A social relational analysis of an impairment-specific mode of disability coach education

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Abstract

The purpose of this research was to analyse a mode of coach education provided by a major disability charity. The course was designed for sports coaches and physical activity professionals and focused on coaching people with autism spectrum disorders (ASD). The subsequent analysis drew on data obtained over two years, including participation observation, qualitative survey data and follow-up case study interviews. The research process was scaffolded by a level-model approach (cf. Coldwell & Simkins, 2011). Data were analysed in an iterative fashion to generate themes representative of the process of coach learning in relation to discourses about disability. Subsequently generating an understanding of the impact of disability coach education on coaches' knowledge. To provide a level of abstraction and critical explanation we drew on the work of Thomas (1999, 2007) and engaged with a social relational model of disability to analyse the formation and expression of coaching knowledge in relation to ASD. The analysis highlighted how coach education was an environment for the transmission of ideology about disability, that drew on medical model discourses and constrained coach learning, contributing to a 'false' ideology of inclusion.

Keywords: coach learning; coach education; coach development; disability; impairment.

Introduction

Coach learning is fundamental to the development of high quality coaching (Stodter & Cushion, 2017; Nash, Sproule & Horton, 2016), and the structures that comprise effective education and developmental pathways for coaches have increasingly become scrutinised in coaching research (e.g. Lemyre, Trudel & Durand-Bush, 2007; Leduc, Culver & Werthner, 2012). As a well-defined and specific context, disability sport provides a lens to challenge and extend our understanding of coach learning. Thirty years ago, DePauw (1986) argued that a research priority within disability sport was to understand the learning and development of coaches. Disappointingly formal coach education in disability sport remains under-researched despite worthwhile attempts to explain coach learning (e.g. McMaster, Culver & Werthner*,* 2012: Fairhurst, Bloom & Harvey, 2017; Taylor, Werthner & Culver, 2014), categorise sources of knowledge (e.g. Cregan, Bloom & Reid, 2007; MacDonald, Beck, Erickson & Côté, 2015) and understand the use of discrete learning practices (e.g. Taylor, Werthner, Culver & Callary, 2015).

Whilst coach education is a crucial feature of coach development, coaches are generally not trained in the specific circumstances of many disability contexts (Bush & Silk, 2012; Tawse, Sabiston, Bloom & Reid, 2012). More often than not disability coach education provision tends to occupy a separate and distinct 'space' from 'mainstream' coach education (Bush & Silk, 2012) reflecting the "highly fragmented" nature of disability sport (Thomas & Guett, 2014, p. 390). This means that the ongoing professionalization of the disability coaching pathway is left without the necessary coach education structures and coaches face a lack of structured, disability specific coach education opportunities (McMaster *et al.,* 2012; Taylor *et al*., 2014). This results in disability coaching knowledge and practices being derived from informal and non-formal sources (Lemyre *et al.,* 2007). A concerning situation, as coaches are left to self-medicate by taking knowledge generated outside of disability contexts

and grounding their understanding in material and experiential conditions in disability sport through a self-referential process of 'trial and error' (Taylor *et al.,* 2014). Taken together, the literature demonstrates a trend of continuity rather than change with regard to the process of coach learning, inclusive of coach education, development and knowledge (cf. Brown, 2005). This can be problematic, as a lack of professional training and knowledge can act as a barrier to inclusion, hence reproducing the very structures that can limit disabled people (Oliver, 1996). For example, people with autism spectrum disorders (ASD) are one of the most inactive populations (Rosso, 2016), and a significant barrier to inclusion is that coaches lack access to specialised support and knowledge (Rosso, 2016; McMaster *et al.,* 2012). Therefore, research on disability coach education is timely, as, Ohrberg (2013) argued, high-quality training and education for coaches is "the essential component" (p. 54) in creating an 'inclusive' coaching workforce.

Understanding coach development and learning in disability coaching remains an ongoing concern (DePauw, 1986). Yet the degree to which learning and knowledge are considered in critical detail is often overly reliant on the coach as a unit of analysis (e.g. Taylor *et al.,* 2015) and the broader social structures and educational pathways that contribute to coaches' knowledge production are overlooked. Furthermore, delineating 'learning' according to categories of formality (e.g. McMaster *et al.,* 2012) or identifying coaches' learning 'sources' (e.g. McDonald *et al.,* 2015) reveals little about how and why these particular situations are utilised, and neglects not only the micro practices within coach development but the broader macro structures that shape coaching knowledge. Hence, a consideration of the socially constructed nature of 'disability' (Thomas, 1999, 2004a), its ideological expression within educational structures, and the variations within coaching contexts that direct the process of learning are missed.

89 The approach to understanding coach learning in a more detailed way is reflected in
90 the choices of methodology utilised to examine learning. Coach education in disability sport
91 has not been subject to sustained and in-depth scrutiny or how it potentially can contribute (or
92 not) to coach learning. The existing work tends to rest on 'snapshot' methodologies,
93 characterised by 'drive-by' interviews (Smith & Sparkes, 2016) that capture only a partial
94 aspect of the coaches' learning process and assume a realist position on understanding 'truth'
95 and knowledge (e.g. McMaster *et al.,* 2012; Taylor *et al.,* 2015). Consequently, the evidence
96 base on which to develop disability-specific education structures is weak at best. In turn,
97 connecting with disability discourses highlights the direct impact that cultural messages and
98 meanings about disability have on the learning processes of coaches. As Stodter and Cushion
99 (2017) argue, in addressing coach learning, attention should be widened to examine cultural,
100 social and individual structures in coaching.

