SILENT VOICES –

THE RECREATIONAL NEEDS OF DISABLED YOUNG PEOPLE –

AN EMANCIPATORY APPROACH

By

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'Disability research should not be seen as a set of technical objective procedures carried out by 'experts' but part of the struggle by disabled people to challenge the oppression they currently experience in their lives'

(Oliver, 1992: 102)

Dedicted to

Peterlee McGinty

1999 – 2000

ABSTRACT

The recreational needs of young people with disabilities in Sligo county were examined using an emancipatory approach that provided an accurate reflection on the perspectives of the disabled young people. The aim of this study included a comparison of access to and attitudes towards leisure activities as between disabled and non-disabled young people in the Sligo area. The hypothesis set out by the researcher was the expectation that findings would include a degree of disadvantage in access and participation in leisure activities for young people with disabilities vis a vis their counterparts. The way in which this was tested was by focus groups and interviews. This hypothesis was adequately proven along with an in-depth range of recommendations for improvement that were made by participants. The study's emancipatory research methods ensured that the voice of the participants was heard regarding their recreational needs and the disabling barriers that needed to be removed.

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Declaration

Declaration of ownership: I declare that the attached work is entirely my own and that all sources have been acknowledged.

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Table of contents   **Page number**

DEFINITIONS

Disabled people

'Disabled people' as opposed to 'people with disabilities' will be used as a term in this research. This is because it is one of the most commonly used terms by disabled people. They are not people with disabilities. They are people with impairments that are disabled by societies disabling barriers. Therefore they are disabled people. If the disabling barriers were removed they would no longer be disabled but people with impairments.

Disability, disabilism and impairment

Thomas (2004) lays out three definitions to be considered when talking about disability, disablism and impairment:

> **Disability** is what people with impairment experience as a result of not being taken into account by society.
> **Disablism** is the practice of not taking account of people with impairments, (thus creating a false notion of normality, pressure to conform to this false notion and the separate development of people with impairments).
> **Impairment** is certain differences of appearance or functioning of mind, body or senses that society deems to be abnormal

(Thomas, 2004: 2).

The social model

This research will take a social model approach. The social model describes disability as due to societal attitudes and organisation, and barriers that put restrictions on disabled people. Examples of restrictions include individual prejudice to institutional discrimination (Goodley, 2000; Oliver, 1996 (b)).

Emancipatory

The word emancipatory means to free from oppression.

Oppression

The Collins English Dictionary gives two meanings for the word oppress: '(1). To put down or control by cruelty or force, (2). To make anxious or uncomfortable, Latin *ob* – against and *premere* – to press' (Collins, 2009).

Emancipatory research

Emancipatory research includes 'a redefinition of the social relations of research production, a rebuttal of positivist and interpretative claims to 'objectivity' and assertions about the political position of the researcher' (Stone & Priestley, 1996: 706).

Emancipatory methodologies are used as a research tool and vehicle to social change. The method:

> begins by conceptualising disability in social-model terms as a form of oppression – people with impairments being disabled by a complex web of discrimination and social exclusion. The object of emancipatory research is to understand how this happens and discover ways to challenge it. The key to unlocking this process of transformation lies in the knowledge and life experience of disabled people themselves. This is why they need to take the lead at all stages of the research process

> (Disability KaR, 2006: 29).

CHAPTER ONE - INTRODUCTION

The research topic is 'Silent voices – The recreational needs of disabled young people – An emancipatory approach.'

'Disabled people' as opposed to 'people with disabilities' will be used as a term in this research. This is because it is one of the most commonly used terms by disabled people. They are not people with disabilities. They are people with impairments that are disabled by societies disabling barriers. Therefore they are disabled people. If the disabling barriers were removed they would no longer be disabled but people with impairments.

When the researcher set out to complete the study the area of interest was disability and emancipatory research. The interest came from eight years experience of working in the disability sector, combined with studying for four years on the BA Applied Social Care degree and doing an undergraduate dissertation on disability. The researcher's interest grew in the area when doing this dissertation and realising that many pieces of research did not include disabled people. The researcher read about emancipatory research and felt this was the best method as it meant the disabled people would own the research. This is a process where the social relations between the researcher and the participants are changed. The power is handed over to the participants and they have full control of the research process at every step of the way. They would not only be participants but co-researchers. The disabled people would have full say over what did or did not go into the research. Emancipatory methodologies strive for social change to be brought about. This happens when / if the participants have discovered that they hold a viewpoint that is shared with the rest of the group, and they decide to empower themselves and discover together how they will remove disabling barriers.

According to Barnes and Mercer (2003):

> For most of the twentieth century in Western societies, disability has been equated with 'flawed' minds and bodies. It spans people who are 'crippled', 'confined' to wheelchairs, 'victims' of conditions such as cerebral palsy, or 'suffering' from deafness, blindness, 'mental illness' or 'mental handicap'. In short, disability

amounts to a 'personal tragedy and a social problem or 'burden' for the rest of society

<div align="right">(Barnes & Mercer, 2003: 1).</div>

Very little changed since this was written and although improvement is evident in the lives of disabled people, oppression is still a key factor in many disabled peoples' lives. Authors have focused on disability and inequality but what literature suggests is that they have not focused on what disabled people think themselves about this topic. The National Disability Authority focused on this issue. They saw the problem of disabled people not being involved in research. Those researched were treated as research subjects only and not involved in the research process (National Disability Authority, 2002). The lack of such literature provides the significance in researching the topic. Because of this previous standpoint, it became apparent that participatory research alone was not enough, as the young disabled people are the experts in their own lives so should hold more responsibility. This is where emancipatory research fits in to the picture.

In the current study, a comparison of access to and attitudes towards leisure activities between disabled and non-disabled young people in Sligo will be researched. A qualitative methodology will be employed as this method not only gains answers but it gains reasons behind the answers of the respondents. The researcher wants the study to belong to the respondents as opposed to it belonging to the researcher; as otherwise this would go against the processes taken. The central aspect of this study is for the participants to be creators rather than observers. The researcher expects to find a degree of disadvantage in access and participation in leisure activities for disabled young people vis a vis their counterparts. The following objectives were set forth for the study:

- To use emancipatory research methodologies throughout the research.

- To include disabled young people in the research process by consulting with them on a regular basis as the study progresses and particularly before final submission to ensure the participants are heard and aware of the outcomes of the research.

- To explore the recreational needs of disabled young people with these young people.

<div align="right">4</div>

- To provide an opportunity for the disabled young people who participate in the research to have a say in the parameters of the study, in an advisory relationship with the researcher.

- To gain an insight into the recreational needs of the non disabled young people, and to examine their attitudes towards their disabled peers.

The study presented here follows the structure of a literature review, then methodology, findings, discussion of findings, conclusions and recommendations.

Chapter two will provide an overview of recent literature on the area of disability written by both disabled and non-disabled authors.

Chapter three will outline the hypothesis along with the justification for qualitative methodology. Emancipatory research will be examined, to include the processes to be undertaken such as emancipatory art processes and emancipatory advocacy, along with justification to why these were chosen will be put forth. The different degrees of participant involvement will be explored along with how to undertake the method chosen. Each research method will be explained in-depth, namely the focus groups and interviews. The methods of sampling and data analysis will be explained. Limitations, ethical considerations and the strengths of undertaking these methods will also be explored.

Chapter four will be presented thematically by the main issues that are expressed by the participants. The voice of the disabled young people will play a dominant role in this chapter and a story will be told about their leisure activities and any disabling barriers that may arise that are connected to this. The comparison from the non-disabled young people will also be set out. Along with this will be the non disabled young peoples' views on disabled people and their recreational needs.

Chapter five will examine the findings. The link with the literature will be intertwined throughout the discussion.

Chapter six will end the study by concluding the process and findings of the study along with a set of recommendations that will be suggested by the participants.

CHAPER TWO - LITERATURE REVIEW

2.1 Introduction

The literature that exists at present about disability regarding the social model was developed after the 1960s and 1970s when the disability movement came about. Previous to this disability was seen as an individual problem as opposed to a social problem, and because disabled people had little say, social aspects received little focus in the literature. Over the last 40 years disabled people have begun to challenge power structures and with the support of disability agencies, social change has resulted in a commitment against oppression. This commitment has led to much literature around inequality. Along with this, policy developments in Ireland such as the Disability Act 2005 and Equal Status legislation, namely the Employment Equality Act 1998 and the Equal Status Act 2000, have been put in place (Equality Authority, 2007). A positive impact on disabled people involves the campaigning and challenging of unjust policy and practice from disabled people themselves. This has been recognised by the state, with a response to working in conjunction with disabled people, mainly through the formation of the National Disability Authority in 2000.

Disabled people in Irish society are repeatedly portrayed in recent publications as will be explored, as not being equal in respect of accessing basic rights such as recreation, employment, education, income, health, housing and physical access. Authors have focused on inequality as viewed by researchers but what the literature suggests is that they have not investigated what disabled people think about such issues themselves. This is the main limit of this literature review, although some writings and research involving disabled people have been sought and included. Recreation and young peoples' needs are another area that provide a gap. The lack of such literature provides the significance in researching the topic. Due to this the researcher chose a selection of literature written by both disabled and non-disabled writers.

2.2 Definitions

A person with a disability is defined as 'someone with an impairment who experiences disability' (Northern Officer Group, 1999: 1, Thomas, Gradwell & Markham, 1997, 1997). This person is therefore 'discriminated against' (Barnes, 1991: 1). Disability is 'social oppression', 'a socially determined condition' and an 'impairment is an impairment, part of the individual' (Thomas et al., 1997: 1; UPIAS, 2001: 27). 'Although impairment does not cause or justify disability, it is always present when disability occurs' (Thomas et al., 1997: 2). Disability is defined by the UPIAS (Union Of the Physically Impaired Against Segregation) as 'the disadvantage of restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities' (cited in Edwards, 2005: 21, NGO, 1999). The Swedish philosopher Professor Lennart Nordenfelt defines disability as present when one is unable to do things which are important to them, stemming from internal factors, such as impairment and external factors, such as physical access barriers (Edwards, 2005). Harris (1998) views disability as a harmed condition, 'a condition we have a strong rational preference not to be in' (cited in Edwards, 2005: 30). The World Health Organisation (WHO) define disability as 'any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being' (cited in Oliver & Sapey, 2006: 51). Thomas (2004) describes disability as 'the way in which society does not take account of people with impairments and creates separate, segregated 'special' systems to keep us on the margins of society and pressurises us to conform to some mythical idea of 'normality' (Thomas, 2004: 2).

Impairment is defined as 'an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function' (NOG, 1999, Barnes, 1991). It can be described as an impairment if it is long-term and can fall under the classifications of 'learning difficulty, physical impairments, sensory impairments, facial disfigurement, speech impairment, mental illness and mental distress' (Thomas et al., 1997: 2). An example to illustrate the difference

between impairment and disability would be a person who is unable to walk to public transport because they have an impairment, yet if that person is unable to access the public transport because it is inaccessible to varying needs, then they have a disability (NOG, 1999).

The most recent figures from the Central Statistics Office (2008) estimated that there were 393,785 disabled people in Ireland in 2006. The emphasis on this paper defines disability as did the UPIAS (1976). '*Disability* (emphasis added) is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.' (cited in Barnes, 2008 (b): 4). Thomas (2004) lays out three definitions to be considered when talking about disability, disablism and impairment:

> **Disability** is what people with impairment experience as a result of not being taken into account by society.
> **Disablism** is the practice of not taking account of people with impairments, (thus creating a false notion of normality, pressure to conform to this false notion and the separate development of people with impairments).
> **Impairment** is certain differences of appearance or functioning of mind, body or senses that society deems to be abnormal

> (Thomas, 2004: 2).

These definitions provide an overview of the types of thinking in the area, such as the social model and the medical model. At the same time Oliver (1992) argues that these definitions are ones which are debated by the non-disabled and asks the question of 'whether the experience of disability really is 'real' or whether it is socially constructed' (Oliver, 1992: 20).

Before exploring these models in further depth, it is also important to define the terms 'young people' and 'recreation', since disabled young people and their recreational needs are the focal point of this research. The meaning of 'young person' varies 'but it is not uncommon in research and policy terms for them to refer to under-25-year-olds' (Lalor, de Roiste & Devlin, 2007: 3). The National Recreation Policy (2007: 15) defines recreation as 'comprising all positive activities in which a person may choose to take part that will make his or her

leisure time more interesting, more enjoyable and personally satisfying'. These definitions are adopted for purposes of this research.

2. 3 Disability

2.3.1 Ways of viewing disability

Throughout history, there were varied approaches used regarding disability, often referred to as 'models'. The personal tragedy model relies on the fact that disabled people see themselves as different, so the non-disabled population should accept and tolerate them. '... these 'poor individuals' should not be made to suffer further through rejection and stigmatisation...' (Oliver, 1992: 27). Normalisation focuses on what is normal or usual for most people such as choice of living conditions. Most people would not choose to live in an institution. Normal can be described as something that is common to all and something that is expected as the norm for the majority, such as walking (NOG, 1999). The individual model sees the 'problem' as that of the individual (NOG, 1999). The disabled person is labelled by their limitations (Bolt, 2005). Medicalisation is the central concept to this model (Oliver, 1996 (b)). The charity model also results in negative impacts for disabled people. Drake (1996) analysed the role of disability charities and its connection with oppressive outcomes. Charities evolve from the medical model perspective, focusing on the individual. Charities speak and make decisions on behalf of disabled people, thus excluding them. Most staff are non-disabled people. The charities are not involved in changing the law. Another issue is that they have used negative images of disability to raise money (Shakespeare, 2000). Because disabled people are excluded from the world of employment, many are forced to rely on either charity or social welfare payments for actual survival (UPIAS, 2001; Swain, Finkelstein, French & Oliver, 1993). 'Charity becomes a necessity in the context of an unequal and disabling society, but this situation creates stigma and undermines self-esteem and status even further' (Shakespeare, 2000: 11).

Attitudes towards disability have swung from looking at disability by its limitations, to blaming the individual and then to the present day of blaming society (Bolt, 2005). The two main models include the medical model, one of

dependency, invalidity and tragedy, which has then swung to the social model, defining disability as social oppression, unequal social relations and social barriers (Oliver, 1996 (b); Shakespeare, 2006).

2.3.2 Critique of the medical model

The medical model is put forth as the personal tragedy theory of disability. Another name for this model is the individual model, which is presented as dominating understandings of disability. The medical model judges disabled people as less than whole, unable to fulfil valued social roles and obligations, making them dependant on those without disabilities (Barnes & Mercer, 2003; Goodley, 2000; Oliver, 1996 (b)). The medical model is expressed as treating the body which the model sees as faulty by medical interventions. On the other hand, the medical model has proven positive through research undertaken on specific bodily and sensory 'technologies' which can improve aspects of daily life. The medical model treats all disabled people as homogenous, their exclusion due to their medical position (Swain et al., 1993). This model is seen as playing a part in the social construction of disability (Butler & Parr, 1999). Even though society is moving towards the social model perspective, this does not mean that social and community based providers are not working on the same beliefs, that they are the experts to design interventions for their service users (Swain et al., 1993).

2.3.3 Critique of the social model:

The social model provides a distinction between the meanings of disability and impairment. The UPIAS (Union of the Physically Impaired Against Segregation) in their 1976 document, Fundamental Principals, were one of the first to apply this principle. The social model describes disability as due to societal attitudes and organisation, and barriers that put restrictions on disabled people. Examples of restrictions include individual prejudice to institutional discrimination (Goodley, 2000; Oliver, 1996 (b)). 'Impairment is described as lacking all or part of a limb, or having a defective limb, organism or mechanism of the body' (Butler & Parr, 1999: 4). Grant, Goward, Richardson and Ramcharan (2005) critiques the model, stating that the terms 'disability' and 'impairment' are contestable. An advantage of this social model is that it shifts attention from the individual, to society and the

11

way in which it includes or excludes them. Disability can then be reduced, or may be even eliminated (Shakespeare, 2006). Bolt (2005) gives an example of the difference between the two terms. A person with a visual impairment has this impairment due to cataracts, the abilist world they live in makes them disabled, by for example the person receives a letter in the post in printed form (Bolt, 2005). Therefore, a person with an impairment is made disabled by an oppressive society.

