor, Werthner & Culver, 2014; Taylor, Werthner, Culver & Callary, 2015, inter alia) has,

not yet explicitly engaged with the field of disability studies. This neglect limits the

discursive space through which to explore coach learning and practice in disability sport and

clearly misses an opportunity to advance the sports coaching field.

This paper goes some to way to bridge the gap between coaching and disability

studies. Central to disability studies are models of disability. To demonstrate the nature,

scope and limitations of existing knowledge, the paper uses the lens of disability studies to

address, critique and problematise some of the current understandings of coach learning and

practice in disability sport coaching. In so doing, we attempt to carve a critical space where

researchers and practitioners can make explicit the assumptions that situate the problems,

methods and questions that guide research and practice. Our contention is that disability

studies provide an ontological and epistemological platform for exploring and understanding

coach learning and development in disability sport, and to reconceptualise coach education

and coaching practice in more critical terms. In this sense, 'critical' means a self-conscious

process of exposing the underlying assumptions that influence particular ways of *thinking*

about disability – rather than say particular methods – to highlight the limited engagement

with disability studies and offer opportunities to develop and enhance coaching by presenting

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[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 model[2] 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

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[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 & Papathomas,

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 agency[3]

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

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[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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