101 **Theoretical Framework**

102 As Townsend, Smith and Cushion (2016) discussed, much of the work in disability coaching
103 deliberately distances itself from conversations about impairment (e.g. McMaster *et al.,* 2012;
104 Tawse *et al.,* 2012). This silencing of disability is substantiated by an assumption that to
105 coach in disability sport is simply the application of able-bodied and mainstream coaching
106 principles against an environment with more 'constraints' than usual and coaches are
107 encouraged to coach the 'athlete', not the 'disability'. There are serious limitations to this
108 approach. The impairment(s) that an athlete presents has a *direct* and important influence on
109 coaches, as recent research has shown how the combination of impairment effects and social
110 and systemic factors shape the knowledge of coaches (Wareham *et al.,* 2017). In addition,
111 such a normalising view fails to acknowledge the possibility of coaching knowledge being

112 socially constructed as it assumes a transfer of generic coaching principles across contexts,
113 which can reproduce disablism[1] (Thomas, 2007) within disability sport.

114 In response to calls to widen the disciplinary boundaries of coaching (e.g. Townsend
115 *et al.,* 2016), researchers can connect with critical disability studies and employ the social
116 relational model (cf. Thomas, 1999) as an explanatory and analytical device. This model
117 centralises impairment and distinguishes between personal experiences of restrictions due to
118 the effects of impairment in a social setting, on the one hand, but also the *imposed social*
119 *restrictions* in social settings, on the other hand (Reindal, 2008). This model focuses on the
120 social relationships that constitute 'disability' (Thomas, 1999) and the various social
121 mechanisms by which people with impairments can be oppressed, 'othered', disabled and
122 indeed enabled within sporting contexts. The focus of the social relational model therefore is
123 on the social construction of disability in different contexts and relationships, and its use
124 helps to analyse the production of knowledge about disability within micro-contexts. Using a
125 social relational model in coaching is likewise useful as it highlights the dominant discourses
126 and practices about disability – subsequently producing knowledge - in coaching. The model
127 enables researchers to analyse the understandings of disability at individual, social and
128 cultural levels (Thomas, 2004a) of coach education. Therefore, the importance of the social
129 relational model for researching coach education lies in its potential to expand how disability
130 is positioned, understood and translated in the formation and expression of coaching
131 knowledge (Townsend *et al.,* 2016). This is a significant theoretical step, as there is a
132 growing consensus that understanding coach learning cannot be achieved by pursuing
133 singular lines of thought.

134 **Aims and Purpose**

[1]Disablism refers to the social beliefs and practices that oppress, exclude and disadvantage people with impairments (Thomas, 2007).

The aim of the paper was to provide an in-depth analysis of disability coach education, specifically focusing on an impairment-specific CPD programme. The purpose was to provide evidence of the impact of impairment-specific coach education on coach learning, thereby addressing an area of the coach development pathway in disability sport that has been left unexplored. The significance lies in expanding the scope and evidence for coach learning and education in disability sport to contribute to an emerging discourse of coach learning that is grounded in critical disability studies. In so doing, we aimed to understand the ways in which 'disability' was positioned within coach education, and its effects in the translation, formation and expression of coaches' knowledge.

Methodology

Context

This study investigated a mode of coach education that focused on autism spectrum disorders (ASD). Autism is a lifelong, complex neurodevelopmental disorder that affects the way that people perceive and understand the world around them. ASD are characterised by what is commonly known as a triad of impairments (Rosso, 2016) in social communication and social interaction across multiple contexts (American Psychiatric Association [APA], 2013), 'deficits' in social-emotional reciprocity, nonverbal communicative behaviours and difficulties in understanding, developing and maintaining relationships (APA, 2013).

Developed by a leading charity for people with ASD, the course aimed to improve the sporting experiences of people with ASD by delivering a series of workshops to coaches, sport and physical activity professionals. In so doing, the initiative aimed to increase the confidence and skills of participants in the hope that creating inclusive sporting environments would improve the levels of participation of people with ASD, and subsequently their self-esteem and well-being. While identified as coach education, the course attracted participants

159 from a variety of roles, sports and contexts, for example sports coaches, physical education
160 teachers (both mainstream and special educational needs), teaching and learning assistants,
161 coach education tutors, and physical activity instructors. The course was a 'one-off' training
162 episode[2], that was taught using group discussion, didactic methods, and practical exercises.
163 Due to its precise focus on ASD, the course can be further conceptualised as an 'impairment-
164 specific' mode of coach education CPD.

165 *Procedure*

166 This research was underpinned by social constructionism. Ontologically, social
167 constructionism adopts a relativist position, in which the focus was on *constructed* rather than
168 *found* worlds (Lather, 2004). Epistemologically, social constructionism positions knowledge
169 as the product of social practices, or of the interactions and negotiations between social
170 groups (Lather, 2004) within a particular culture.

171 The research design and data collection was scaffolded by a level model approach to
172 evaluating CPD (cf. Coldwell & Simkins, 2011). The strength of a level model approach, and
173 why it was adopted, is that it takes into consideration both individual dispositions towards
174 learning, and the wider socio-cultural context (various antecedent and moderating factors)
175 that impacts on the process of professional learning. The model, according to Coldwell &
176 Simkins (2011) is underpinned by ontological relativism, within which "knowledge of the
177 social world can only be constructed from the perspectives of individuals within it" (which
178 may legitimately differ) (Coldwell & Simkins, 2011, p. 152) which sits within the social
179 constructionist tradition. Thus, the connection of a social constructionist epistemology to the
180 level model allowed for analysis of the mechanisms through which learning occurred within

[2] The structure of the course varied, with the organisation offering a one-day format, an extended two-day format, half-day formats, or three-hour 'awareness building' sessions. Participants were not required to undergo any formal assessments upon completion of the course.

social structures and specific contexts (Coldwell & Simkins, 2011), by focusing enquiry on interactions, processes, and social practices within coach education. Such a combined approach viewed learner, context and learning as inter-related, and the experience of coach education CPD as constructed (Coldwell & Simkins, 2011). As a result, a multi-method approach was required. The specific methods are outlined below in relation to the corresponding variables.