According to Barnes (1999) 'Disability is both a biological condition and a social construct' (cited in Shakespeare, 2002: 16). At the same time disability activists have wanted to come up with a model that results in the reduction of disabling barriers as opposed to changing disabled people (French, 1993, cited in Shakespeare, 2002). With this in mind Shakespeare's (2002, 2006) and Oliver's (1996 (b)) critiques of the models will be explored.

Although Shakespeare (2006) saw the benefits of the social model's introduction, he argued for a revision or even replacement of the model due to it being outdated:

> disability rights in other countries have progressed just as quickly, and in some cases rather further, in the absence of the strong version of the social model ... the strengths and simplicity of the social model of disability has created as many problems as it has solved

(Shakespeare, 2006: 31).

Shakespeare (2002, 2006) stated problems evolved from the social model. Because the model played such a role in the disability movement this will pose challenges to its revision. The model also ignores multiple oppression (Shakespeare, 2002). The model ignores impairment and the terms used could be seen as contradictory. A campaign in England promoting inclusion used posters saying 'see the person, not the disability'. Disability activists rejected this as the term 'disability' was used for impairment as opposed to society's disabling barriers (Shakespeare, 2006, 2002). Shakespeare (2006) outlines various research that was undertaken with disabled people which focuses on the intertwining of both impairment and social arrangements; proving that although the participants experienced disabling barriers, that impairment barriers posed more of an issue to them (Shakespeare, 2006). He contends that the model is too 'black and white' arguing that it is

society that is the problem and the impairment does not come in to it, 'the oppressors and the oppressed' (Shakespeare, 2002: 14).

According to Shakespeare (2002):

> Most activists concede that behind closed doors they talk about aches and pains and urinary tract infections, even while they deny any relevance of the body while they are out campaigning. Yet this inconsistency is surely wrong: if the rhetoric says one thing, while everyone behaves privately in a more complex way, then perhaps it is time to re-examine the rhetoric and speak more honestly

(Shakespeare, 2002: 14).

Shakespeare (2006, 53) powerfully states that 'The social model is wrong.' The removal of disabling barriers should 'co-exist with impairment prevention' as it is impossible to remove all of the barriers for everyone (Shakespeare, 2002: 23).

Oliver (1990), although one of the first to write about the social model, along with Finkelstein (1980) and although advocating its benefits, did see flaws in the model. Not all disabled people connect to the model and it only partially explains social oppression. But the social model does not deny that impairment is closely related to the physical body' (Oliver, 1996 (b): 35). The social model addresses barriers only and not restrictions due to personal impairment. The idea set out by Crow (1992) is put forth: 'the way forward for the social model is to fully integrate the experience of impairment with the experience of disability' (cited in Oliver, 2006: 39). The author addresses the issue of multiple oppression not being included within the social model. Oliver (1996 (b)) identifies that the social model is oversimplified. This then points to how this model is used and raises questions. According to Cashling, 'explaining the oppression of disabled people as simply a manifestation of society's hatred of us, whether this will take us as far as the social model in challenging that oppression' (cited in Oliver, 1996 (b): 40). The author concludes that the social model cannot explain everything but at the same time it does connect to disabled people's experiences and it should be tried out before it is decided to ignore it. The recommendation put forth by Oliver (1996 (b)) states, 'let's develop a social model of impairment to stand alongside a social model of disability but let's not pretend that either or both are social theory' (Oliver, 1996 (b): 42).

2.4 Social construction of disability

2.4.1 Oppression:

Oppression is a term that is widely used in conjunction with disability but is not clearly defined (Abberley, 1997). The Collins English Dictionary gives two meanings for the word oppress: '(1). To put down or control by cruelty or force, (2). To make anxious or uncomfortable, Latin *ob* – against and *premere* – to press' (Collins, 2009). Disability has been defined as 'an oppressive relationship, and a power relationship of control' (UPIAS, 2001: 28). Abberley (1997) notes that oppression should be explored by looking at how the group experiences it in comparison to other oppressed groups. 'For disabled people the body is the site of oppression, both in form, and in what is done with it' (Barton & Oliver, 1997: 13). Finkelstein (1993) states that 'The disabled body is not seen as 'normal' by 'normal people'. According to Finkelstein (1993):

> Government statistics, independent research projects and personal experiences show that on nearly every indicator of participation in mainstream life disabled people come out really badly. For example on employment statistics, income levels, suitable housing and access to public transport, buildings, information and leisure facilities

(Finkelstein, 1993: 2).

Mason (1990) states that only some disabled people are oppressed due to their disability, but all are oppressed by what is known as internalised oppression. This is where the disabled person does not want to be disabled, as he sees the non disabled group as better and wants to become part of this group. The message of the individual being born a disappointment is often evident and can carry on right through their life. Disability is not seen as a good thing; so many individuals are often trying to get rid of it (Mason, 1990; Swain et al., 1993). Other people in the lives of the disabled person are often trying to make the individual more like the non disabled person, whether this is family, friends, medical professionals or educationalists. If disabled people are not happy and do not accept being disabled, they may not feel happy to belong to a disabled group. Another outcome of this is

14

that it may affect how they are treated (Finkelstein, 1993; Mason, 1990). Some disabled people may only see themselves as mobility or hearing impaired and may want to distance themselves from those perceived as more disabled such as those with learning disabilities who live in residential care. One result of this dis-association is that they may have more of a chance to battle it out in the employment world. The rejection of a label of themselves but the projection of this unwanted label onto others is the unintended result (Swain et al., 1993). What may happen then is the:

> dividing and dividing into smaller and smaller groups, competing with and denying each other, leading many of us to become isolated disabled people living with able-bodied people on able-bodied terms – millions of powerless individuals doing our best to "make it" on our own

(Mason, 1990: 2).

The UPIAS (Union of the Physically Impaired Against Segregation). Has outlined how oppression came about for disabled people. After the capitalist society started to develop, disabled people were unable to obtain work, so were forced into unemployment. Society responded to this by separating the disabled into different facilities, such as special schools, residential institutions and day care centres. Disabled people then had no option only to rely on either institutions or charity. When this happened, they lost control of their lives. Disability then became equated with illness and pity, a group that needed to be cared for. Justification was in place as because society viewed disability from a medical perspective, it was acceptable to hold these attitudes. To undo this is a major challenge (UPIAS, 2001).

The year of 1981 brought about changes for disabled people. This year was the International Year of Disabled People. This was a plan to fight for disabled peoples' participation in society and for recognition that societal attitudes were a barrier that needed to be removed (United Nations, 2009). With this support many organisations for disabled people were set up in order to fight oppression and change these attitudes. It is important to state that oppression is not something that can be lifted easily, as described by disabled disability activist Zola (1994): `If one has been oppressed for thousands of years, one does not gain a voice overnight.

15

One of the features of oppression is the loss not only of voice but of the tools to find it... It will take us time to speak out, to learn what we have lost, to articulate what we need (cited in Williams, 1996: 14). Although Rieser (1990) wants to campaign against attitudes and discrimination the author also states 'each disabled person has to work through the layers of oppression we have accumulated inside ourselves' (Rieser & Mason, 1990:7). This argument provides the perspective that society is not the only factor that leads to oppression; disabled peoples' experiences and self attitudes result in how people treat disabled people. The barriers that may be responsible for oppression will now be explored individually.

2.4.2 Disablism

The Commission on the Status of People with Disabilities (1996) described disabled people as the neglected citizens of Ireland. This literature will outline justifications of this statement and how disabled people may be neglected. Disablism can be described as 'the combination of social forces, cultural values, and personal prejudices which marginalises disabled people, portrays them in a negative light and thus oppresses them' (Thompson, 2001: 112). This oppression has been described by researchers as coming from many sources, including attitudes, language, education, employment and physical access. The RCMG (Research Centre for Museums and Galleries) did research with disabled young people to see what their attitudes were towards museums and heritage. The research showed that removing disabling barriers was of extreme importance for the young people (Dodd, Hooper-Greenhill, Delin & Jones, 2006).

2.4.3 Attitudes

'Whilst other oppressed groups may proclaim that 'black is beautiful' or pronounce themselves 'glad to be gay', it is harder for many disabled people to make similar claims' (Barnes, 2008 (b):19). According to Brock (1999) 'Individuals with disabilities are not only more likely to be poor, but they are subject to prejudice, social isolation and discrimination' (cited in Roggero, Tarricone, Nicoli & Mangiaterra, 2006: 645). According to Noe (2002) 'Attitudes are a combination of beliefs and feelings that predispose a person to behave a

16

certain way' (cited in Brostrand, 2006: 108). Historically disabled people were pushed out of the mainstream society, which led to what UPIAS (2001:27) call a 'medically based ideology', the justification for this exclusion on the part of the non-disabled. This provides the thinking that disabled people were not pushed to exclusion due to societal attitudes but that societal attitudes were born as a result of the exclusion. The National Disability Authority's study in 2002 found that the attitudes, opinions and knowledge from the respondents proved that the public were insufficiently well informed about the difficulties facing disabled people. Quin & Redmond (2003) critiqued the findings;

> 80% of respondents related disability to physical impairment only. Another question showed that 50% believed people with disabilities are those who are not able to participate fully in life because of a physical, hearing, visual, learning, mental health or emotional impairment. A further question showed that only 25% understood that it was society that disables people. 31% believed that people with disabilities were the victims of some personal tragic happening

(Quin & Redmond, 2003: 175).

In 2006 the National Disability Authority conducted a further study on attitudes to disability. They then compared this to the study they undertook in 2001 which was also on attitudes towards disability. The survey's findings did present an increased awareness in comparison to the 2001 study; although the public were still less than well informed of the issues of disabled people (National Disability Authority, 2008). A study in Scotland found that 47% of the disabled participants experienced hate crime due to their disability. Thirty one percent of these experience attacks once a month (Disability Rights Commission, 2004).

Lorgoria, Leonel and Marini (2006) undertook research to find out the attitudes of children aged 8 – 12 years towards disability. It found that non-disabled children held certain beliefs about disability. The children portrayed positive attitudes towards disabled people in relation to education, work and family life. When shown a picture of a person in a wheelchair, the respondents were preoccupied with the wheelchair and wanting to walk. They also perceived the child as happy but with fewer friends. Zola (1982) examines the attitudes of children towards disabled people:

> ..the social invisibility of people with a disability develops more insidiously. Children spontaneously express an interest in wheelchairs and leg braces, but as they grow older they are taught that: "...it's not nice to ask such things"....But why all this effort? Why this distancing of the chronically ill and handicapped? Why are we so threatening that we must be made socially invisible?

(cited in Williams, 1996: 13).

Tregaskis (2004) puts forward a different perspective:

> people may use disability and impairment as reasons to either put up barriers between themselves and others, or as the basis of establishing common ground, depending on the situation and the circumstances in which they find themselves

(Tregaskis, 2004: 1).

Jade & Wilson (1999) undertook research with disabled young people in schools. They found it hard to gain participants as staff believed they were 'too disabled to be asked what they think' (Jade & Wilson, 1999: 1). They asked a seven year old participant of how being treated like this may change, with the response of 'to not think I'm a baby' (Jade & Wilson, 1999: 2).

It is important to trace where these attitudes may have stemmed from. Barnes (2008), Oliver (1999) & Hurst (1996) have described the historical status of the disabled and the exclusive and inhumane acts such as 'incarceration, sterilization, infanticide and euthanasia' (Barnes, 2008: 3). Hundreds of thousands of disabled people have been murdered in German camps by Nazis (Barnes, 2008 & Oliver, 1996 (b)). The murdering of disabled people is not confined to Nazi camps. For the non-disabled foetus, abortion is illegal after 24 weeks gestation in the UK, but this is not the case for a disabled foetus, even if it is a minor and treatable disability (Barnes, 2008 & Hurst, 1996). Babies that are born disabled who are reliant on a life support machine are not always kept alive (Hurst, 1996). A man murdered his ten year old disabled son with the punishment of a mere suspended sentence (Barnes, 2008). Disabled people who want to have their own children may have no choice as they may have been forced to undergo sterilisation. The decision may have been made with no consultation with the individual and a medical report and parental consent may form the basis for allowing the procedure to go ahead. This is often a method used as opposed to contraception (NDA, 2009). Sterilisation is also carried to 'protect' vulnerable disabled women. 'The

18

woman, as a potential victim, is arguably pre-punished for a crime that a man might commit against her. The likelihood of rape would never be given as a factor supporting the decision to sterilise a woman who did not have learning difficulties' (Williams, 1993: 26).

Glad (2000) outlined that eugenics is stopping disabled people having children with the fear that more disabled children will be born. An older disabled person may have the words 'Do not resuscitate' on their file without consultation (Hurst, 1996). The focus now is on the eradication of genes to prevent impairment and the 'fixing' of impairments, on which research is now focusing (Hurst, 1996; Swain, et al., 1993). These behaviours are said to be well justified but if a black person wanted to turn white or a parent wanted to change the sex of their child – this would be deemed unacceptable (Swain et al., 1993). These are only a few examples of the justifications made evident for ending or preventing lives due to disability. Simply put, disabled people have a negative status which in return can lead to negative attitudes (Swain et al., 1993). The way forward has been described by Barnes (2008) as society possibly developing an 'attitude of ambivalence' by valuing the disabled person but not glorifying the impairment (Barnes, 2008 (b): 19).

2.4.4 Language

Language has the power to provide 'politics, domination and control' (Oliver, 1994: 4). Researchers argue that language produced negatively towards disability can cause disabilism. Language towards disabled people can either empower, or oppress, separating disabled people and making them 'different' to the general population. It is important to label the disability and not the person (Baron-Cohen & Bolton, 1999; Marks, 1999). According to Swain, French and Cameron (2005) the use of names is important; they have a powerful influence in shaping the understanding of who we are. Powerful messages are carried through the use of language (Dare & O'Donovan, 2002). A different view is expressed by Thomson and Pickering (2006), if terminology is changing to what is acceptable, and if disability is not something to be ashamed of, then should we change words to shift emphasis? Finkelstein (1990) states that it is only non-disabled people that argue

over the labelling theory (cited in Oliver, 1992). Woolfson (1991) puts forward another perspective that, the change in terminology is not only a substitution; previous terminology did not mention strengths; it just focused on weaknesses, and previous labels generalised all disabled people as the same. Other factors against the previous terms suggest measures of support are not recognised and the condition or limitation is the main focus (Bolt, 2005). Language about disability is a political dispute and that there are no universally agreed terms in existence to describe disability (Oliver, 1996 (b), Williams, 1996).

Disabled disability activist Zola (1988) argued that 'that there should be no set of definitions of disability that should be adopted as some kind of secular gospel' (cited in Williams, 1996: 12). French & Swain (2004) state that terminology means more than acceptable and unacceptable ways of describing disability. Thompson (1998: 52) provides issues equated to language and disability:

- Jargon – the use of specialized language, creating barriers and mystification and reinforcing power differences
- Stereotypes – terms used to categorise people that reinforce erroneous presumptions e.g. disabled people as 'sufferers' or as having 'special' needs.
- Stigma – terms that are derogatory and insulting e.g. 'mentally handicapped' and 'short sighted' (meaning lack of insight)..
- Exclusion – terms that exclude, overlook or marginalise certain groups e.g. the term 'Christian name'
- Depersonalisation – terms that are reductionist and dehumanising e.g. 'the elderly', 'the disabled' and even 'CPs' (to denote people with cerebral palsy).

Words such as handicapped were once widely used to describe those with learning disabilities. This term although still may be heard, is not as common and refers to 'cap in hand and begging' (Barnes, 1991; Bolt, 2005). According to Murphy (1982): 'The word 'retarded' is a word. What it does is put people in a class ... We're on one side of the wall and the stone throwers are on the other side' (cited in Goodley, 2000: 27). Bolt (2005) describes the meaning of the word blind, which is used to describe visual impairment: 'The Encarta World English Dictionary provides thirteen entries for the adjective blind ... twelve are negative and only one pertains to visual impairment' (545–548). Political correctness is not always the preferred state though and being called a disabled person is often the preferred

term for and by this group (Oliver, 1994). Oliver (1992) argued that that the term 'people with disabilities'

> is a linguistic attempt to deny the reality of disability – and one which disabled people have rejected. We know that we do not just happen to have a disability or that we are people first; our disabilities are essential parts of self, to be affirmed and celebrated, not denied or relegated to an appendage; and as such, we demand to be called disabled people

(Oliver, 1992: 21).

