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

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Disability Sports Coaching: Towards a Critical Understanding
Robert C. Townsend ^a , Brett Smith ^b & Christopher J. Cushion ^a
^a Peter Harrison Centre for Disability Sport, School of Sport, Exercise & Health Sciences,
National Centre for Sport & Exercise Medicine, Loughborough University, Loughborough,
UK.
^b School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham,
Edgbaston, Birmingham, UK.
Corresponding author: Robert Townsend, Peter Harrison Centre for Disability Sport, National
Centre for Sport & Exercise Medicine, Loughborough University, Loughborough, UK, LE11
3TU.
R.townsend@lboro.ac.uk

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

Keywords; Disability Studies; Models of Disability; Coach Education; Coach Learning: Coaching Practice.

Introduction

We know very little about coaches who work in disability sport¹. 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

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

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

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

Disability Studies: Models of Disability

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

Medical Model

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

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

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

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

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

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

Social Model

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

In our view, it is society which disables physically impaired people. Disability is 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.

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

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

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

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

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

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

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

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

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

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

Social Relational Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discussion

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

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

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

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

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

Conclusion

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

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

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

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

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