- *Interventions*: the programme design and associated activities.

The lead author followed the extended delivery of the course over two years as a participant observer on ten interventions (including two-day, one-day and half-day [3hr] introductory formats) resulting in extensive field notes and over thirty-two hours of audio data. The *in-situ* observation of courses highlighted the contextual role of the local settings and the recursive flows of events in order to build a contextualised 'big picture' of this mode of coach education.

- *Antecedents*: the factors associated with individual participants' engagement with the programme, and that precede their reactions to the course.

Qualitative survey 'reflectionnaires[3]' (n=278) were built into the course pre- and post-delivery. The use of this method allowed for the generation of insights from a large number of participants within a specific case. The pre-course survey functioned as a means of understanding the participants' motivations for and expectations of attending the course.

- *Moderating factors*: variables or conditions from the wider coaching context.

[3]The qualitative reflections were drawn from the level-model evaluation in order to help coaches reflect on their time on the course and stimulate critical thinking about the knowledge and skills they developed. These data are represented as "coach reflections".

Ten coaches were sampled to participate in follow-up interviews to enable detailed exploration and understanding of the moderating factors associated with the impact of the course within a particular context (cf. Richie, Lewis & Elam, 2003; Leduc *et al*., 2012). The purpose was to identify coaches who worked in a sustained capacity with people with ASD to understand what may enable or constrain the use of knowledge gained on the course. In addition, two interviews were conducted with the course tutor, one at the start of the research process and again during the final phase of the research. The semi-structured nature of the interviews allowed for a flexible approach to data collection whereby I was able to explore the experiences of the participants and engage in a dialogical process towards the co-construction of knowledge (Sparkes & Smith, 2014).

- *Intermediate outcomes*: perceived changes in participant learning and behaviour.

The post-course qualitative survey (n= 278) functioned as a means of gathering participants' perceptions of changes in their knowledge. In the survey, participants were asked how their understanding of ASD had developed as a result of attendance, and relatedly how their understanding of coaching had changed.

- *Final outcomes*: the wider intended effects of the course on participants.

The combination of these methods within a longitudinal research design allowed not only for a descriptive understanding of the process of course, but also for a detailed understanding of the impact of the course on participants. This multi-method approach enabled a greater depth and breadth of data to be obtained than one method alone could provide.

****Insert Fig. 1 here****

Analysis

Data analysis followed an iterative process of continuous meaning-making and progressive focusing (Srivastava & Hopwood, 2009). The raw data from observational, interview and fieldwork data were analysed to generate themes that represented the structure, process and delivery of the programme and the participants' perceptions of the impact on their knowledge. For example, first-order themes such as 'Participant Expectations and Motivations', 'Participant Reactions', 'Participant Learning' and 'Aims, Content and Structure' reflected the most basic level of description (Coldwell & Simkins, 2011). Next the data were reduced according to themes relating to participants' perceived changes in knowledge and the course pedagogy. These higher order themes were organised against the social-relational model in a deductive manner to understand the position of 'disability' within the course. This abstraction resulted in the generation of themes relating to the expression and translation of disability and are discussed in 'Centralising Impairment Knowledge', 'Coaching Knowledge and Autism Awareness', 'Discourse of Problematics' and 'Ideology of Inclusion'.

Results and Discussion

In this section, we draw on the social relational model of disability to explain the findings from a study of disability coach education. First, we discuss the lack of training in the disability sport context, and how coaches' lack of knowledge functioned as a social barrier to inclusion. Second, we highlight a subversive and entrenched medical model of disability and discuss the contribution of medical model discourses to coach learning. Finally, we discuss the pedagogy adopted within the course and how it worked to reproduce these disability discourses.

Centralising Impairment Knowledge

The literature suggests that understanding an athlete's impairment is central to coaching success in disability sport (Wareham *et al.,* 2017; Tawse *et al.,* 2012). Indeed, while coaches

play a significant role in planning, delivering and shaping high quality sporting experiences for people with ASD (Rosso, 2016), a common barrier to disabled peoples' participation in sport and physical activity is a lack of knowledgeable, qualified and 'inclusive' coaches (Wareham *et al.,* 2017; Martin & Whalen, 2014). A common barrier that coaches identified prior to attending the course was the lack of attention given specifically to ASD within their previous coaching education. The tutor explained the need for impairment-specific courses as the position of disability within the coaching field was marginalised, creating a 'gap' to be filled:

> We started to realise that there's a lot of coach education out there, there's a lot of impairment-specific coach education out there, but little or no coverage of autism. So it was something that we kind of saw an opening in the market in terms of this can help the people that we support. (Tutor - interview).

The marginal position of disability within the coaching field represents what Thomas (2004b) described as the political economy of disability. That is, the examination of the position that disability occupied in the social relations of production and consumption (coaching and coach education) revealed how the coaching workforce was largely untrained in the features of working with people with ASD. The lack of disability specific coach education is a longstanding difficulty (Wareham *et al.,* 2017) and marginalising disability within coach education had important implications for coaches, as a number of participants discussed how they operated without any formal ongoing support (McMaster *et al.,* 2012) and had to learn primarily by negotiating 'on the job' constraints:

> A lot of it has been learning on the job…just do it yeah you just do it…a lot of it is the same judging your players getting to know the people quickly and getting an idea of what people can do. You've just gotta adapt things haven't you. (Coach - interview).

> Too many coaches are thrown in at the deep end and asked to survive the next experience unscathed. (Coach - reflection).

These data illustrate how coaches were left to work with no formal support or education. The situation for the coaches was that they were 'dropped in at the deep end' of disability sport.