This term people with disabilities also does not include impairment (Swain et al., 1993). Removing offensive terms is not enough; changing terms does not mean attitudes will change (Bolt, 2003). Language can 'shape meanings and even create realities' when it comes to professionals using terms that may not even relate to the disabled person's experience (Oliver, 1996 (a): 6). Kirtly (1975) explains that new terminology will not work unless attitudes have changed first (cited in Bolt, 2003). Elder-Woodward (2002) examined how new terminology was brought about. Positive words equated to disability are now in existence, such as 'rights, choice, privacy, dignity, participative, inclusive, user led and independent living' (Elder-Woodward, 2002: 3). It is argued that the Independent Living Movement is responsible for this. Disabled people are aware of the link between language and racism and language and sexism, so have constructed terms and definitions to prevent disabilism (Barnes, 1991, Oliver, 1996 (b)). At the same time, due to political correctness, words around impairment are often seen as something to be avoided by non disabled people, but disabled people are proving that this is not the case (Shakespeare, 1999).

2.4.5 Media

The media perhaps unintentionally, encourages prejudice about disabled people and their marginal status. Disability is often only portrayed in a negative and disabilist stereotypical way (Elliot, 2007). Quinn & Long (2000) describe how disabled people are represented as

> victims, passive, sexless, low achieving, poor and non-contributing are dominant in both factual and fictional storylines. Disabled people who do not fit these moulds (by achieving or dominating) are presented as 'overcoming' their disability and becoming honorary non-disabled people

21

The media has been blamed as a contributor to disabilism through viewers (especially children) learning this from what they are watching (Barnes, 1991). It often concentrates only on disabled people protesting for their rights (Commission on status of people with disabilities, 1996; Barnes, 1991 (b)). It is argued that when society strays in any way other than from the dominant view of 'normal' body, it discriminates against disabled people (Tovey & Share, 2003). Media focuses on physical perfection, and the road safety campaigns that use images of a victim using a wheelchair do not provide positive attitudes. 'Disability, or impairments, and normality are rarely, if ever, seen together' (Wilde, 2004: 21). One actress Francesca Martinez expresses her struggle to gain acting roles 'I was never put up for the roles unless it had in big letters THIS CHARACTER HAS CEREBRAL PALSY' (Macrae, 2008: 26). The media often uses negative language that is associated with disability. The Sun newspaper was sued after using the caption 'Worst brat in Britain' to describe a child with challenging behaviour (Williams, 1993). The Independent newspaper made a comparison of the media attention of two missing women, one non disabled and the other who had Down syndrome, where the latter received little media attention due to not being 'attractive in the classic way' (cited in Williams, 1993: 31). Comedians often use disabled people in their jokes in a disabilist way (Barnes, 1991 (b)). The media also has a long way to go in representing disability and sexuality (Bremner, 2008).

Charity organisations may add to the view of disability; when most people hear of disability it is from the charity workers who are on the street calling, "help fight disability" (Quin & Redmond, 2003). Disability, as being identified as a charitable cause, reflects negative stigmas. Children in need, Telethon and the National Lottery funds, all add to the charity label. Charity has been described as promoting the message of 'disabled people are pathetic and dependant; give money to this charity and we will take care of them and keep them out of your way' (Thomas, 2004: 1). Thomas (2004) criticises the method of achieving equality through delivering plastic bags through doors so people can fill them with unwanted

second hand items. At the same time the author goes on to say that it looks better than writing the message on the bag of 'they also ensure disabled kids are kept in their special segregated residential schools, enduring the physical, psychological and emotional cruelty that is called "conductive education' (Thomas, 2004: 1). Disabled people, because of their exclusion within the workforce and participation in society, are forced to rely on charity. The charity focus is inefficient; instead barriers need to be removed and empowerment needs to be the main focus (Priestly, 1999; Shakespeare, 2006). So what is the result of disabled imagery in the media? Barnes (1991) states

> On the one hand, it helps perpetuate the pre-conceived attitudes towards, assumptions about, and expectations of disabled people in the minds of non-disabled people – thus reinforcing the foundations on which discrimination rests. On the other hand, it has the capacity to rob disabled individuals, especially children, of their self confidence and esteem, and in so doing successfully undermines their ability to challenge that discrimination
>
> (Barnes, 1991 (b): 2).

Media representation of disability is not just confined to influencing overall societal attitudes. Disabled people themselves are often confined to watching television as it is their only way of viewing the arts due to societal physical barriers preventing them from visiting outside amenities. Wilde (2004) asked disabled research participants about their views of disabled imagery on the television, which they described as 'unappealing and demeaning' (Wilde, 2007: 4). As stated by one research participant: 'Images of disabled people in soaps invariably make me feel worse about myself because they accentuate a negative sense of difference, the disabled person/character exists by virtue of their disability or impairment- and seems to exist for that reason alone' (Wilde, 2004: 14).

> Stereotyped assumptions about disabled people are based on superstitions, myths and beliefs inherited from earlier times. They are inherent to our culture, and part of the reason why they persist is that they are continually reproduced through television, radio, films, advertising, books and both local and national newspapers
>
> (Barnes, 1991: 14).

To prevent discrimination in the media Barnes (1991, 1991 (b)) and Finkelstein (1996) put forth recommendations: The media industry needs to understand

disability so disability awareness training would benefit the producers, more disabled people need to be employed in the industry, disabled peoples' issues that are not obvious to the public need to be demonstrated and policies should enforce the media to prevent disabilism. One very powerful message in the media is the Untitled (Wheelchair) by Mona Hatoum (1998), a wheelchair with wheels so small that it can not be used by the disabled person, but handles with blades that cannot be pushed by the non-disabled person. Shakespeare (2000) analyses this and its connection with independence 'people are unable to accept help without losing a sense of self' (Shakespeare, 2000: 44). The author goes on to explain that this notion of helping sometimes functions as oppression. Is the disabled person benefiting from this help or is the helper benefiting due to a raised self-esteem? (Shakespeare, 2000).
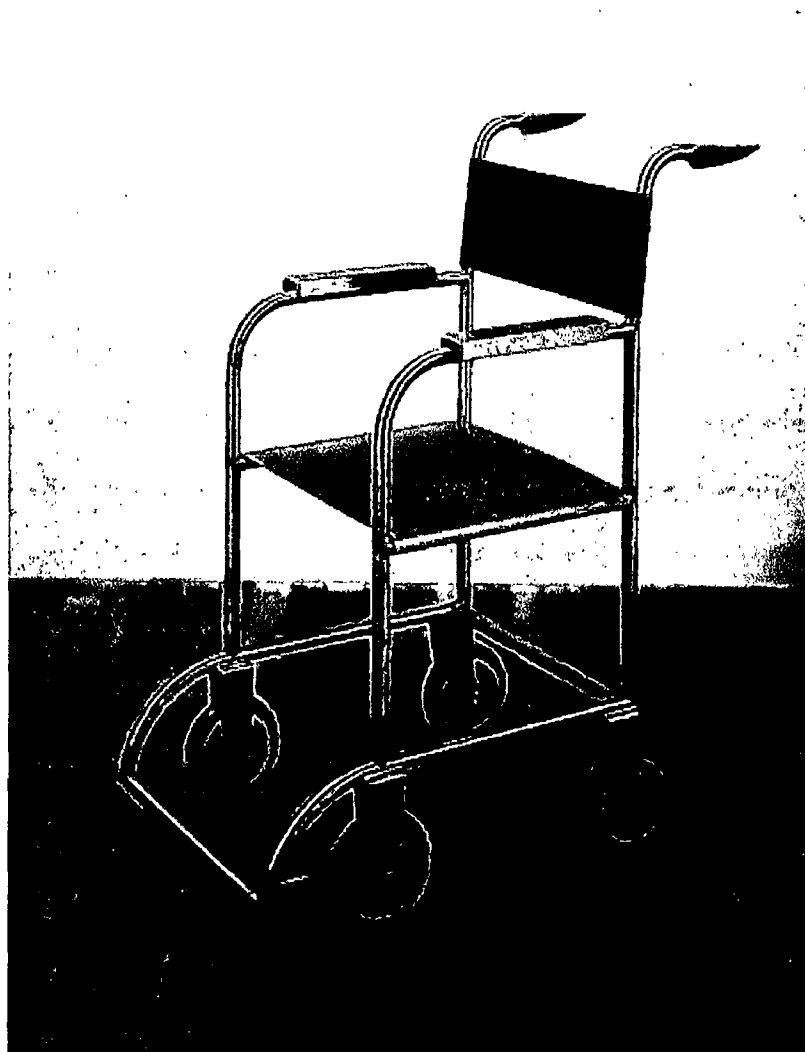
2.5 Barriers to full participation in society

A disabled person struggles with completing everyday activities because the environment is inaccessible (Quin & Redmond, 2003; Barnes, 1991). Yet 'accessibility is one aspect of the person' (Fange, Iwarsson & Persson, 2002: 319). Historically disabled people played little or no role in how society was constructed (Quin & Redmond, 2003). Robins (1997) addresses this status, of disabled people being ignored, written off by society and with lack of effort for integration by non disabled people (cited in Tovey & Share, 2003). Butler & Parr (1999) and Barnes (1991) reviewed the inaccessible environment, physical barriers to movement such as street-scapes, building architecture, such as limited access due to stairs and inaccessible public transport. Public buildings are to be made accessible to disabled people only 'as far as practicable' (Disability Act 2005). Buildings exempt from the Disability Act include

(*a*). The building is being used temporarily as a public building and will cease to be used as such after 3 years from the date of the making of the order,
(*b*). The building will not be used as a public building after 3 years from the date of the making of the order, or
(*c*). Making the building accessible to persons with disabilities would not be justified, on the grounds of cost, having regard to the use to which the building is put

(Disability Act 2005).

This makes accessibility extremely difficult for disabled people. What makes accessibility even more difficult are the further exclusions when disabled people use a business and the following apply;

(*a*). Would not be practicable,
(*b*). Would not be justified having regard to the cost of doing so, or
(*c*). Would cause unreasonable delay in making the goods or services available to other persons

Also, heritage sites are exempt and buildings that do not comply have ten years to do so if none of the above apply.

There is a lack of accessible toilets, mainly to do with the abuse of them from those that are not disabled leading to the lack of funds and time to keep them maintained. This can make things very hard for someone who relies on them and may need to use one on a day out. According to the actor Julie Fernandez:

> I have rarely come across a disabled toilet that has been well thought out in terms of design. I always find that the drying machines never dry my hands enough and there are no towels. When you are in a wheelchair it's better to dry your hands on a towel or those sheets. Often there is no mirror, which is frustrating

(cited in Peck, 2008, 36).

Even the most essential of services such as hospitals can be inaccessible. One woman speaks of her personal experiences:

> I visited one of two local hospitals to check on facilities. The staff were kind, but I was dismayed. I would not be able to lift my own baby from the cot provided, all meals were self-service, the only accessible loo was down several corridors, and there was no accessible bath or shower. After how ever many hours in labour I would be unable to wash and would be expected to use a bedpan for several days

(Crow, 2003: 3).

This woman eventually found an accessible hospital but was refused the entry of her personal assistants whom she needed to hand to support her with her needs. She was then asked by her personal assistant 'what if I had a heart attack mid-labour, not a known characteristic of my impairment (but thanks for the cheerful suggestion)' (Crow, 2003: 3).

One disabled man wrote a personal account of what he read in a newspaper the day after his court case.

> The disabled are unrealistic; they need to be more patient and accept their limitations and stop blaming normal people. It's ridiculous the deaf wanting interpreters in court, the blind wanting everything read out for them and the

handicapped wanting to get into every building. The disabled have to accept their disabilities and let normal people get on with their business

(Thomas, 2003: 6).

The inaccessible environment does not stop there at physical barriers. Disabled people are continually not being given the choice where to live. The illegal act of ghetto-isation is enforced by law yet disabled people are put together in villages (Hurst, 1996). Oliver (1999) talks about the glorification of institutions by naming them group homes and residential care. Institutions are usually for the prisoner but are also for the disabled as society has not figured out any other method for caring for their needs (Hurst, 1996). Residential care often includes factors such as 'inflexible routine, dependence on others and lack of privacy' (Shakespeare, 2000: 14). These social care facilities are not always the ones where disabled people get the opportunity to exercise choice. The very practices which the social care workers have been taught – theories such as self empowerment, inclusion and advocacy are often neglected.

2.6 Disability Policy

Irish disability policy has begun to develop since the 1990's. The Forum of People with Disabilities, an organisation run solely by disabled people, campaigned on the rights of disabled people. Prior to 1990, a disabled person did not have the most basic civil right, the right to vote, without a letter of sanity. The Forum's campaign weapon was a poster stating 'are you sane?' and with the backing of President Mary Robinson, forced the government to change the law (Family Diversity Initiative, 2007). One policy that promoted consulting with disabled people was the publication of the *Strategy for Equality (1996)* which in turn resulted in further policy changes, particularly ones that consulted disabled people (NDA, 2010). 2000 saw the development of the *Equal Status Act (2000)*. This has the aim of promoting equality and fighting discrimination (Irish Statue Book, 2000).

Another influence on Irish society regarding disabled people's rights and the development of disability policy was the *Barcelona Declaration (2005)*. This promoted a more accessible world for disabled people with regard to consultation,

27

choice and the environment. Another main focus was to promote inclusion by tackling disabilism through disability awareness (Roscommon County Council, 2010). At present, the government has launched the *National Disability Strategy 2004* (cited in Department of Health and Children, 2008) which builds on existing policy and legislation for disabled people, to promote participation by disabled people. The most recent disability policy changes include the *Citizens Information Act 2007* (Citizens Information Board, 2008) the *Disability Act 2005* (Tithe An Oireachtais, 2008) and the *Education for Persons with Special Educational Needs Act 2004* (Tithe An Oireachtais, 2008).

The *Citizens Information Act 2007* ensures the go ahead of advocacy supports to disabled people (Citizens Information Board, 2010). The Act equips the Citizens Information Board to provide a service for people with disabilities that is aimed at advocacy, and is the most recent legislation in the area (Department of Justice, Equality and Law Reform, 2007).

The *Disability Act 2005*, according to Carey (2005) is 'the latest and perhaps the last' piece of legislation protecting the rights of disabled people. It is aimed at assessment in relation to health and educational needs of disabled people with regards to legal rights and entitlements. Carey (2005) states 'the Act contains the usual opt-out clauses as in other Acts, and is available with regard to the resources available.'

The *Education for Persons with Special Educational Needs Act (2004)* is historically the most significant legislation related to education and disability. The Act defines the entire scope of the special education system, providing education for all that is inclusive. Carey (2005) critiques the Act as putting too much responsibility on school principals. Carey also states that by eliminating the word 'individual' it provides a plan that promotes a one-size-fits-all approach, and it punishes parents who pursue court cases.

2.6.1 Disability Youth and Recreation policy

There has been the development of many policies relating to young people with disabilities and their recreational needs since 1970's. The white paper, *A Policy for*

Youth and Sport (1977) and the O'Sullivan Committee report, *Development of Youth Services in Ireland (1981)* were the earliest publications. After this youth work was part of the *Paper on Educational Development (1981)* (Department of Education and Science, 2003: 4). The *Costello Committee Final Report (1984)* was the first of its kind to focus on youth work. This then led to the development of the *Youth Work Act (2001)* (Department of Education and Science, 2003). This Act was very influential on the youth sector.

The *National Children's Strategy* was devised in 2000 in consultation with young people. Leisure and disabled children were areas that were identified as those of high importance to be addressed. The main themes resulting from this consultation included: looking at children's needs to develop policy and provide effective services. It also aimed at recognising children's rights in legislation and practice. There needs to be better access to recreation. They also stated there needs to be more research on the area and co-ordination between statutory and voluntary bodies. The final main theme is that young people need to be consulted. (Department Of Health and Children, 2000).

The *National Health Promotion Strategy (2000 – 2005)* was developed from the first strategy, *Making the Healthier Choice the Easier Choice, (1995)*. The strategy has a focus on young people and health promotion, whilst also supporting youth organisations. Its objectives are to work with agencies that address health promotion and to consult young people. They also want to do research into best practice and develop health promotion initiatives aimed specifically at young people (DOHC, 2000).

In 2001 the European Commission White Paper: *A New Impetus for European Youth* was developed. This document consulted young people to see what their needs and issues were. The main objective of the White Paper is to inform the European Union on the issues voiced by the young people (COM, 2001).