This means that experience in the field was most commonly responsible for the development of knowledge, as the following data illustrates:

> I didn't know what to expect - my first day, and I'd been teaching for probably nearly ten years at that point. I set up a really simple course for them to do - which I thought was really simple - and there was twelve of them. They came and sat down with helpers and stuff, introduced myself and told them what we were gonna do. I literally took thirty seconds, turned to say look this is what I've set up, turned back and they'd all run off and I was like what on earth am I going to do? It lasted a good six months going into a lesson being really nervous about what's gonna happen. Even now I've been doing it probably three years it's still quite challenging, you just don't know what you're gonna get. (Coach - field notes).

As these data suggest, the lack of informed training and educational resources or support for coaches in the disability sport context acted as a powerful from of structural disablism (cf. Thomas, 2004a; Goodley, 2011) for people with ASD:

> We were seeing that people with autism want to participate in sport and there's reasons why that's quite difficult for them to do so, so it was something that as an autism charity that's our speciality that we could try and help out with. There was a lack of knowledge with coaches. (Tutor – interview).

The lack of previous training and education meant that coaches and physical activity practitioners arrived at the course with knowledge formulated through unstructured experiences in the field that functioned to shape their responses to the course. In terms of coach learning, the following data highlight how the field acted as a cultural resource that shaped certain orientations and dispositions acquired through social practice towards disability. Specifically related to autism, participants drew on negative cultural discourses about people with ASD that influenced their confidence to coach in disability sport:

> I was daunted when I first took it on (started coaching autistic players) and thought, "How exactly do I do it?" It was just literally the unknown because I didn't know quite what to expect. I felt that I was lacking in the expertise. (Coach - interview).

> Tell you what; the first sessions are always like the nervous ones aren't they? You just don't know, you go in, you don't know what you're doing. (Coach - interview).

Autism is commonly constructed as a "devastating neurodevelopmental disorder" (Goodley & Runswick-Cole, 2012, p. 58) and understandings of autism are often housed in medical

terms. These socially constituted meanings about autism were embedded in practice (Thomas, 2004b), and when combined with a lack of professional development and support, manifest in a 'fear of the unknown' for coaches. Analysis of these data highlights the particular influence of negative cultural discourses about disability, specifically how coaches expressed feelings of nervousness, apprehension and a lack of knowledge about 'how' to work with people with ASD which can be conceptualised as a form of psycho-emotional oppression (Thomas, 2004a). For example:

> Around autism there's this massive grey area that no-one really understands. I don't think you can always be 100% prepared for everything that you're going to face. (Coach - interview).

> I remember feeling like a little bit scared when I [first started]. I wasn't sure and that was quite profound…there's so much going on. Sometimes you feel you're making it up on the spot and half the time you are. I dunno, still feel under pressure sometimes. (Coach - interview).

These examples are suggestive of the contemporary structure of the disability sport field, the position of disability within coach education, and the effect of unstructured engagement in coaching practice that together function as a social barrier to inhibit coaching. These data highlight how coaches sought extra training and support due to negative experiences of coaching people with ASD:

> Basically, I've got a lad on my team who has autism and I didn't have an understanding of it at all. He's a cracking footballer but basically it was my coaching that was - the meltdowns were down to me. This is just to keep me learning, I'm never gonna be an expert but it's a massive learning curve. Hopefully this can add to it. (Coach - field notes).

> My understanding of autism, I would say there's still some unhealthy gaps in my knowledge and understanding of autism. When the symptoms and behaviours are at their most extreme I think they are massively challenging, there's a little bit of a fear…how do I manage in that environment with an individual that has the potential to act in what I would perceive as a completely irrational way? (Coach- interview).

The function of the course, therefore, was to develop coaches' knowledge and confidence in order to dispel disabling messages about disability (cf. Thomas, 2004a) that contribute to inequality:

> One key message, the main key message is that there's nothing to fear when you're when you're working with different groups. To make your sport inclusive is to make it inclusive for everyone, not just for people with autism. I think a massive barrier is coaches' own perception, because I mean when I started coaching I was thrown into a disability club, and I hadn't been given any background to the players, so that's where I can see some coaches might go in and have that fear that something is gonna go wrong because I don't know enough. Another thing might be that they don't know enough about the condition. (Tutor – interview).

Coaching Knowledge and Autism 'Awareness'

Across all formats of the course, ASD was discussed in detail - covering the history, aetiology and pathology of the disorder, motor control effects associated with ASD, 'myths and facts' of ASD, and common personal and social effects of ASD that can be restrictive in sporting contexts. The delivery of each course involved tutor-led theoretical work, practical coaching, group work, information sharing and 'reflective' workbook tasks, with the time allocated for the course dictating the depth and breadth of information delivered. The purpose of the course was to attempt to reframe participants' understandings of autism away from negative assumptions about ASD:

> *The tutor has set a task whereby participants were given the word "autism" and asked to discuss their understandings of it. Groups were given five minutes to discuss before feeding back to the tutor who collated themes on a whiteboard at the front of the classroom. One coach outlines their group discussion:*
>
> Participant: We didn't necessarily discuss what autism was we discussed how scary and challenging it can be if you're not prepared. I didn't know what to expect.
>
> Tutor: I'm glad you said that. One of the main reasons for us developing this and - autism and sport is something I'm passionate about personally anyway but one of the things that we find is that there's a massive fear factor. Through no fault of their own it's just that they don't have an understanding or an awareness of how it presents. You can still coach, if you're a coach you're a coach.
>
> (Field notes).

Coach education that is underpinned by social model discourses are rare (Bush & Silk, 2012). Such discourses focus attention away from the effects of impairment and enable reflection on individual attitudes, practices and the social context (Townsend *et al.,* 2016). The tutor

explained how she tried to focus coaches' discussions toward helping coaches to identify and remove the barriers in sport that people with ASD may face (Townsend *et al*., 2016):

> I'd like to think that coaches start looking at themselves rather than looking at it (coaching) from a medical point of view, and I do think although there is a lot of medical content in there (the course) because we go into what autism is - but I'd like to think coaches are gonna come out of it more from the social side of it thinking right maybe we need to change our practice or maybe we need to change the way that we deliver our sessions. (Tutor - interview).