In 2003 there was the introduction of the *National Youth Work Development Plan 2003 – 2007*. This policy sets out a five year plan for youth services. The plan

examines challenges and sets goals for the future of youth work (Department of Education and Science, 2003). The first *Statement of Strategy 2003 – 2005* was devised by the Department of Arts, Sports and Tourism. The mission statement of the Department is in line with its policy: 'promoting sustainable tourism; encouraging excellence in sporting and artistic achievement; facilitating greater access to sport and the arts; and preservation of our cultural inheritance'. The policy outlines that they are working towards inclusion of participation and improved facilities within the sports and arts. This includes supporting the Special Olympics Summer Games and we have already seen the importance of the Special Olympics (Department of Arts, Sports and Tourism, 2003).

Ready, Steady, Play! A National Play Policy was introduced in 2004. This policy is focused on play and the importance of public facilities for the purpose of play. It was the result of the consultation of 2,500 children that took part in the development of the *National Children's Strategy* and who felt that play and recreation needed more focus (Department of Health and Children, 2004). 2004 also saw the publication of the document *Making Access Happen.* This publication promoted inclusion for disabled people in libraries to include the importance of access to libraries (Equality Authority, 2010).

Reach Out (2005) was developed as the National Strategy for Action on Suicide Prevention. This policy aims to provide resources to youth organisations to support young people relating to issues of mental health, self-harm and suicide prevention. The policy also sets out the target of aiming at sporting facilities to provide mental health promotion (Health Service Executive, 2005). Also in 2005 there was the publication of the Report of the *National Task Force on Obesity.* This policy sets out strategies to promote healthier eating and physical exercise, with a focus on children (DOHC, 2005). A further important document in 2005 was the *Partnership for the Arts: in practice 2006 – 2008.* This document sets out actions for three years with a focus in disability, participation and young people. The goals that were set included building and supporting the arts and disability community (Arts Council, 2005). Advocacy is also on the agenda with regard to arts and disability and youth organisations. Another focus includes that of young

people and their needs in relation to the arts. The policy sets out goals which include how young people contribute to the arts and what they gain from it. They want to learn from the young people and artists, organisations and policies (Arts Council, 2005).

The NDA in their report *Promoting the participation in people with disabilities in physical activity and sport in Ireland (2005)*, stressed the importance of recreation for disabled people. The report also stressed that the issues with regard to recreation and disabled people, needed to be addressed in all facilities and campaigns. This document makes recommendations for progress with regards to recreation that is available. These recommendations include a wider access to information, more education for those that work with disabled young people in recreation, the introduction of further strategies and the introduction of recreational facilities that are inclusive (NDA, 2005). The NDA (2005) further state:

> Social commitment and an appreciation of the benefits to society of diversity is promoted and fuelled by clear national policy and frameworks and co-ordinated strategic planning. Clear leadership at a national level makes widespread social commitment to equity to everyone more likely

(NDA, 2005).

2006 saw the development of the policy, *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006 – 2015*. This agreement focuses on recreation and the needs of young people and disabled young people. According to the agreement, key issues for disabled people are health, education, employment, income and accessibility with regards to housing and transport. They state these are the areas that need to be focused on along with the availability of advocacy and the access of information (Department of the Taoiseach, 2006: 8).

Two very important visions relating to young people, their recreational needs and their participation in society are: 'Every child should have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood ... Every child and young person will have access to appropriate participation in local

31

and national decision-making' (Department of the Taoiseach, 2006: 41). This will be achieved by many actions, to include encouraging schools to provide after school facilities and by supporting youth organisations through resources and further plans (Department of the Taoiseach, 2006: 44). Integration of young people that are excluded due to a disadvantage will also be explored. The *Ombudsman for Children Act 2002* supports young people to find out their rights. The Ombudsman for Children office is involved in doing research with young people and feeding this back to the government. They also handle complaints on behalf of young people. The Ombudsman for Children Emily Logan has played a huge role in helping young peoples' voices to be heard (Ombudsman for Children, 2010). Also in 2002 there was the establishment of the Comhairle Na nÓg which supports young peoples' participation in decision making and in giving them a voice. The Comhairle Na nÓg are youth councils that were set up in every county and city in order to give young people a voice and the opportunity to be involved in the development of services and policies. The policy that it has developed has concentrated on the needs of young people with regard to recreation and sport in order to increase participation. Goals that were set included increasing the number of young people that participate in sport and increasing sport infrastructure. Disabled young peoples' rights being addressed was another focus. A major goal was to publish a national recreation policy (Department of the Taoiseach, 2006: 45).

The *National Recreation Policy* was devised in 2007. This policy promotes recreational activities and facilities for young people. The policy was established after consultation with young people during the *Nationals Children's Strategy (2000)*. The consultation resulted in the findings that the biggest issues were the absence of leisure activities for this group (OMC, 2007).

2008 saw the development of the policy *Branching out: Future Directions*, as a follow up of the 1998 version, *Branching Out: A New Public Library Service*. This policy works towards the library becoming inclusive, both socially and with regards to access. Optical scanning devices for those with visual impairments were installed in ninety five libraries to ensure ease of access on the internet. Many

libraries also were provided with 'magnification and text to speech software' (Environment, Heritage and Local Government, 2008: 26). All newly built libraries were also compliant with Part M building regulations (Environment, Heritage and Local Government, 2008).

2.6.2 Conclusion

Although policy is in existence to support disabled young people and their recreational needs, problems still seem to be evident. '... for many young disabled people, the role for leisure in tackling social exclusion remains within the realms of policy rhetoric, rather than everyday reality' (Aitchison, 2003: 955). This was argued by a PE teacher

> 'You can have the most inclusive strategic document in the world but it's no use if people don't have the confidence or inclination to use it, and a really well thought out activity, with all the right equipment and highly trained coaches, is no use if no young people turn up to it because they either can't get there, it is in the wrong place or messages haven't got through to schools about the event in the first place.'

(Andrews, 2008: 48).

Schools' anti-bullying policy needs to include bullying towards disabled young people (Morris, 2001). Policymakers... families and communities should involve disabled youth at every step' (Roggero et al., 2006: 650).

2.7 Young people's recreational needs and practices

2.7.1 Introduction

Leisure plays a huge role in the day to day life experiences of young people (Lalor, de Roiste & Delvin, 2007). It is important to define what is meant by leisure before exploring the needs and concerns within it for disabled young people. According to Lalor et al., (2007): Leisure involves

- Free-time use

- Activities a person chooses and has (some) autonomy in

- Constant change, being dynamic, constantly changing

- Activities that may serve different purposes for a young person

<div align="right">(Lalor et al., 2007: 214).</div>

Young peoples' leisure time plays a role in their development into adulthood (OMC, 2007). The benefits of recreation for young people according to Driver (1992) include;

- Physiological benefits, including reduced incidence of disease and increased sense of wellness;
- Psycho-physiological benefits, including reduction of tension and anxiety, and improved sense of well-being;
- Psychological benefits, including improved sense of self-esteem, freedom and independence, improved problem-solving capabilities and enhanced perception of quality of life;
- Social/cultural benefits, including pride in one's community, cultural and historical awareness, and increased family bonds;
- Environmental benefits, including awareness of the need to protect the environment and to maintain outdoor recreational sites, as well as protecting cultural, historical and heritage sites;
- Economic benefits, including opportunities for employment in the leisure industry, which is one of the largest industries in the world in terms of employment and income generation

<div align="center">(cited in Officer for Minister of Children , 2007: 13).</div>

There are just as many benefits for disabled young people having the opportunity to participate in leisure activities. According to Chawla (1994) 'People with learning difficulties appear to gain significant mental, social, spiritual and physical benefits from sport and leisure activities (cited in OMC, 2007: 86). Recreation can also hold the benefits of social inclusion and the breaking down of disabilism towards this group and allowing friendships to build between disabled and non-disabled young people (OMC, 2007).

There has been very little research concerning disabled young people and their recreational needs, in particular research that has voiced their opinion (Barnes, 1991; Lalor et al., 2007). Disabled people are restricted when it comes to recreation and relationships due to 'economic, environmental and social barriers' (Barnes, 1991: 1; Dodd et al., 2006; OMC, 2007). Disabled young people are often

segregated from mainstream recreational activities due to having little supports (OMC, 2007). According to Hughes, Russell & Paterson (2005) and OMC (2007) disabled young people want to access mainstream leisure activities like their non-disabled peers (cited Dodd et al., 2006; Lofgren-Marteson, 2008). Disabled young people do not want their disability to be the focus and want to be like 'everybody else' (Lofgren-Marteson, 2008: 129). According to Mitchell and Sloper (2002) the best way of meeting friends is through leisure activities, and this has been expressed by disabled young people (cited in Gay, 2009: 12). Non disabled young people often have negative attitudes towards disabled people and at the same time, do not always agree that activities should be integrated (Murray, 2002, cited in Gay, 2009; Lalor et al., 2007). Disabled young people may also not feel safe in their recreational activities which may have a negative effect on their participation (Lalor et al., 2007). Studies undertaken by Stoneman (1993) and Guralnick (1997) both showed that non disabled children from the age of four often noticed difference and treated disabled people in a negative light (cited in Gay, 2008). It has been argued that disabled young people often have more time on their hands in comparison to the non disabled young person but at the same time have fewer resources (Aitchison, 2003). This extra time can be down to the young person not being in employment or education so having so much time on their hands. The existing counter argument is that disabled people do not have as much leisure time on their hands (Barnes, 1991). This is due to the fact that activities take longer to complete for many disabled people and many activities may need to be arranged through a personal assistant or support from a family member. What is agreed is that restrictions to leisure activities are increased for disabled people who have completed school and have found it a struggle to gain employment (Aitchison, 2003; Barnes, 1991). Many people form relationships and organise social activities with their peers at work, and also have more income available to pay for leisure activities. Even those that do work have the extra burden of the cost of their impairment to bear. One study found that the young people believed a staff member in their residential school to be their best friend (Jude & Wilson, 1999).

There are some popular and low-cost leisure activities which still may hold barriers to participation. Barnes (1991) and Lalor et al (2007) explored these

activities. Television is one of the most popular, but as explored previously, can be disabilist and also less accessible to those with hearing impairments. A possible outcome of this is the issue of exclusion from conversation since young people commonly discuss previously viewed shows. Another popular leisure activity is socialising with friends, but because of inaccessible built environments, many disabled people cannot visit their friends' houses. Another issue is that disabled young people may only watch television to fill a void as they have no other social activity to partake in. Others may go to special schools so do not have local friends to 'hang out' with in their leisure time (Connor & Stalker, 2007, cited in Gay, 2009; Lalor et al., 2007; OMC, 2007). According to Verma and Larson (2003); Hendry et al (1993); Connor (2003) and Van Vliet (1983) having friends to talk to and hang out with is important for their development in communicating in groups (cited in OMC, 2007). Yet watching television and hanging out are among the most popular leisure activities with young people (Lalor et al., 2007). Recreational activities that are done on one's own are the most popular choices for disabled young people, particular for those with sensory disabilities, such as 'cycling, athletics, martial arts and aerobics' (Lalor et al., 2007: 301). Reading is very inexpensive and also very popular among youth, but those with visual impairments have limited access to reading materials and those with physical disabilities have limited access to libraries (Barnes, 1991; Lalor et al., 2007).

For many or all leisure activities outside of the home, restrictions are constantly visible due to the inaccessible physical and built environment with the added burden of an inaccessible public transport system (Dodd et al., 2006; OMC, 2007). According to a participant in one study; '...sometimes I feel down about it... not being able to do what my mates can do like go down town by themselves and everything like that' (Dodd et al., 2006). Shopping is particularly popular among young females and often forms the basis of friendship due to the appreciation of fashion among peers (Lalor et al., 2007). Barnes (1991) puts forward the point that leisure businesses would rather refrain from encouraging disabled people to use their service as the 'presence of disabled people can discourage non disabled customers' (Barnes, 1991: 6).

Other barriers to enjoying a social life include the dependence on others to bring the disabled person to the activity and negative societal attitudes (Barnes, 1991). According to Shakespeare (2000), Lalor et al (2007) and OMC (2007), parents of disabled young people may not feel that they can exercise choice due to their vulnerability and are often treated as children up to well after the corresponding developmental stage of the non disabled young person. As a result of caring for their child's physical needs they may feel they have to take care of their social needs. 'Young people are not passive receptors of socialisation, or 'inferior adults', but active agents, able to express feelings about their lives and their wishes' (Shakespeare, 2000: 47). Young people choose what they like to do as opposed to what their parents want them to do (Lalor et al., 2007). Murray (2002) stated that for many disabled people, the only encouraged leisure activities are often educational instead of just plain fun leisure activities (cited in Gay, 2009). According to the study undertaken by Shelvin and Rose (2003) the 'pain' described by participants when describing their social life could be decreased if they were given the valuable resources to support their needs that was inclusive and accepting.

There are no provisions for disabled people for leisure activities as there are supports for those in employment (Barnes, 1991). One important point is that:

> If disabled people are denied access to normal social activities we will not only have different experiences to that of our able-bodied peers but we will interpret the world differently; we will see it, think about it, have feelings about it and talk about it differently

(Finkelstein, 1990: 1).

Barriers to recreation in a study undertaken by de Roiste and Dinneen (2005) and OMC (2007) included 'cost, accessibility, transport, changing facilities and adapted equipment' (cited in Lalor et al., 2007: 301). Out of these barriers, the largest one was structural barriers (OMC, 2007). The NDA outlined further barriers for disabled people relating to recreational activities;

- Poor physical education in schools

- Negative school experiences
- Low expectations from teachers, families and peers
- Lack of knowledge of what is available
- Lack of information and expertise
- Poor community facilities and lack of access to facilities and programmes
- Ad hoc structures and approaches
- Transport difficulties
- Lack of coverage of a wide range of sports in the media
- Lack of experience of the benefits of physical activity
- Untrained staff and lack of accessible activities
- Lack of companions who can facilitate/ assist people with disabilities to access facilities and programmes when required
- Inadequate sponsorship and coaching
- A lack of culture of general participation in physical activity and sport in Ireland

(NDA, 2005).

2.7.2 Sport

Water sports

Water sports are fun and active. Waterways Ireland has designed an accessible taster programmes for those that want to try out sailing. The programme is aimed at the non disabled also. The Jubilee Sailing Trust has accessible ships for sailors that like the sport and would like to travel to foreign destinations. Those that may not like to be so active may prefer a cruising break. Unfortunately there are accessibility issues attached to going on a cruise. Before booking a cruise it is important to check if they have necessities such as wide door cabins and wheelchair height mirrors, as these are not always available. All ships insist that you bring someone along that is not disabled and none allow assistance dogs (Bull, 2008). Swimming is another popular recreational activity for many disabled people as the activity aids movement. At the same time the 'standard design and construction' of swimming pools provides barriers for disabled people, such as changing cubicles, foot baths and ladders, that all provide barriers to access (OMC, 2007:89).

Soccer

Soccer has also been adapted to suit varying needs and has been given the title disability soccer. The team consists of five to eight players and is played on a small pitch. This pitch is preferred to be indoors to suit those who use wheelchairs and those with visual impairment as they can hear the ringing of the bells on the ball more easily (Greenwood, 2008). The Football Association of Ireland provides training to coaches who want to work with disabled young people (FAI, 2010).

Disabled young people who would rather watch the sport as opposed to playing it, may find it more difficult. Some stadiums provide access for disabled people. However, others have wheelchair bays that are often not suitable as those using them can not see the match when supporters in front stand up. Other stadiums do not provide commentaries for those that are blind or visually impaired (Ellison, 2008). According to Crouch et al., (1989); McCart, (1991); Plumb, (1990), disabled people are advised to 'phone in advance' in order to visit the stadium (cited in Barnes, 1991: 6).

Tennis

Tennis is a sport that is now more accessible. Wheelchair tennis was started up in 1976 by Brad Parks (Syrett & Law, 2008; Tennis Ireland, 2009). It is a sport that can be played against non disabled players, where the only rule change is that the disabled player can have two bounces of the ball as opposed to one (Syrett & Law, 2008).

Athletics

The Special Olympics provides for a variety of abilities in sports for those with learning difficulties. The organisers hold year round training programmes and competitions in eleven types of sports. Unified sports are available where disabled athletes can compete against non disabled athletes. There is also a motor activities programme for those that are not ready to compete and the emphasis is on participation as opposed to competing (O'Brien, 2000). Weiss et al (2003) did research that found participation in this Olympics raised self esteem for disabled participants (cited in OMC, 2007: 86).

> Special Olympics Ireland changes the lives of people with an intellectual disability by giving them a real opportunity to achieve in life, through sport. Belonging to Special Olympics has a powerful impact, not only on people with an intellectual disability but also on their families, volunteers and the wider community

(Special Olympics, 2009).

The Special Olympic Games however, holds many controversies. Disabled and non disabled athletes competing against each other has not been agreed by all. An example of this has been experienced by Pistorius, a disabled athlete who relies on prosthetic blades to run as he has no legs but has been banned from some events as it has been argued that these give him an unfair advantage (Carter, 2008). A problem with disabled athletes competing in the Olympics is that the Paralympics may be portrayed negatively. According to the Paralympian Tanni, 'I don't want the Paralympics to turn into a B final ... There are a pile of people out there already who think that the Paralympics is secondary' (cited in Carter, 2008: 34).

Another organisation that is working towards equality and access to sports is the Irish Wheelchair Association Sport. This organisation supports people with physical disabilities to participate in the sporting activity of their choice (IWAS, 2010). Irish Blind Sports is an organisation that supports those that are blind and visually impaired to participate in recreational activities (IBS, 2010). The Irish Deaf Sports Association also supports those that are deaf or hearing impaired to participate in sporting events (IDSA, 2010).

2.7.3 Other leisure pursuits

Disability arts

The Disability Arts movement came about in the 1970's shortly after the rise of disability politics. There is now a connection between culture and art (Barnes, 2008 (b) and Finkelstein, 1996). Disability is now portrayed by disabled musicians, actors, poets and authors (Barnes, 2008). Disability art 'exposes the disability imagery and processes of society' (Barnes, 2008 (b): 9; UPIAS, 2001) and can lead to emancipation and social change. Disability art has the power to be 'educative, transformative, expressive, emotionally exploratory, participative, and

involving' (Barnes, 2008 (b): 10). One important rule that must be considered for disability arts to work is that the art and the way in which the group is developed must be controlled by the disabled people involved (Barnes, 2008). The group can then share their common experiences of oppression and look for ways to remove disabling barriers. What about when this art is used against the disabled person as humour? Rieser and Mason (1990) argue that disability can be used as humorous in stand up comedy as non disabled people are scared of it.

Theatre / cinema

The theatre is also beginning to become more accessible. Some theatres have sign language interpreted performances. Others have a loop system for hearing aid users but these do not benefit those that have severe to profound deafness (Irish Deaf Youth, 2009; Irish Deaf Youth, 2009). Others have nothing at all.

> Not all education occurs in the classrooms. On that basis, deaf children deserve to be included in the arts scene. Storytelling and drama are cultural teaching methods, so why exclude one of our most visual groups from the experience?

> (Irish Deaf Kids, 2009).

Sign language and loop systems are not always enough as people are not getting the full experience from the theatre. Some theatres now use theatre captioning which is called Stagetext. Captioning is like subtitles on television only with other information such as names and sound effects. The caption unit is placed close to the actor to ensure the comfort of the audience. In large theatres two units are placed on the stage, one at either side (Jackson, 2008).

The cinema holds barriers to participation, such as lack of subtitling and lack of space for wheelchairs in the seating area (Lalor et al., 2007). According to a participant in the study undertaken by de Roiste and Dinneen (2007)

> Most cinemas are wheelchair accessible but not necessarily wheelchair-friendly. For example, some don't have spaces for people to sit beside the wheelchairs which is needed as some of the lads need help to eat popcorn or to tap you on the shoulder to let you know if they want something

> (cited in Lalor et al., 2007: 301).

Youth Groups

Youth groups are among the most popular form of leisure groups that young people like to go to. It also forms a huge influence on a young person's social life (Lalor et al., 2007). According to Kahn and Antonucci (1980) 'Participation in clubs and groups widens an individual's 'social capital', socio-economic development and social skills' (cited in Lalor et al., 2007: 233). Disabled young people do not all want to go to 'special' clubs (Dodd et al., 2006; Lofgren-Martenson, 2008). 'Special' clubs do little to integrate the disabled and non-disabled. This is because 'they provide an alternative to mainstream recreation, and therefore they might be said to perpetuate these divisions' (Barnes, 1991: 11, Dodd et al., 2006). This may be due to professionals steering these young people towards the 'special' clubs as opposed to integrated ones (Barnes, 1991). At the same time, it is important for disabled people to come together and share experiences. This shared experience can lead to acceptance and empowerment (Barnes, 2008 (b); Morris, 2001). There are some Arch Clubs held around the country that provide a social club for disabled young people (Arch Clubs, 2010). However, in research undertaken with disabled young people it showed that they realised they had an individual impairment that was part of their identity but did not see themselves as part of a disabled community (Dodd et al., 2006).

Internet

Many young people like to spend their leisure time browsing the web (NCBI, 2002; Lalor et al., 2007). But according to a two year study on Irish websites 'at least 94% of the 159 websites tested failed to meet the minimum accessibility standards' (NCBI, 2002). New standards have been developed but they are not mandatory. This makes it very difficult for disabled young people to shop online, email and browse social networking sites when these sites are inaccessible. The web could be an easier option for people to shop due to the inaccessible physical environment but at the moment it does not seem to be this way. According to Holdsworth who is blind

> I feel that Facebook is important for blind and partially sighted individuals who may feel excluded from many mainstream parts of society. On Facebook, people do not know that you are blind and don't make any assumptions about you. In this way it's inclusive

(cited in Porter, 2008: 13).

A study done with young people with intellectual disabilities found the same results; the internet was a place where the identity of being disabled did not need to be suggested and the young people felt they were the same as everybody else (Lofgren-Marterson, 2008). A review was done on social networking sites and found 'Facebook, MySpace, YouTube, Yahoo and Bebo, all posed significant barriers to disabled access, often discouraging users from even registering in the first place' (Christopherson, 2008). It could be 20 years before the internet is truly accessible (Peck, 2008). Simple changes need to be put in place for those with visual impairment, dyslexia and cognitive impairments. Examples of these are 'text to translate images, larger text, simpler English and text that is more legible for screenreading devices' (Disability Rights Commission, 2004: 2). This Commission (2004) set forth further recommendations: policies on website accessibility need to be written and enforced, disabled people need to be involved in the design of websites, those who provide training in computer courses must include disabled access to websites in the course and funding and awareness needs to be put in place for disabled people who need to use support devices. 'Holm, Holst, Back Olsen and Pertl (1997) speak about created communities which are encounters organised by others' (cited in Lofgren-Martenson, 2008: 135). This is where staff organise social activities for service users without consultation and usually activities that are segregated. This may mean that the internet is not chosen. The internet is a means for disabled young people to socialise and communicate with others without the control of professionals and parents, which is what they sometimes do in the real world (Lofgren-Martenson, 2008). One positive addition regarding young people and the internet was the development of the website Teenspace. This was launched in 2008 after the publication of the National Recreation Policy for Young People (2007) which after consultation identified issues in the area of recreation. Now young people that can access the internet will be able to find out about youth activities that are available (Teen Space, 2010).

2.7.4 Relationship building

Hooper (1990) described the disabled as 'sexually dead' (cited Barnes, 1991: 14). Barnes (1990); Hurst (1984); Morris (1989) and Oliver *et al* (1988) state that an important aspect of disabled young peoples' lives is sexual relationships, which due to societal perceptions are often restricted (cited Barnes, 1991; Lalor et al., 2007). Relationships, sexuality and the whole matter of sex are often seen as a taboo with disabled youth (Glad, 2000). Disability and sexuality are usually seen as a problem, where the person's sexuality needs to be fixed as opposed to supporting their needs (Murphy, 2009). At the same time 'we are all sexual beings' (National Childrens' Bureau, 2010). According to Brothers (2003);

> The idea of disabled people being, and having a right to be, sexual beings is not generally accepted by society, and the idea of lesbian, gay or bi-sexual relations among disabled people is a concept which goes unconsidered or, if considered, rejected by the majority of non-disabled people

(cited in Avente, 2006: 10).

But it is illegal in Ireland to have sex with a person who relies on support unless the couple are married (Kelly, Crowley & Hamilton, 2009). According to Kelly et al (2009) 'The law needs to be changed because some people with intellectual disabilities who need support in their lives are still capable of having sexual relationships and protecting themselves against abuse' (Kelly et al., 2009: 308). Myths attached to sex and disability include, a non disabled person catching a disability and that 'people with disabilities are not sexual' and 'people with disabilities don't need sexual education' (Bremner, 2008: 36).

Many disabled young people do not feel attractive enough to seek partners (Barnes, 1991). Many disabled people are also very isolated which prevents them from having a social life and thus forming relationships (Lofgren-Martenson, 2008; Murphy, 2009). The young people with intellectual disabilities in Lofgren-Martenson's study (2008) stated that they would rather have a non disabled partner. One participant stated 'I'd rather have a boyfriend that hasn't attended a special school ... I want one that has a steady job and a driver's licence. Because I can't drive a car myself, I have a bad heart condition' (cited in Lofgren-Martenson, 2008: 131). But how do you meet people when you live a nine to five

social user life? (Murphy, 2009). Many services also do not allow service users to have relationships (Kelly et al., 2009: 308). This does not help when you 'have low self-esteem as a result of it being damaged by rejection and ridicule from the non disabled.' (Murphy, 2009: 18). What makes sexual relationships very difficult for the disabled is:

> The institutionalised animosity against their having children, society's obsession with the 'body beautiful' (Morris, 1989) and the widespread belief that sexual activity is limited to specific actions, namely completed coitus and multiple orgasm (a view only now being seriously questioned because of the AIDS epidemic)
>
> (cited in Barnes, 1991: 14).

But relationships form a very important part of young peoples' social lives and can not be ignored (Avente, 2006; Lofgren-Martenson, 2008). The NDA took research in the UK that found one in ten disabled people are either gay or lesbian. This may mean they experience multiple oppression (Avente, 2006). One participant in the interview stated:

> British people have a problem about discussing sex and sexuality. People think that as soon as we start talking about sexual identity, we are "sexualising" everything. But it's not just about sex in a physical sense, it's about self esteem, relationships, love, affection, trust, respect, and belonging to a community
>
> (cited in Avente, 2006: 9).

Stanton (1996) talks about his own experiences of relationships and sexuality. He speaks about his friend who told him he lost his virginity at 42. He then realised other of his disabled friends were in relationships. Reflecting on this he states 'I wish I'd known all this twenty years ago' (Stanton, 1996: 2). Disabled people need more information with regards to sex and relationships; they need to be allowed the opportunity to voice their opinions on this matter (Kelly et al., 2009: 308). Crow (2003) speaks of her experiences of pregnancy and motherhood as experiencing the attitude that she was the first pregnant disabled woman: 'Hugely pregnant, I would go into John Lewis and still people would say "What a lovely wheelchair" and "How does it work?" (Crow, 2003:2).

It is important that all disabled young people, even those with learning disabilities have access to sex and relationship education. This way they are able to make informed choices, to be less vulnerable to exploitation and it increases self-esteem (National Children's Bureau, 2010; Murphy, 2009). This form of education also allows the young person to explore their values and to gain valuable knowledge on looking after their sexual health (Lalor et al., 2007). According to Fullerton (2004):

> Sexual education programmes in other countries have reported a number of results, including a delayed initiation of intercourse, a reduction in number of sexual partners, fewer feelings of coercion and a drop in teenage pregnancy rate

(cited in Lalor et al., 2007: 107).

Mayock, Kitching and Morgan (2007) undertook a piece of research on the R.S.E (Relationship and Sexuality Education) programme in schools. They identified that there is a need to develop the RESE programme for young people woth learning disabilities. There exists no real sex and relationships programme within schools in Ireland for disabled young people (Murphy, 2009). According to Brook (2003) disabled young people have requested to explore such matters (cited in National Children's Bureau, 2010). In a study undertaken by the HSE (Health Service Executive) it found that the topics of relationships and sex came up almost every day, and the disabled young people were learning about relationships from watching the television and watching their peers (Murphy, 2009). According to the National Children's Bureau (2010)

> Intimate relationships can be fulfilling and enhance self-esteem and confidence... For children and young people with learning difficulties, opportunities for meeting and forming relationships are often lacking and they may have fewer opportunities to learn and develop skills as part of their natural sex development

(National Children's Bureau, 2010: 6).

According to the DOHC (2000: 61). 'Sexuality is an integral part of being human and healthy sexual relationships can contribute to an overall sense of well-being'. Lalor et al (2007: 92) identified a number of positive benefits for young people having relationships:

- Companionship and social support.
- Recreation and fun.
- Socialisation.
- Status enhancement.
- Self-esteem.
- Sexual experimentation.
- Identity formation and individualisation.
- Intimacy.

A study was carried out with disabled young people as researchers. Participants spoke about sex education and special schools; 'They couldn't let you do that (talk about sex) because the cotton wool would be broken. The cotton wool that they would wrap you up in the day you start. Then by the time you leave, the cotton wool has pretty much smothered you.' (Shelvin & Rose, 2003: 105)

The DOHC (2000) has set out objectives to promote sexual health:

- To support school based programmes designed to develop personal skills such as Relationships and Sexuality Education (RSE) and Social, Personal and Health Education (SPHE)
- To work in partnership to develop and implement health promotion initiatives which address the issues in relation to teenage pregnancies.
- To contribute to a reduction in the number of crisis pregnancies.
- To work in partnership to develop and implement strategies aimed at reducing the incidence of STIs.
- To initiate research into the need for a national sexual health strategy that would encompass the prevention of STIs and crisis pregnancies.
- To support the implementation of the recommendations from the Aids Strategy 2000 Report of the National AIDS Strategy Committee

(DOHC, 2000: 61).

2.7.5 Conclusion

It would be of use to consider whether the statement from the UN Convention of the Rights of the Child (1989) is being addressed and fulfilled.

> State parties shall respect and promote the right of the child (young person) to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity

There are even possible long term effects for those that are not able to engage in physical leisure activities, such as not leading an active life into adulthood. Another implication is one of serious consequences: 'An individual's risk for immature death and/or morbidity from non-communicable disease is significantly increased by having a sedentary lifestyle' (Lalor et al., 2007: 230). What has been argued is that disabled young people do not necessarily have the same experiences when it comes to recreation as their non disabled peers. Unacceptable attitudes towards disabled people combined with a segregated social life, has resulted in negative experiences for this group (Lalor et al., 2007). The National Recreational Policy for Young People in Ireland (2007) has set out a list of recommendations regarding recreational activities for disabled young people:

- City and County Development Boards should pay particular attention to recruiting young people with disabilities to Comhairle na nÓg
- Strategies developed for young people's recreation locally should specifically address issues relating to the involvement of young people with disabilities in mainstream recreation
- Sectoral plans will be implemented by the relevant Government departments to implement Part 3 of the Disability Act 2005, dealing with access to buildings and services
- The Department of Education and Science should highlight the value of projects such as 'Sports for All' to ensure that PE programmes in schools are planned and implemented to include students with disabilities

(OMC, 2007: 91).

Considering these policies that promote consultation with young people, it would be useful to consider advocacy which is an important movement within the disability sector.

2.8 Advocacy

The old attitude of looking at disabling barriers has now changed to looking at disabled people's personal experiences of discrimination (Finkelstein, 1996). Advocacy can give the opportunity to do this. There is a lot of confusion about what advocacy actually is (Atkinson, 2000; Bateman, 2000; Forum of People with Disabilities, 2001; Oliver & Dalrymple, 2008). Advocacy was defined by Brandon (1995) as 'a device to influence the balance of needs/ rights of the group in the

favour of the needs/ rights of individuals, especially those on the social margins' (cited in Bateman, 2000: 17). Simpler ways of defining advocacy are 'speaking up – on one's own behalf, or on behalf of others' (Atkinson, 2000: 1). It has also been explained as 'an important means by which people's voices have been heard, and their views and wishes made known to others' (Atkinon, 2000: 1). Advocacy is also about disabled people becoming empowered (Forum of People with Disabilities, 2001): 'to take the side of the oppressed and to give a voice to the powerless' (Atkinson, 200: 14). With regards to disabled young people it has been described as the act of '... helping the young person voice their opinion and pursue what they consider to be in their best interests, which you or other professionals may not necessarily agree with' (Oliver & Dalrymple, 2008: 119). The Forum of People with Disabilities (2001: 5) agree that advocacy is all these things but also: 'It is about a process; how one speaks or represents another, whether the person is involved, how people are involved, and the accountability we have to those we represent'.