However, such discussions were not straightforward, with participants exhibiting strong medical model assumptions that positioned autism as the main barrier to participation in sport (cf. Thomas, 1999). An example below typifies the tutor – participant interactions during discussions about ASD on course:

> Tutor: To gain an increased understanding we're gonna look at some key areas of differences, or common differences experienced by people along the spectrum and we're gonna look at how they impact on participation. The next thing I'm going to do I'm just gonna give you the word 'autism' – what comes to mind when you hear the word 'autism'?
>
> Potential differences in communication.
>
> Sensory processing is quite a big one for some of them.
>
> Tutor: Yep, we'll take that into the practical as well.
>
> Coping with change is a big one.
>
> Just inflexibility of thought.
>
> Tutor: so, struggling with potentially understanding teammates or understanding reasons that something is happening, we'll look at that in a lot more detail in terms of some strategies and what potential difficulties our participants are having.
>
> They don't like change and everything has got to be structured, and if it's not and things are changed then, if you change a session then the mood will change within the group, so you set out what you're gonna do – the structure is this, if you change that structure it throws them completely.
>
> Another word I'd throw in is irrational. Sometimes their reaction to that change to some kind of stimulus that you put into the session can be completely irrational to your mind.
>
> Tutor: when we throw the word 'autism' out, we tend to get a lot of negatives, about difficult behaviour, challenging behaviour.
>
> (Field notes).

These data illustrate the complexity of deconstructing participants' understandings of disability within sporting environments. Participants expressed understandings that aligned with an entrenched medical model of disability conflating the personal and developmental impairments associated with ASD (Ohrberg, 2013) as the main cause of disability in sport. However, as we have shown, an important social barrier to inclusion is a lack of knowledgeable, qualified and 'inclusive' coaches (Wareham *et al.,* 2017; Martin & Whalen, 2014). Thus, the course attempted to help participants gain an increased 'awareness' of the features of ASD, which was an important motivating factor for attendance:

> I'd never studied the autistic spectrum. From experience whilst I had a good overall picture, it (the course) was just colouring it in if you like, it was just making it that bit clearer to me and helping me to understand more about the condition and about individuals that I worked with. (Coach - reflection).

> I wanted to know more about the condition, I think a good coach should know about the disability and it was something I didn't know a lot about. (Coach - reflection).

Awareness-raising practices are important in addressing social barriers that are imposed on top of the restrictions caused by impairment effects (Thomas, 2007). By developing a greater awareness of ASD the coaches were encouraged to consider the actual needs of the individual whilst considering inclusivity and the removal of social barriers that may prevent an individual from otherwise participating within sport (Reindal, 2008). For the coaches, the value of developing a greater understanding of ASD was that they gained a greater awareness of appropriate behavioural responses to disabled people in the coaching context. To this end, the course presented common tendencies, case studies and 'myths and facts' about ASD as an awareness-raising practice. Such practices were important as coaches were encouraged to consider the actual needs of the individual whilst considering inclusivity and the removal of social barriers (Reindal, 2008).

> *The tutor is addressing the participants, and is about to discuss content related to the characteristics of autism by introducing four hypothetical scenarios in which characters with autism display different tendencies and coaches are asked how they*

> *would potentially include them in their individual sessions. This is considered an important reflective function.*
>
> Tutor: There's a massive awareness of autism now, but there's no point having that awareness if it doesn't turn into understanding, we'll continue to talk about that throughout the session.
>
> (Field notes).

As a result of such awareness initiatives, participants expressed a greater awareness of the characteristics of autism, and how it may present in sporting contexts:

> I was never too aware of signs of autism. Now I have a better understanding. There are different ways to deal with autism depending on the person and this will help them to learn easier. Knowing what to look for helps massively (Coach - reflection).
>
> They reinforced a lot of what I was doing was good, but things like I didn't realise until I went on the course that things like the rocking were a comfort trigger and that various triggers can set people off. Things like having a pair of ear protectors on hand for those that don't like loud noises. I would say the key things that I've learned are structure because autistic players like structure. (Coach - reflection)

Whilst the analysis of data highlights how the course attempted to facilitate a critical dialogue, it also suggests that 'awareness' was built on largely medicalised understandings relating to the social and behavioural impairments associated with ASD (e.g., low motivation, poor motor functioning, difficulties in self-monitoring, socialising, planning and generalisation (Rosso, 2016). Therefore, despite the well-intentioned effects of social model discourses, coaches began to construct understandings of ASD that were largely based on their dominant but implicit medical model discourses. While at a rhetorical level, the course seemingly reflected a social model perspective on disability, there was a powerful and entrenched medical model that had 'real' effects in the translation, expression and formation of coaching knowledge. Because medical model discourses locate impairment as the cause of disability, the person with impairment is positioned as a 'problem' to overcome in coaching.

Where mainstream coach education fails to expose and deconstruct the dilemmas that practitioners in disability sport face, coaches without any specific training can understandably feel compromised, unprepared and inadequate to engage in coaching in disability contexts (cf.

Robinson, 2017). The effects of the entrenched medical model meant that coaches lacked the skills, knowledge and confidence () to work with people with ASD:

> Participant: I think people are afraid of things they don't know, and I think when coaches do come to this I don't think they'll be any better at coaching but they will have the confidence – they will feel better about having a go. You become good at something by doing it often and over a period of time.
>
> Tutor: I think there's a bit too much focus on the perceived barriers because a lot of the barriers we spoke about are not massive things to overcome and in some cases the barriers might be for the coaches rather than for the participants. One barrier to participation is that coaches aren't willing to give it a go which is the one thing that training sessions like this is hoping to improve.
>
> (Field notes).

The course, therefore attempted to develop coaches' confidence by identifying characteristics of disability and promoting 'best practices' for intervention (cf. Rice, 2006). As a result, the practice of coaching was wrapped up in a technicist discourse whereby coaches were asked to develop and implement coaching 'strategies' that were aimed at making sessions more 'inclusive' for people with ASD. On each course coaches were exposed to a number of different types of 'inclusive' coaching equipment and 'strategies' that it was suggested would enhance the experience of people with ASD through individualised support:

> Throughout the day we'll touch on some of the strategies and in the practical, that's when we'll have a bit of time to put them into practice. (Tutor - field notes).

These 'strategies' included a number of autism-specific practices and codified forms of knowledge, such as the use of social stories, PECS[4] and visual timetables to help structure coaching sessions, specialised equipment (e.g. noise cancelling earphones or sensory toys) to stimulate people with ASD or the implementation of 'safe spaces' when athletes displayed behaviours of concern. A practical focus was useful in helping coaches consider critically their coaching environment (cf. Kean *et al*., 2017). But an interesting form of dissonance

[4] Picture Exchange Communication System. PECS is an alternative communication intervention package for individuals with autism spectrum disorder and related developmental disabilities.

occurred whereby the tutor emphasised the individual nature of ASD throughout the training but the pedagogy implemented attempted to provide standardised practical solutions for coaches to 'cherry pick' and apply to specific contexts:

> One of the beautiful things about autism is that it's so different, but it's also frustrating it makes my job hard because when I come here and there are questions there's no one-size-fits-all there's not one thing I'm gonna say that's gonna make that easier or that is gonna solve that problem. Hopefully one of the things you're gonna get out of today especially in the practical when we go to do some of the scenario-based learning is some strategies and maybe even some reasons why these behaviours are presenting. (Tutor - field notes).

Through the adoption and replication of certain coaching strategies, participants expressed a sense of confidence and efficacy in working with people with ASD in sporting contexts. Data from participant reflections and field note data routinely described how an increased awareness would help coaches to "deal with" ASD through the adoption and use of different coaching 'strategies' as behavioural responses to impairment effects (Thomas, 1999):

> (The course) gave me a better insight into how to coach and deal with autistic people. (I have a) better understanding of techniques to manage various behavioural issues. (Coach - reflection).

These data are a strong illustration of the practical logic that drives disability coaching, with the focus on 'confidence' strengthening divisive constructions between bodies, thereby legitimating prescriptions for 'effective' instruction (Rice, 2006; Jones & Wallace, 2005). But, the analysis suggests that by offering 'strategies' to coaches, coaching knowledge was characterised by an interventionist focus, that is, person-fixing not context-changing (cf. Goodley, 2011), or critically reflective. By centralising impairment knowledge in this form of training, the coaches, tutor and the course functioned to construct cultural boundaries between coaches and disabled people. The medical model provided a set of coherent techniques to inform practice, and coaches were taught to recognise generalised 'problems' under a lexicon of inclusion. At a discursive level coaches were asked to 'reflect' on their practices but the pedagogical strategy instead centralised impairment as a 'problem' and

offered prescriptive strategies for coaches – hence reinforcing rather than challenging a medical model approach, and therefore the dominant paradigm informing this particular case study of coach education was the medical model.

Discourse of 'Problematics' and Ideology of Inclusion

> Something that I'll rabbit on about all day is individuality. So, celebrating that individuality. I know that makes our jobs more difficult as coaches, but it's also something to be celebrated. (Tutor - field notes).

The structure of the course, while varied in length, followed a 'theory-practice split'[5] that was assumed to hold real value in impacting on coaches' knowledge:

> Coaches need the practical side, they need that hands-on experience. One thing I stress at the start of the day you'll still have to learn on - I had to learn as I went, learn from the participants. (Tutor- interview).

During the practical part of the course coaches were asked to plan coaching drills and games according to different intervention frameworks (e.g. SPELL and STEP)[6] against different scenarios where 'autistic behaviours' were presented as disruptive to a coaching session and to deliver them to their peers.

> As I've said we're gonna look at some of the strategies and as we go into the practical this afternoon we'll start to do a little bit of scenario-based learning in a bit of a safe environment we can start to implement some of these strategies. (Tutor - field notes).

Although it is widely agreed that coaches learn through coaching experience, the peer-to-peer coaching adopted on course was unreflective of many coaching dilemmas that practitioners faced, presenting coaches with largely de-contextualised situations:

> I think you have to be coaching to really get just how much has to go into the sessions and how you have to adapt your sessions to suit all your different disabilities. I don't think courses can actually give you that because until you're actually with the

[5] All formats except for the 3- hour 'awareness building' course incorporated practical learning.

[6] SPELL is a framework for understanding and responding to the needs of children and adults on the autism spectrum. It focuses on five principles that have been identified as vital elements of best practice in autism, and emphasises ways to change the environment and approaches to meet the specific needs of each person. SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links. STEP is a practical coaching scaffold that refers to Space, Task, Equipment and People.

> different spectrums of disabilities you don't know what to expect from each individual. (Coach – interview).