Young people do not always get the opportunity to participate in decisions that affect their lives; disabled young people are at an even greater disadvantage. Those that have severe learning disabilities or who have limited communication can be even more excluded although it must be stressed that young people with these types of disabilities can still communicate in other ways (Oliver & Dalrymple, 2008). According to Atkinson (2008: 1) 'Advocacy can be an empowering process; it can enable people to gain access to information, to be well informed about their rights, and to make complaints where necessary' According to one self advocate: 'Once upon a time I wouldn't speak out at all. I used to be told to shut up. Now that I've been around a self advocacy group I have learned to say what I want to say' (cited in Goodley, 2000: 6). According to another self advocate: 'Self advocacy enables us to make choices and make our decisions and control the way that our lives should be made' (cited in Goodley, 2000: 6). Oliver, Knight and Candappa (2006) research findings show that disabled young people who had not previously been given the opportunity to express their views and make decisions, often said yes to everything as they had not developed the skills of decision making. Although the young people saw the benefits of someone listening to them,

they did not fully understand what an advocate was (cited in Oliver & Dalrymple, 2008: 122). This stresses the importance that all disabled people should be given information on advocacy, what it is and how to access it (Atkinson, 2000). The study did show the benefits of advocacy: 'helping disabled children and young people, not only in their everyday lives, but also by increasing their participation in decision making and thereby promoting their social inclusion' (Oliver & Dalrymple, 2008: 129).

2.9 Ask the experts: Emancipatory research

Authors who are disabled themselves have written on the area of disability. Lentin and McVeigh (2002) found there was a lack of research on issues for disabled people, when it is often only mentioned with other studies such as gender or health. Rieser (1990) spoke about living with a physical disability 'Physically I could do a great many things, but my personality was less resilient to growing up disabled' (Rieser & Mason, 1990: 2). Shakespeare (2000) wrote about comments from disabled people on services they use '...social services is based on the model of dependency and care. They are not going to change'. And 'If you dropped a bomb on most social services departments, you'd be doing them a favour in the sense that they could start from scratch and reorganise' (Shakespeare, 2000: 14).

The following two authors illustrate the difficulty of non disabled people in understanding their impairment as it is so complex; however the individual can describe the lived experience. Liane Holliday Willey (1999).wrote about her disability, Asperger's Syndrome.

> The autism umbrella is vast. Within its boundaries is a wide range of abilities and disabilities; a wide range of differences. It is a fluid diagnosis, one that has no definite beginning and no certain end. Scientists are uncertain as to how it is caused. Educators debate how to manage it. Psychologists are baffled how to differentiate among its different labels. Parents are not certain how to deal with any of it. And those with autism are too often without any voice at all. Autism touches many, and yet, it is one of the most misunderstood developmental disorders

(Willey, 1999: 13).

Donna Williams (1999) also wrote about her experiences of disability, autism.

> Throughout the ages, autism had gone from been seen as being caused by everything from possession by fairy spirits to bad parenting. From psychosis to emotional disturbance. From retardation to a sleep disorder, and most recently as a developmental disorder occurring either before or shortly after birth that affects how the brain uses incoming information

(Williams, 1999: 8).

Research was undertaken by Tubridy (1996) about the experiences of people with disabilities in Ireland. Thirty interviews were given by people with physical disabilities. One of the respondents talks about her educational experiences:

> Mammy couldn't get any school in Dublin to take me. They wouldn't take a handicapped person. Then she got me into one and she had to wheel me there and wheel me back. I was there for two years but, you see, third class was upstairs...

(Tubridy, 1996: 45).

Another respondent spoke about his employment experiences:

> I worked for a while after me accident but it wasn't worth working because you lost your disability allowance. People in wheelchairs get pittance like even though you're doing the same job as everyone else. In one job I was doing the very same job as the person beside me. He was able-bodied. There was no difference in the work. I was doing the same as him and he was getting three times my wages...

(Tubridy, 1996: 88).

Another disabled person speaks about their experiences of college; 'People was treatin' me like a freak, not teachers, kids. Like when I walked down the corridor an' they walked past, cos' I 'ave a funny way of walkin', they'd laugh an' some of 'em' d call me names as I was passin', like freak' (cited in Barnes, 1990: 175).

Actress Francesca Martinez who has cerebral palsy commented on attitudes towards her

> ... people think I'm drunk. I used to go out clubbing and boys would chat me up and they'd go, 'God, you've had a lot, haven't you?' and I'd say 'I don't drink' and they'd say, 'what are you on then?' and I'd say, 'I'm not on anything.' What fascinates me is the power of people's pre-conceptions. They have a very specific idea of what disability is. And it's kind of like, if you don't fit that stereotype you must be pissed

(Macrae, 2008: 27).

One disabled participant described their experiences of being a non-wheelchair user:

51

> ... They've been brought up as though their handicap's not a bad thing to live with. They've never actually been in the street and had the mickey taken out of them. They've never been in the street and been made fun of. If I walk down the street people will notice. We walkers have a lot more to put up with because as soon as people see someone with a wheelchair they think 'oh that person is handicapped'. They don't understand if you've got a walking problem
>
> (cited in Barnes, 1990).

Lynda Roy who is also disabled explores attitudes about sex and disability; 'A disability is a normal part of life. We're often told by society that our bodies are not attractive, that are bodies are abnormal, and ... difference is equated with something negative' (Bremner, 2008: 37).

Nannette Oatley who uses a wheelchair also speaks about attitudes towards disability: 'We chair users have been accused of grumpiness as a projection of unprocessed psychological work associated with anger about our injuries' (Oatley, 2003: 48). The author focuses on the positive attributes of having a disability and speaks about her fellow tennis player:

> Because Nick's embryonic history made him unique -- he has idiosyncratically cupped hands -- most people would look at his hands and see a deficit. But the way he must fortify his racquet in his hand in a twisted fashion actually contributes to his vicious serve
>
> (Oatley, 2003:49).

Christy Browne (1954) had cerebral palsy and was unable to use any part of his body except his left foot, which he used to write with (Hambleton, 2007)

> We need confidence and friendliness as well as, if not more than, medical treatment. It is not only our muscles and limbs which bother us -- sometimes it is our minds as well, our inner selves that require more attention than our twisted arms and legs. A child with a crooked mouth and twisted hands can very quickly and easily develop a set of very crooked and twisted attitudes both towards himself and life in general, especially if he is allowed to grow up with them without being helped to an understanding of them. If the idea of his 'difference' as compared to normal children is allowed to take root in his mind, it will grow with him into adolescence and eventually into manhood, so that he will look out on life with a mind as distorted than his body. Life becomes to him just a reflection of his 'crookedness', his own emotional pain
>
> (Brown, 1954).

The idea of 'Ask the experts' is developed further in the concept of Emancipatory Research. In this type of research, the participants are encouraged to participate as fully as the process allows, with the aim of overcoming any perceived barriers.

(Disability KaR, 2006; Kearns, 2006; Kearns & Gilmore, 2009; Oliver,1992, 1997; Stone & Priestley, 1996). It is as essential to use this method as it would be for example, to consult with pregnant women about their experiences rather than just the observations of an academic who had not had this experience. The method will be explained further in Chapter three.

2.10 Conclusion

The meaning of disability differs, depending on which model is used. The most popular thinking around disability is to separate it from the impairment. The disability is a disadvantage the person with the impairment experiences due to disabling barriers. The two main models of disability are the medical and social model. Critiques can be made from each model presented. The best model at present is the social model, although this could be revised or even replaced, in consultation with disabled people. The social construction of disability can be highlighted through oppression, disabilism, negative societal attitudes, negative terminology used in relation to disability and negative media images. Access is a huge barrier to full participation in society for disabled people. Irish disability policy, although it is beginning to develop, still holds flaws and has room for improvement. Those that implement these policies need to be trained on how to use them. Leisure plays a huge role in disabled young peoples' lives. It can promote social inclusion and break down disabling barriers. They are at a huge disadvantage when it comes to accessing mainstream leisure activities. What seems to be evident is that stated by the DAA (Disabilty Awareness in Action) (1998) 'Millions of children and adults world-wide are segregated and deprived of their rights and are, in effect, living on the margins. This is unacceptable' (cited in Oliver, 1999: 2).

This literature review has documented many publications by disabled authors and the research that has been undertaken. There is a lot of literature based on inequality and disability; however active participation from disabled people is weak, particularly disabled young people. There is also a gap in research with regards to disabled young people and their recreational needs. This gap identifies that research needs to be undertaken by involving disabled people in the process.

There are very few emancipatory research projects being undertaken. It is of utmost importance to show how beneficial research is if it approached using emancipatory methodologies, where the participants are completely involved throughout; where the disabled young peoples' voices are not silenced. Kwiotek (2003: 3) explores the future challenge for researchers;

> to find more complex, transformatory, theoretical frameworks and models which can be made empirically operational for producing new knowledge and understanding. Analysing the power relations, underlying simultaneous injustices of unequal distribution, mis-recognition, disrespect and non-representation of disabled people will be imperative. We cannot allow future research to take place without our consent, full participation and equal representation i.e. having our full and equal say in formulating and agreeing future research frameworks, designs, appropriate methodologies, presentation of findings, and their usage. Anything less fails to be emancipatory

CHAPTER THREE – RESEARCH METHODOLOGY

3.1 Introduction

The aim of this research is to undertake a study / comparison of access to and attitudes towards leisure activities between disabled and non-disabled young people in the Sligo area. The researcher sets out to achieve this aim through the following objectives:

The research objectives will be examined by considering the following questions:

- Do disabled young people believe there are any barriers in accessing recreational activities?
- What recreational activities are available in Sligo for young people with and without disabilities?
- What do disabled young people believe are their recreational needs?
- What do disabled young people believe influence or deny their independence in their social life?
- Do disabled young people believe recreational activities should be mainstream or segregated?
- What attitudes towards disability are held by non disabled young people?

The researcher wants to approach this research as Oliver and Mercer (1996) did in their previous study: 'We approach the research task as activists trying to make sense of our actions, not as researchers trying to be where the action is' (cited in Oliver, 1997: 4).

3.2 Hypothesis

In this study the researcher expects to find inadequate provision for recreational needs of disabled young people. The researcher expects to find a degree of disadvantage in access to and participation in leisure activities for disabled young people vis a vis their counterparts. This is due to previous study and work experience obtained by the researcher.

It is important however to consider the stance of the researcher and possible biases when setting out such a hypothesis. According to Oliver (1997) 'it is not possible to research oppression in an objective or scientific way' (Oliver, 1997: 2). According to Barnes (1996) 'you cannot be independent in research oppression; you are either on the side of the oppressors or the oppressed' (cited in Oliver, 1997: 2). Due to being on the side of the oppressors, the researcher is aware of any possible biases and therefore strives to ensure that these are not imposed on any participants or in the writing of the study.

3.3 Theoretical framework

The researcher will begin by researching secondary data in order to examine current thinking on the area. Past research will be examined, with an emphasis on the writings of disabled academics and on emancipatory research. The next stage will be to gather a group of disabled young people in Sligo to be involved in the research process throughout. This will be done with the support of the Sligo LEADER Partnership. This organisation has provided funding to start the consultation with the disabled young people which will cover costs for the first two sessions. They have also provided support by providing an advisory group. This group is made up of disabled and non disabled professionals in the area of disability and will meet with the researcher once a month for the first year of the research to offer guidance and advice. The final support the organisation has provided is to pay a mentor who will help the researcher facilitate the consultation groups with the disabled young people.

Qualitative methods will be used in the form of focus groups and semi-structured interviews. This process will then be repeated with non-disabled young people to provide a comparison between the two groups and to gain an insight into their attitudes towards disabled people. The main aspect of this research is that it is taking an emancipatory approach, which means that the research will belong to the disabled participants and they will decide its direction. Another important aspect is that if the young people decide they want social change that they can work towards this unlike other research methods where data is written up and no action taken as an intrinsic part of the study.

3.4 Qualitative research methods

The researcher will choose qualitative methodologies as opposed to quantitative methodology, as unlike gathering statistics as quantitative analysis does, she wants to gain an understanding of the reasons behind the answers of the respondents. Quantitative methodology 'perceives reality to be objective, simple and fixed' (Sarantakos, 2005). The perspective to be taken towards this research is neither of these things and believes human beings and their experiences are far more complex. Qualitative methodology is one of which Engel and Weggenig (1991) describe as one which 'deals with data presented in words; that it contains a minimum of quantitative measurement, standardisation and statistical techniques' (cited in Sarantakos, 2005: 344). Qualitative methodology is interested in 'studying a phenomenon or situation in detail, holistically and in context, focusing on interpretations and/or processes' (Punch, 2006: 46). The qualitative method ensures the true reflection of attitudes of the respondents as they will be given the opportunity to freely give any information they wish to do so. In using this approach the researcher aimed to have the disabled young people involved in a central position of the research; 'rather than being observers, being creators.' Therefore the aim will be to

> express a commitment to viewing events and the social world through the eyes of the people the researcher studies. The social world must be interpreted from the perspective of the people being studied, rather than as though those subjects were incapable of their own reflections on the social world

> (Bryman, 2004: 278).

The researcher hopes to achieve this through the focus groups and interviews, but in particular by using an emancipatory methodology.

3.5 Degrees of participant involvement

Fajerman and Treseder (2000) outline in the diagram below degrees of participant involvement (cited in Lexdis, 2009). The researcher would hope the research to be participant initiated but because the researcher is the one who wants to complete the study it will be researcher initiated but with the participants sharing decisions. This method seemed the most suitable under the circumstances but will still allow

the participants involvement in every step of the research with regards to decisions.
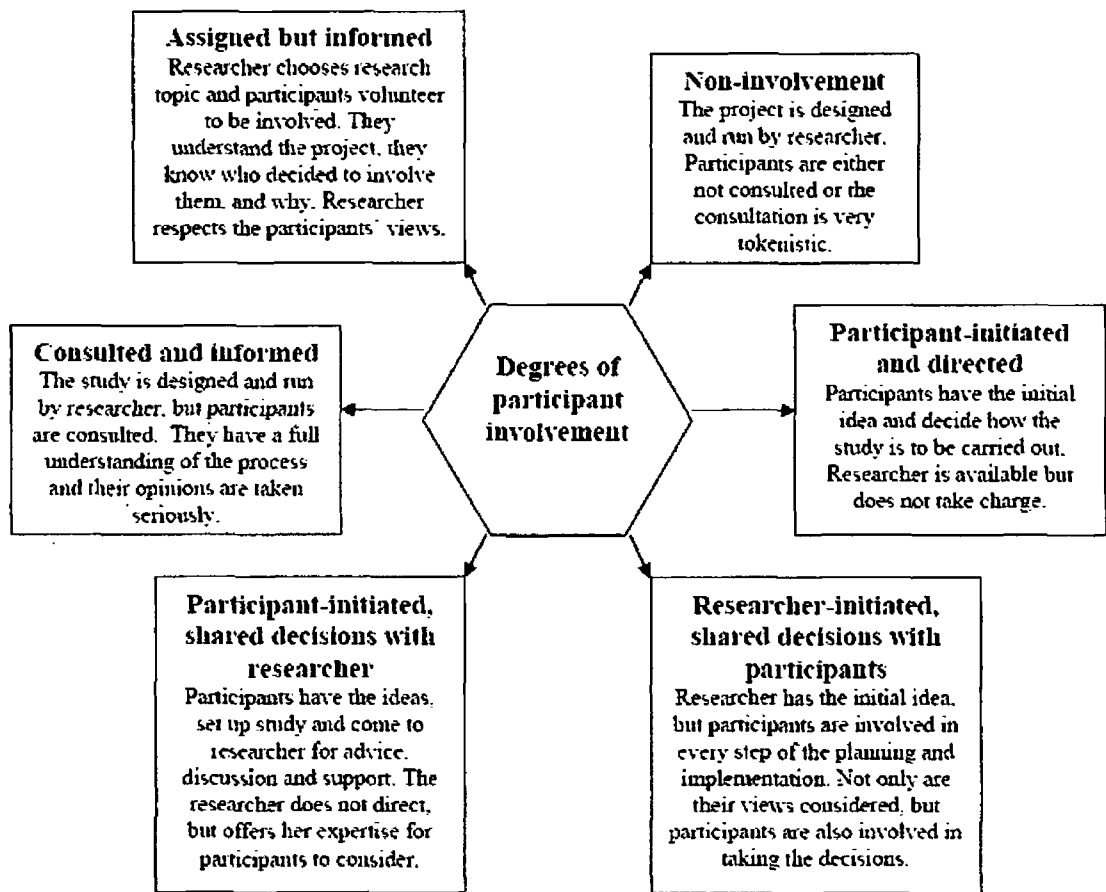
Figure 2. Degrees of participant involvement (adapted from Fajerman & Treseder, 2000)

(cited in Lexdis, 2009)

The participant involvement of the current study will be closest to the 'Researcher-initiated, shared decisions with participants' category, seen in the bottom right of the above figure.