As Jones and Wallace (2005) argued, no comprehensive framework currently exists that represents the complex reality within which all coaches work. This is also the case within disability sport, with relatively little evidence illustrative of the coaching context and the nature of coaches' work. Below is an example of the scenarios coaches had to plan for:

> *The tutor is addressing the cohort during a practical 'warm up' as if they were participants with ASD and is explaining her practice*:
>
> I don't know if you noticed but I was watching all your movements while you were doing it, that way I can see how you're gonna cope with that activity for the warm up. If I see that you're struggling with that I'll probably adapt, if someone has a problem and they're all over the place it might cause problems, quite a tight space in here, but by asking you to do that first I can sense how you're gonna cope with that
>
> How did we cope with that?
>
> Tutor: You coped very well, well done (Laughter) One other thing is I've kept the equipment in squared areas (*away from the group*), I would even move you further away from it so the equipment was behind you so people weren't thinking 'oh we're gonna play with the ball soon, we're gonna play with the ball soon' rather than listening to the instructions.
>
> If I was coaching in here with some autistic kids, they'd be up and gone, upstairs, how would you control a group?
>
> The amount of times I've seen kids kicking windows, doors.
>
> Tutor: there's a lot going on a lot of distracting stimuli. I'd probably try and work out what's the most distracting stimuli and keep you away from that.
>
> *The group splits into groups to plan and deliver activities*
>
> Tutor: You are to plan an activity which involves scoring points. One participant is on the autism spectrum and tends to be in a state of high arousal most of the time. They don't enjoy team environments or big groups. They struggle to process a lot of information at once and may run away from the session if they feel overloaded or anxious. They like rules to be in place and to be followed by all.
>
> (Field notes).

In the scenario-based learning the coaching focus was on disability-specific 'facts' that provided sequence and direction. However, the medical discourses that framed disability focused attention on the participant, and not the coaches' competency, positioning ASD as

580 the main barrier to full participation. This had a number of unintended and oppressive
581 consequences.

582 First, the course was permeated by a discourse of 'problematics', characterised by a
583 tendency to pathologise the impairment by focusing on the behaviours of people with ASD as
584 'issues' to be overcome through standardised coaching practices. This resulted in instances of
585 stereotypical, stigmatic and generalising assumptions about ASD expressed by participants
586 that constituted a 'false' coaching consciousness. For instance:

587 (I have) more knowledge on what an autistic child or adult is thinking or how they
588 feel. How an autistic person feels and when they say something then that is exactly
589 how they are feeling (Coach - reflection).

590 When talking to a person with autism I have to make sure I don't make any eye
591 contact with them even when speaking to them (Coach - reflection).

592 Autistic individuals hate noise; some don't like change, and take instructions literally
593 (Coach - reflection).

594 As a result of the pedagogical conditions, coaches formed abstract, generalised and reductive
595 conclusions about people with ASD. The development of coaching knowledge was based on
596 prescriptive approaches that homogenised the nature of impairment – an approach that is akin
597 to 'indoctrination' (Nelson, Cushion & Potrac, 2006). Furthermore, analysis of field note data
598 highlighted how, during the peer-to-peer coaching, participants would 'act' autistic to
599 replicate the demands of coaching people with ASD. Coaches would 'take on the role' of the
600 autistic participant; mimicking perceived autistic behaviours, being verbally disruptive, over-
601 exaggerating hyperactive behaviours, and in one case physically abusive to other participants.
602 These practices were considered to have an important pedagogic function:

603 It was up to the initiative of some coaches to role play during the practical session
604 which highlighted the core elements of communication with autistic people. (Coach -
605 reflection).

Coaching was therefore 'learned' according to discursively formed ideological understandings of what ASD 'looks like' in practice highlighting the "key features of the landscape of social exclusion" (Thomas, 2004b, p. 34) in coaching:

> I maybe did it a couple of times (laughs) just looking back I deliberately just took everything they said - just to wind them up - literally…just to be awkward (laughs) because I've seen it myself. (Coach - interview).

The consequences of the 'inclusive' messages, uniform coaching strategies and the pedagogical conditions on the course meant that participants expressed understandings of ASD that contradicted the conceptual aims of the programme. Importantly, whilst the tutor was not supportive of these discriminatory practices, she suggested it created a 'realistic' coaching scenario to learn from:

> I did expect it. I gave them the scenario and they took it upon themselves, I'm not gonna stop them from doing that because the other participants *learn quite well from it*, but it is a dangerous thing to do because we spent quite a lot of time talking about the stereotypes and the coaches were sat there shaking their heads in disbelief and then when we went on to do the scenario…they were acting out the stereotype so I think it highlights that the stereotypes are there, but we just need to be careful that we're not tarnishing autism…that's not accurate (Tutor - interview).

Accordingly, whilst the pedagogy produced an ideology of inclusion - "The whole idea is to celebrate that individuality and learn from our participants" (tutor - field notes) - the reality was that by 'acting autistic' the participants internalised, embodied and reproduced homogenising, discriminatory and stigmatic assumptions about people with ASD that contributed to a form of internalised oppression (Thomas, 2004b). Participant learning was shaped by shared assumptions, 'inclusive' ideologies and disabling stereotypes that affected how they coached disabled people. The effect was a pervasive discourse of 'problematics' where disability was located in the individual (DePauw, 1997). Therefore, the analysis highlighted a contradiction whereby the course promoted the very thing it explicitly aimed to prevent. In doing so, the participants and tutor acted as "agents of disablism" (Thomas, 1999, p.48) contributing to the manifestation, reproduction and transmission of meanings about

disability that informed coach learning (cf. Thomas, 2004b). Such a reductive view of disability and coaching can be criticised for continuing to uphold an understanding of disability within "a functional and medical paradigmatic framework" (Reindal, 2008, p. 136). The analysis highlights that coach education can become a space where "disablist social relationships operate" (Thomas, 2004b, p. 34) to structure coach learning, by grounding it in falsely-routinised scenario-based learning strategies. Coaching knowledge was based on a collective cultural ideology that drew, knowingly or unknowingly, on medical model assumptions. The degree to which participants were 'learning', then, is an issue for debate. It may be argued that the pedagogy of the course failed to appreciate the situatedness of coaching, instead offering decontextualized knowledge that practitioners failed to see the relevance of:

> It's probably left me with more questions. As it stands I'm not sure coaches learn anything that they don't know just by working with autistic people. I left feeling slightly disappointed and of the opinion that there would be nothing new for coaches. (I) think it's all about knowing and supporting people that you are delivering to-which good coaches should do anyway. I still have nothing to go off to be able to support them better than I already do. What are the things that I could try if someone present x or y or z traits? That's the expertise bit I would want. What have I done as a coach that's wrong so I know not to do it again? (Coach - reflection).

Conclusion

In this paper, we have focused on the ways in which disability was understood and expressed within an impairment-specific mode of coach education. This is an important connection to make, as the research shows the permeability of coaching knowledge to macro-issues such as disability, contrary to a body of work that forces disability into the background of coaching (Townsend *et al.,* 2016). In this study, coaching knowledge was structured by medical model discourses. While the intended focus of the course was on the development of autism 'awareness' and improving coaches' confidence, the teaching and learning practices centralised the limiting and varied impairment effects of ASD as the *cause of* exclusion

(Thomas, 1999, 2007). This is not to be critical of coach educators, rather, the analysis is illustrative of the ways that disability discourses can both enable and constrain coach learning as they give socially constructed categories of meaning to disability "formed in particular temporal and spatial contexts" (Thomas, 2004b, p. 44). A social relational perspective illustrated how coaching knowledge functioned as a barrier to inclusion and contributed to disablism. The use of the social relational model helped to decentre the emphasis on individual coaches, moving towards a relational ontology of learning. The focus on social relations as a basis for understanding learning in coach education is useful as social relations comprise "the sedimented past and projected future of a stream of interaction" (Crossley (2011, p. 35). A relational ontology positions coach learning as tied to the interaction between individual agency and social structure, and reinforced through social practices and internalised cultural discourses. Given this, a relational conception has significant implications for coaching, by suggesting that relational processes structure individual learning.

This research has provided substantive evidence that short-term, standardised and context-isolated modes of coach education contribute only marginally to a disability coach development agenda. This study has shown that disability coach education takes the form of 'additive', passive learning episodes that focus on exposure to disability content and are characterised by separatist thinking and practices. Under certain conditions such training can contribute to the reproduction of coaching knowledge based on uncritical disability discourses that inhibit coach learning. Indeed, the research provides important insight into the "generation and distribution of impairment, and hence of disability" (Thomas, 2004b, p. 46) in coaching, underlining the connection between coach learning and the social relationships that constitute exclusion. Indeed, disability was understood in collective rather than individual terms, and while there were of course idiosyncrasies of individual experience, the

problems with coach education were trapped in the way that coaching cultures follow a model of reproduction.

For coach educators wishing to develop more informed coach education opportunities, it is important to carefully consider the assumptions that underpin pedagogic design. It is clear that there is an ongoing challenge to theorise and implement the optimal conditions for developing coaching knowledge in disability sport. But, it may be worthwhile examining the knowledge, practices and skills of the coach in the first instance (i.e. social practice) and engage with models of disability as reflective frameworks on which to further understandings of disability and its interrelation with sport (Townsend *et al.,* 2016). However, more evidence is required across the disability coach development pathway, as there is a lack of evidence not only as to 'what works', but what is being 'done'. Given our current knowledge base, coach education is underpinned by implicit medical model discourses that are presented as a "benevolent and benign aspect" (Rice, 2006, p, 263) of coach development. As long as coach education positions disabled people as 'different' to the degree that separate structures are required to educate coaches, inclusive sports coaching remains elusive.

Acknowledgements

Thanks to Dr Anna Stodter for her feedback on an earlier draft of this article, and to the two anonymous reviewers whose feedback was greatly appreciated.

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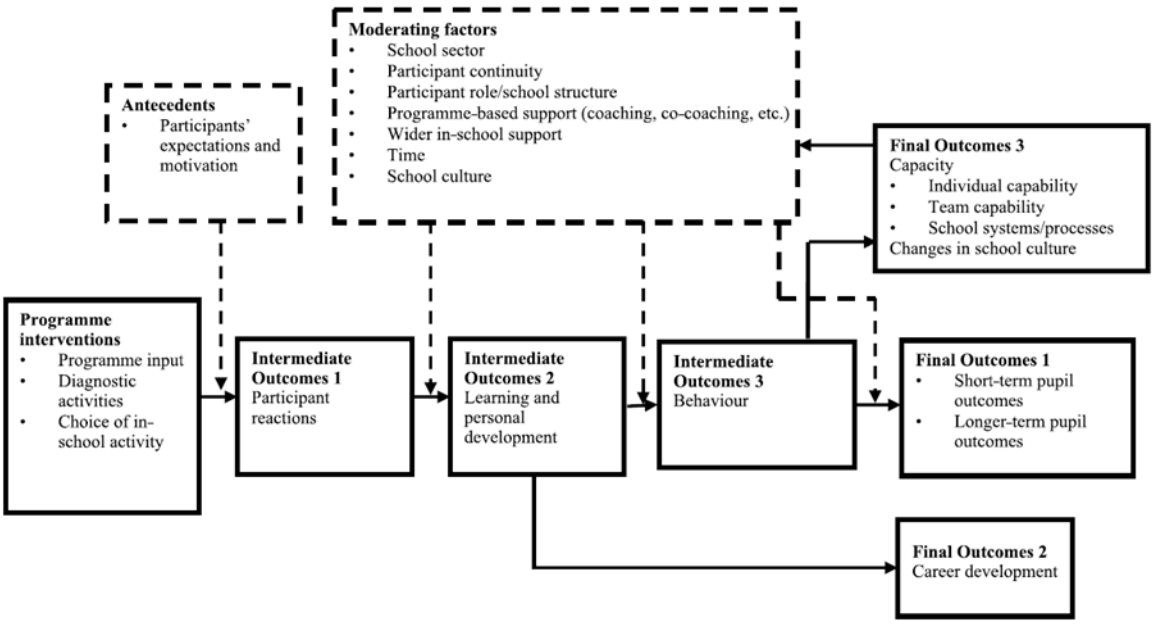
800 **Fig. 1: Framework for professional development evaluation (Coldwell & Simkins, 2011).**



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