The diagram on the next page, set out by Zarb (2002) outlines how to undertake research with people as opposed to on people (cited in Lexdis, 2009).

58

Participatory approach aims to engage participants in the design, conduct and evaluation of research with the construction of non-hierarchical research relations (Zarb 2002)

Participatory Approach

- Research done with people rather than on people (Reason & Heron 1986)
  - Equality in research relationships but not reject expert knowledge
    - Ensure research owned by participants as well as researchers (Cornwall & Jewkes 1996,1997)
      - Participants encouraged to own the outcome by setting the goals and sharing in decisions about processes (Evans et al 1992-99)
    - Make traditional research more effective and meaningful

- Essential to be aware of the issues involved
  - Need clarity of agreed aims and objectives as well as the roles of the researchers and participants. (Ward & Trigler 2001 Pg 58)
    - An overemphasis on getting the process right in terms of inclusion, can lead to mistakes being made in locating methods to answer the questions." (Walmsley, 2004 Pg 32)
    - Discuss and be aware of how the research may affect participants.
  - Not the same as emancipatory research that is controlled by participants.
    - Walmsley (2004) says it is widely accepted that, in contrast to emancipatory research, in participatory research, non-disabled people have an enduring role."
  - Participation at the outset will help reduce incorrect labelling (disability/ability) or assumptions being made as to learner preferences.
    - Outcomes must be more than just reconstructed stories or mere validations of research undertaken (Duckett & Pratt , 2007)

- Semi-structured interviews - possibly not the right term

- Awareness of Funder's requirements & Time constraints affecting degree of participation and possible outcomes
  - Chapell argues that "participatory research can be understood better as a pragmatic compromise between conflicting pressures on researchers ..." this is when compared to emancipatory research as described by Zarb (1992)

59

3.6 Emancipatory research

The process of undertaking research using an emancipatory methodology needs to be examined before using this approach. According to Kearns and Gilmore (2009), 'Disabled people often say that they are 'researched out' and 'consultation exhausted.' They continually participate in standard meetings where information is extracted from them and analysed somewhere else by so called 'experts' (Kearns & Gilmore, 2009: 137). The researcher will not want the participants to feel like this so she wants to ensure that they were happy and involved with the process throughout. The experts in this case are the participants, as these are the people who have the disability and this is what the research is about. Stone and Priestley (1996) set six principles of emancipatory research:

- The adoption of a social model of disablement as the epistemological basis for research production;
- The surrender of claims to objectivity through overt political commitment to the struggles of disabled people for self-emancipation;
- The willingness to only undertake research where it will be of practical benefit to the self-empowerment of disabled people and/or the removal of disabling barriers;
- The evolution of control over research production to ensure full accountability to disabled people and their organisations;
- Giving voice to the personal as political whilst endeavouring to collectivise the political commonality of individual experiences;
- The willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of disabled people

(Stone & Priestley, 1996: 706).

This research will evolve with the social model approach. The researcher realises that it will not be her role to empower the participants, but to provide a space where they could empower themselves and that the researcher will support them in this path. The researcher is prepared for the circumstance where if any disabling barriers arise during the research, the researcher will support the participants as best as possible to remove these barriers. The control of the research will be handed out to the participants and all voices will be heard and acknowledged. All data collection will be adapted on the spot to suit varying abilities. The participants will be involved in the process and the end product. According to

Kitchen (2001) it is not only important to provide a place where the participants can speak but to provide a place:

> where disabled people take an active role in the whole research process from ideas to hypotheses to data generation to analysis and interpretation to writing the final report. In this approach, the role of the academic is not as expert but as enabler or facilitator. As such, the academic takes an emancipatory position, which seeks to inform and impart her/his knowledge and skills to the disabled people who are co-researchers in the project, and provide an outlet to inform the policy makers

> (Kitchin, 2001, taken from www.nda.ie)

In using the social model approach, ways to approach any social exclusion that may arise in the process will be explored, whilst ensuring the disabled participants' views will be fully acknowledged. Emancipatory research includes 'a redefinition of the social relations of research production, a rebuttal of positivist and interpretative claims to 'objectivity' and assertions about the political position of the researcher' (Stone & Priestley, 1996: 706). The researcher will look at the role they play, and that of the participants. This will lead to ensuring that the role of the researcher will be to transfer their skills and knowledge to the participants. It will then be left up to the participants where they want the research to go and what they feel will be important to be included. Emancipatory methodologies are used as a research tool and vehicle to social change. The method:

> begins by conceptualising disability in social-model terms as a form of oppression – people with impairments being disabled by a complex web of discrimination and social exclusion. The object of emancipatory research is to understand how this happens and discover ways to challenge it. The key to unlocking this process of transformation lies in the knowledge and life experience of disabled people themselves. This is why they need to take the lead at all stages of the research process
>
> (Disability KaR, 2006: 29).

According to Kearns (2006): 'emancipatory research is not only a means of contemplation; it is inevitably political, insofar as it shows the means of carrying out transformation.' (Kearns, 2006: 1) The researcher will have to consider how the transformation of such change can be brought about through research. According to Oliver (1992): 'The emancipatory paradigm, as the name implies, is

61

about the facilitating of a politics of the possible by confronting social oppression at whatever levels it occurs' (cited in Oliver, 1997: 2). First of all, this research will reflect the voices of the disabled young people. Unlike other research methods that just generate data, this method will ensure actions are taken to support the participants with any issues that may arise. The process will not solely be that of research, it will also be a process of emancipatory advocacy. 'A primary objective of emancipatory advocacy is to devolve relevant information to disabled people participating in the process' (Kearns & Gilmore, 2009:1). If any issues arise during discussions with these young people, it will be important not to ignore this and to support the individuals where ever possible through information giving. 'The issue then for the emancipatoyr research paradigm is not how to empower people but, once people have decided to empower themselves, precisely what research can do to facilitate this process' (Oliver, 1997: 3).

The role of the researcher is also that of an advocate. The advocate must ensure that they are involved in the process that: 'enables disabled people to show and to speak, so they themselves become part of the struggle and the struggle becomes part of the advocacy effect. Disabled people become silent, when they do not possess the necessary information to decide' (Kearns & Gilmore, 2009: 11).

Emancipatory research was explored by Kearns (2006) to facilitate thinking as a form of action. The method supports the participants to discover any issues, and it provides a place for the researcher and participants to learn together. Without this the validity behind the research would be non-existent. Secondly, those with the power to bring about social change have to be involved as these are the people that can put the concerns voiced into action. This will be done by involving many disability and youth organisations and making them aware, allowing them the responsibility of share ownership of any problems that may arise. The researcher will encourage these organisations to decide together that they will support the young disabled people to bring about change. Thirdly, it will be important to involve as many disabled people as possible as opposed to non disabled people, other than the participants, such as volunteers in the research, as they are experiencing disability. The inclusion of those with disabilities could be defined

62

solely as participatory or action research by some. What makes this research different? According to Oliver (1997) participatory approaches allow those that are excluded to be included and emancipatory methods ensure no participants are excluded from the start.

3.7 Sampling

As the researcher wants to hear the perspectives of disabled people, this will result in purposive sampling for the focus groups and interviews. Purposive sampling is

> the technique in which the researcher purposely chooses subjects who, in their opinion, are relevant to the project. The important criterion of choice is the knowledge and expertise of the respondents, and hence their suitability to the study

(Sarantakos, 2005: 164).

As the research is concerned with the perceptions of disabled young people, these will be the people that are needed for the focus groups and interviews sample. The researcher will advertise these workshops through websites, newspapers and radio advertisements. Another method will be through the use of gatekeepers. A gatekeeper is the person who has access to people needed for the study so s/he asks participants on behalf of the researcher. The researcher plans to visit many youth and disability organisations in Sligo to explain the workshops to each manager and to provide them with information on the research. The researcher will also do presentations to committees about the research and the workshops in order to publicise it. The final form of gathering the sample will be to phone parents from a list that will be given to the researcher from one of the gatekeepers to inform them of the workshops and to follow this with an invitation to the young people. The sample will be open to young people with all types of disabilities of both sexes. The second sample for the focus groups will be non disabled young people. The researcher will gather this sample by visiting secondary schools and youth groups in Sligo. These groups will achieve the purposive sampling as 'the researcher samples on the basis of wanting to interview people who are relevant to the research question' (Bryman, 2004: 334). At the same time, the sample will be representative. The consultation will be advertised and open to any disabled young

63

people in Sligo, ensuring a good mix of people, as opposed to approaching one service.

3.8 Focus groups

When the participant group is formed the researcher will undertake focus groups with disabled young people to find out where their opinions lie in relation to the study. Another reason for taking this format will be to ensure collaboration and consultation with the group in the process of research. The researcher will meet with this group of participants for five focus groups, once a month during the first year of the research. This will be followed by one focus group in the second year of the study, in order to feedback the findings to the group. Two focus groups will take place for the non disabled young people to compare needs and look at their views towards disabled young people. A focus group's purpose involves

> listening and gathering information. It is a way to better understand how people feel or think about an issue. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group

(Krueger & Casey, 2000: 4).

It is important to facilitate more than one focus group as 'The group discussion is conducted several times with similar types of participants so the researcher can identify trends and patterns (Krueger & Casey, 2000: 4). Each focus group will consist of approximately ten to twelve participants, and last one hour. The researcher will ask the participants probing questions to promote conversation. At each focus group a moderator will write the feedback onto a flipchart. The participants will then see their opinions being put up and this will allow for evaluation in order to ensure the information is gathered accurately. This information will then be transcribed for analysis. The researcher will inform the participants of the outcomes of the research through a paper presenting a summary of the findings. The focus groups with the non disabled young people will follow the same format. The same probing questions will be used as those in the group of disabled young people. The topic guide is available in appendix G.

3.9 Emancipatory art and drama processes

As the researcher will be working with young people, emancipatory art will be used as a process to facilitate discussion. This is where art and/or drama will be used as a medium to aid the young people in discussion.

> The work facilitates the participating disabled person to discover that which they carry within them, both individually and, more importantly, as a collective. Experiential emancipatory art programmes can be a transitive process. Artist as animator and disabled participant are learning together ...

(Kearns, 2006 (b): 4).

Examples of this emancipatory art method will include looking at a theme such as recreation and young people and asking them to make a collage of this theme in small groups. The researcher would then plan to ask the young people to come together in a large group and discuss their findings. If any disabling barriers arise we will discuss together ways in which to remove them. The emancipatory drama approaches will take a similar method. The researcher will ask the young people to act out a recreational activity that they usually participate in or that is important to them, again if barriers arise we will discuss and then act out how we think we may be able to break these down.

The emancipatory art process will give the participants the opportunity to express their lived experiences. When any disabling barriers that may arise are recognised, the next stage will be to discover together how these barriers could be removed. 'The decoding or deconstruction of medical model or oppressive images and narratives requires the artist and disabled participants to move from the abstract to a social model transformation of mutually recognised disabling barriers' (Kearns, 2006 (b): 5). In order for the research to take a true emancipatory approach and in order for the researcher to adequately portray the position of the disabled young people in the writing of the research, the role of the researcher will need to be considered. This role will be to '... enable disabled people to show and to speak, so they become part of the struggle and the struggle becomes part of the creative effect' (Kearns, 2006 (b): 6). Only in this way will the research be truly productive in the lives of the participants.

3.10 Interviews

The researcher will interview three disabled young people and one non disabled young person. These interviews will be semi-structured which allows

> The interviewer, who can seek both clarification and elaboration on the answers given, can then record qualitative information about the topic. This enables the interviewer to have more latitude to probe beyond the answers and thus enter into a dialogue with the interviewee

(May, 2001: 123).

This method of interviewing was chosen as 'These types of interviews are said to allow people to answer more on their own terms than the standardised interview permits, but still provide a greater structure for comparability over that of the focused interview' (May, 2001: 123). The construction of the questions will be developed where possible with some young people that are involved in the research. The interviews will be audio taped along with written notes taken and then later transcribed.

3.11 Thematic analysis

The researcher will audio-record and then transcribe the focus groups and interviews in order to not only discover what people are saying but to discover the way in which they are saying it. This method should allow a thorough examination of what people are saying. It will also prevent the research being interpreted as being biased or influenced by the researcher. The analysis will take place both during and after the data collection. The researcher will analyse the material by highlighting themes within the transcripts, until the discovery of common themes arise. These themes will then be written up in the findings.

The researcher is considered as 'the voice or interpreter of the participants, with the task to clearly communicate how participants felt about the topic' (Krueger & Casey, 2000: 141). This will thus be represented through narrative analysis. Gray (1998) describes narrative analysis:

> The research method can be described as narrative when data collection, interpretation and writing are considered a 'meaning-making' process with similar characteristics to stories. A narrative approach to inquiry is most appropriate when the researcher is interested in portraying intensely personal accounts of human experience. Narratives allow voice – to the researcher, the participants and

66

to cultural groups – and in this sense they can have the ability to develop a decidedly political and powerful edge

(cited in Bell, 2005: 21).

With this approach 'the focus of attention shifts from 'what actually happened?' to 'how do people make sense of what happened?' (Bryman, 2004: 412). The model of narrative analysis that will be applied will be thematic analysis. This model places emphasis 'on what is said rather than how it is said' (Bryman, 2004: 412). The reason this method was chosen above others is because it 'takes the perspective of the teller' (Humphries, 2000: 148) and the perspective of the participants will be central to this research.

3.12 Ethical considerations

The main consideration points to the question of 'are the disabled young people really having the opportunity to participate in this research or are they just research subjects?' This will be challenged by keeping the participants informed as much as possible and by giving them the opportunity to be involved in the process. This then will lead to ensuring that the research reports are also accessible to varying needs, and to ensure the findings of the people involved in the research are recorded. This will be ensured by consultation with the people that participate in the interviews and focus groups. The format will be accessible by adapting it on the spot to suit all of the varying abilities. It will further be achieved by presenting the findings to all involved.

Another consideration will be to ensure that a false sense of hope will not be portrayed to the participants. The researcher will clearly outline to the young people, parents and organisations involved that the workshops will be held in order to gain participants for the research and although change could be an outcome that the researcher did not have the power to do this but the group might achieve it.

Consent to participate will be obtained from parents of the participants to comply with best ethical practice. The researcher will ensure that all the participants are participating willingly and in an informed way.

Data generated will be treated sensitively and reported in thesis format with integrity, respecting the anonymity of participants except where identification is

67

evident as in photographs which will only be reproduced with full consent of those included in them.

3.13 Limitations

There will be limitations in using the emancipatory method of research. The researcher will facilitate discussions and interviews but due to the emancipatory method, she will have little scope for her own input into the research. Because there is so much planning and work involved in getting a group together and working with the group, there will be such an extra workload compared to other research methods. The motives of the researcher could be misunderstood for example as interfering, which could give rise to tensions with parents or others.

There may also be research constraints. It could be argued that funding and resources prevent the process from being emancipatory. If the young people want to go in a particular direction, wanting to remove disabling barriers and the funds and resources do not allow it then this could prove disempowering in itself. Research proving that disabled people are competent may also prevent funding for this group in the future. Due to the nature of the research, it requires a small sample size to be involved with the research over a long period of time as the process is slow. Some may argue that as the sample is small it provides less credibility as it may not be representative of the population as a whole (Woods, 1996). Because the process is so slow and because so much work is involved for the group in order for them to remove all of the barriers, it may mean that there are limitations in the outcomes for the group, which can limit the process from being truly emancipatoyr. Another argument that can be made is that the sample will hold a homogenous group composition, which in itself may be oppressive (Kwiotek, 1999). It could be argued that it is not a truly representative sample, ignoring that disabled people have multiple identities, for example being gay or travellers. The researcher would try to overcome this barrier by recognising that participants have multiple identities and if they voice that they were oppressed due to another group they belonged to, this will be put forward into the current study.

The process may also hold some limitations. It is a new process so people may not fully understand it, others may not implement the approach and the credibility may

68

not be as strong. Others may be scared of it as it is a new approach, or the participants may not fully understand the process. The whole issue around consent could be labelled as contradictory in itself. Firstly, it could be questioned if the young people will be attending the consultation for the research or for the youth activities or if they do or do not fully understand what they are consenting to. Secondly, if a young person with a learning difficulty over the age of eighteen has to gain consent from a parent, yet were seen as competent enough to be involved in the research process, this is disempowering. If social change is slow and if it fails to materialise then the group may lose interest and faith in the process. It may not end up being emancipatory which would be disappointing for the group. The methodology employed could result in others accusing the researcher of being biased as generally in research the researcher has to be neutral, but according to activists such as Oliver and Barnes, 'You are either on the side of the oppressor or the oppressed' (cited in Oliver, 1997: 4). It is difficult to be an activist and a researcher at the same time, for example if the findings are based on the medical model the researcher must write this up but the activist would not be happy with this. As an activist you are striving for the social model perspectives, but as a researcher a completely different perspective may be present and must be written down (Woods, 1996). As an emancipatory researcher you also put a lot of pressure on yourself and are very judgemental of the whole process, as emancipatory result is what is desired in the end. The researcher must realise that the fact of this data generating knowledge is enough as knowledge in itself is empowering.

3.14 Strengths of the research

The main strength of the research is that it will involve the participants in the process and that it will strive for change to be brought about for the young people who attend the consultation group if there is a need and if they so wish. Another strength is that a wide range of qualitative methodologies will be employed. There will be focus groups with disabled and non disabled young people, which will total to seven different consultations. Along with this there will be semi structured interviews with disabled and non disabled young people, that will be in total four interviews. These methods will also compliment a literature review on the area (Chapter two). This will allow for a deeper understanding into the perspectives of

69

the participants. It is transformative, so unlike other methods where the information is just taken from the disabled people and written up, this research method provides benefits for the group. The group will also learn skills that they can use when they leave the group to self-advocate in the future. Social change can occur as others will be made aware of the disabling barriers for the group. Because of the research methods it will allowing rich data to be obtained. This close interaction over a long period of time will allow the researcher to see through the eyes of the disabled people. The most important benefit is that the silent voices will be voiced and hopefully heard, leaving them silent no longer.

3.15 Conclusion

Oliver (1997) put forth the question, is emancipatory research 'a realistic goal or impossible dream?' The researcher believes that is not an impossible dream but even though the outcome of the process may not end in emancipatory results, that it is a process that all disability researchers should strive for. This piece of research will be striving for these approaches by changing the balance in the social relations between the researcher and the participants in order to produce research that will be portrayed from the experts, disabled people themselves.

CHAPTER FOUR - FINDINGS

4.1 Introduction

As explained in the previous chapter, an emancipatory methodology was employed. Here the findings generated by this method will be reported. Many of the same issues repeated themselves in the findings as they did in existing literature. The main direction was with regards to the young peoples' experiences of disabling barriers in their leisure time. This chapter allows the young people to tell their personal experiences and allows them to voice their issues and be heard. The chapter focuses on the findings of the five group consultations with mainly disabled participants, two focus groups with non-disabled young people, an interview with a non-disabled young woman and interviews with three disabled people. To begin will be the main focus of this research which is the consultation with the disabled young people.

4.2 Consultation with disabled young people

4.2.1 Consultation one

Under the auspices of the Sligo LEADER Partnership and the Disability Network, the researcher advertised for consultation workshops with disabled young people and on the first session twenty two young people attended. There was a mix of male and females, aged twelve to twenty five years and a mix of disabilities such as learning, physical, sensory and mental health. Two of the young people were non-disabled. The parents were invited on the first night to allow the opportunity to explain the research process fully, and to ensure the parents and young people understood and gave their consent, both written and verbally. The venue was a local theatre and a drama teacher, the mentor and volunteers helped facilitate the session with the researcher. The mentor and all of the volunteers were disabled.

After everyone had settled in we ran a drama session. This gave the opportunity for the group to get to know each other, and to give the researcher a sense of the members' interests and abilities. After doing team building exercises we asked the group for some volunteers to act out a scenario that they felt was important to them regarding disability. The first volunteer was a person with a visual

impairment. We asked the group what they felt he should do. The group said that he should sit on a chair, put his head down and look sad. We asked the group why he was sad and they said that it was 'because he was being bullied'. We asked for volunteers to come up and act out the bullies. Two volunteers came up and the group told them to tower over him with angry faces and threatening body language. We asked the group why he was being bullied and they responded with answers such as; 'because he's different', 'because he goes to a special school', 'he's a victim'. We asked the group what we needed to do to make this situation better. The group said 'someone needs to talk to them, a social worker or a teacher'. The group decided that someone needed to volunteer to be a teacher. They told that person to go over to the victim and look him in the eye, smile and put their hand on his shoulder to look reassuring. Then others in the group said 'no, it's the bullies that are the problem, we need to do something with them'. We asked the group what to do. The group said that 'he needs to stand up for himself and be more confident'. They asked the victim to stand up in front of the bullies and hold a confident stance with his head up and looking straight at the bullies, but to have the teacher close by. The group said 'this is how we would like the situation to end'. This brought us to the end of this session.

4.2.2 Consultation two

The next session was held in the same venue with the same young people (seventeen participants attended). There was also the mentor, volunteers and two artists present. The artists were invited to explore the young people's recreational needs through the medium of art. The new artist was facilitating the session with the help of the artist that helped facilitated the first consultation group. This artist that was new to this consultation asked the young people to bang stones together. After an hour of this the young people came to me and said that they were not happy to do this. They said that it was boring and they got much more out of the last session. They said if this is what they were going to be doing that they would not come back next time. The researcher spoke to the two artists running the session. The researcher asked them would it be possible to look at the recreational needs of young people and talk about them, and explained that it was important for

the research and important for the group. The artists said that the group were disabled and that they would not be able to talk. They then left the session.

The researcher re-assembled the young people and volunteers to explain the situation. The researcher then explained what a focus group was and said that we could run one with them if they wanted, stating that it might give us all a chance to get to know each other. After the young people agreed the researcher began by asking the young people if any of them went to youth clubs. Six of the young people went to mainstream youth clubs, one went to basket ball, one to karate and nine went to no club. The researcher then asked the group what type of activities they would like to do at the workshops. These included a disco, a party, karaoke, having the chance of meeting a possible boy/ girlfriend, sumo wrestling, football, song contests and dancing competitions. The researcher then asked the group what they did in their spare time other than what was previously mentioned, followed by the question of what they would like to do in their spare time if they had three wishes and could pick anything.

Table 4.1 What do you do in your spare time?

Eat pizza, listen to Westlife Cds, watch Manchester United matches on the television
Cooking, babysitting, dancing
Putting on make up, going to school, going shopping
Coming here, putting on makeup, going to school
Bed, breakfast, dinner
Going swimming, going on the computer, watching the telly
Going out with friends, going to discos, listening to music
Watching TV, listening to music
Swimming, horse riding, watching the television show Friends
Going to the cinema, sleeping in, coming here
Talking to friends, reading magazines, putting in lipstick
Shopping, coming here

Coming here, going shopping, having a takeaway
Reading books, watching TV, going to school
Spending time with my girlfriend, going on the Playstation 2

Table 4.2 Most popular spare time activities
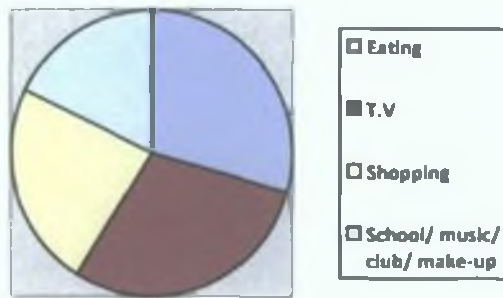
Then the researcher asked the young people what things they would like to do if they had three wishes

Table 4.3 Three wishes

| |
|---|
| To live in Paris
To be able to go to discos
To be an actress |
| To go swimming
To go to the Brewery (local student pub)
To go to the cinema with friends |
| To be a singer
To be a beautician
To live in Paris |
| To go to the cinema
To go on holiday in Lourdes
To drink champagne |

74

To go on holidays To have cats To paint
To paint
To get married To meet Rolando To have a lovely wedding
To go kayaking To buy a camper van To have a weekend away
To live in Scotland To have my own family To be a Doctor
To be an actress To be a singer To go to Hollywood
To visit people in their houses To see Pat Short
To go sky diving To go to Tenerife To get my sight back
To go iceskating To see dancing on ice

Table 4.4 Three biggest wishes
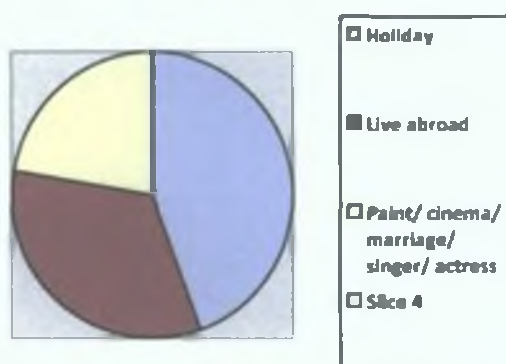
This concluded the focus group of this session. The group told me that they did not like the venue and that they would like if more non disabled people came to the group. Due to this the researcher organised the venue to be in a local community centre. There was a mainstream youth group held in this centre so the researcher planned this group to be on at the same time. The hope was that each of the groups would see each other and that the young disabled people may access the mainstream youth group at the end if they so wished. The researcher also proposed to the group that in each two and a half hour session, the first hour could be the research, the next half hour a break and the final hour could be some of the activities that they chose to do. They agreed with this proposal.

4.2.3 Consultation three

On the next workshop the group gathered to participate in emancipatory art. We asked the group of young people to make a collage in small groups with the materials provided. The materials consisted of photos of disabled and non-disabled people, newspapers and magazines. After the groups had made their collages we all sat together to talk about them. The researcher asked the group to tell everyone the positive and negative aspects of their pictures.

4.2.1a Collage One

The first group talked about their positive aspects first. They said that they picked one picture because they looked as if they were dreaming and another of a man at the beach as he looked happy and seems optimistic. They then went onto the negative. 'This person has Tourette's syndrome' said one participant. Another said 'they would have problems with socialising, tics and shouting'. The researcher asked why this would be negative. 'People would bully him because of his disability' said one participant. Another participant stated 'I know this fella with Tourette's and kids bully him' and another stated 'the fella from Big Brother Pete won last year and he has Tourette's'.

They then started to talk more about the negative aspects. 'I put this up as I saw the movie called what lies beneath' said one participant. Another added 'we put up food, here it's saying to live on that to be healthy, but you wouldn't if you had to live on that'. One participant stated 'we don't talk about healthy eating'. The researcher asked the group if they ever talk to anyone about healthy eating. The

whole group said no except one 'I do at school, we were shown the pyramid and told to eat five a day'. One participant stated 'you don't eat as healthy when you're depressed or distressed'. The researcher asked the group if they thought disabled people ate junk food. One participant added 'a certain amount do, a certain amount don't, it depends on their family and it depends on their self-esteem'.

4.2.2a Collage two:

The second group spoke about their collage. 'We picked a picture of someone swimming, I used to go with school every Monday. I found it difficult because of my motor skills'. Another participant stated 'I think it's sad how they (disabled people) are separated from normal people, but I suppose you need to separate to see what the condition is'. 'There's no integration, it's like the blind leading the blind' stated one participant.

They began talking about the negative. 'She's in a wheelchair, is that negative?' said one participant. 'Some people can still be happy in a wheelchair' said another participant. 'What's negative is when you see someone in an electric wheelchair and someone's pushing it' said another. One participant stated that 'We picked someone with a walking stick'. Another concluded 'but why is negative to be in a wheelchair or have a stick, it's part of life'.

The group then went on to talk about their positive aspects. 'The non-disabled people, they look happy and they are in groups' said one participant. Another stated 'yeah, they're interesting'. 'Non-disabled people are very happy inside' said one participant. 'Disability doesn't stop you from being happy' said another. 'All non-disabled people are models though; you don't get disabled models' said another participant. 'What about black people, they are treated the same as disabled people too' asked another participant. 'They could all have disabilities, if you just covered the chairs you wouldn't know who had and who hadn't a disability' stated another. 'Who says you have to look some way' stated one participant. 'Some have hidden disabilities too so we wouldn't know which ones they were' stated another.

4.2.3a Collage three:

The third group then spoke about their pictures. 'I picked Susan Boyle, I saw her in Britain's got talent. The perceptions of the judges when they first saw her, their faces changed, they thought that she was bad or a joke'. Another participant went on to say 'In American Idol, if the disability is obvious, that it's visible that they're handicapped, they wouldn't let them on because they are disabled'. 'You don't see many disabled people on TV' stated another. 'It's not personality that is considered it is appearance' said another. One participant stated 'You're so conscious of yourself and your surroundings when you're disabled'. 'It's like disability is infectious, you need to stay away. Years ago they thought disabled people were infectious but they're not as bad now' said one participant. Another stated 'yeah like there's a chance of catching it'.

They then went on to talk about the positive aspects. The blind man looks empowered with his dog' stated one participant. Another went on to say that 'the woman in the wheelchair looks positive'. One participant stated 'I think the picture of the beach looks positive. They look happy and it's a lovely day. I was at the beach last week'. Another participant disagreed 'I think it's very negative, families aren't perfect'. Another participant agreed 'It is a positive atmosphere and it may look like team work but if a family is dysfunctional, they give the children no attention and just buy them loads and bring them places'. One participant had a suggestion 'you need to change peoples' attitudes by educating them. If they met more disabled people through socialising they would be more accepting'. Another said 'But people are afraid because they feel so different and then disabled people are bullied'. One participant stated 'I don't go to the local youth group as I'm afraid I will be bullied'. Another stated 'I went to a disabled youth club but my dad didn't want me to go, he was protecting me because it was a special club'. Another participant stated 'I go to Toffs (local student night club), Envy (Local night club) and McGarrgals (local pub), I started to mix with others and then they started to treat me the same as them, they don't recognise my disability, only my family do'. One participant stated 'If people know they come here to a special club, people will think they're cowards for not coming out of their shell'. Another stated 'There's no supports through the mainstream clubs'. 'They put people in boxes' another said. Another concluded 'People, I don't think they do it on purpose, they just don't understand'.

4.2.4 Consultation four

On the next workshop we did similar group collages to the last consultation but with different materials. We left out newspapers and magazines and asked the group to make collages based on the recreational needs of young people in Sligo. After the group had made their collages we sat together to talk about them.

4.2.1b Collage one

The first group put their picture out first and the discussion started. We asked the rest of the group why they felt they had put up certain pictures. Some of the group stated 'sex pictures, and I want to kiss her picture' 'she's sex I don't know why' 'food, gay food and sexy' 'its pasta' 'lots of girls' and 'fashion' were the statements.

We then asked the group about what they put up and how that related to young people and their recreation in Sligo. One participant said 'Dating, sex, music and kissing'. Another added 'a picture of a man and woman, that's implying love'. Another stated 'kids, they are made from sex'. 'Fashion' 'different body shapes'. One participant added 'men are interested in women's body shapes'. Another stated 'I wouldn't like to be a celeb'. Another participant disagreed 'yeah I would'. 'We love doing art' another agreed 'I do a lot of art at home and I would like to do

more in this club'. Another added 'I like composing music, singing and writing'. One participant stated 'Art is a different way of communicating and expressing yourself'. One participant added 'I like concerts but I don't get to go to them'. 'I'd like to go too' added another. The researcher asked 'what's stopping you'. The participant replied 'The last concert I went to I really enjoyed, I'd love to go to Oxygen and Electric Picnic. If I had someone to go with I'd go definitely. You have to be over 18 to go' another stated.

4.2.2b Collage two:
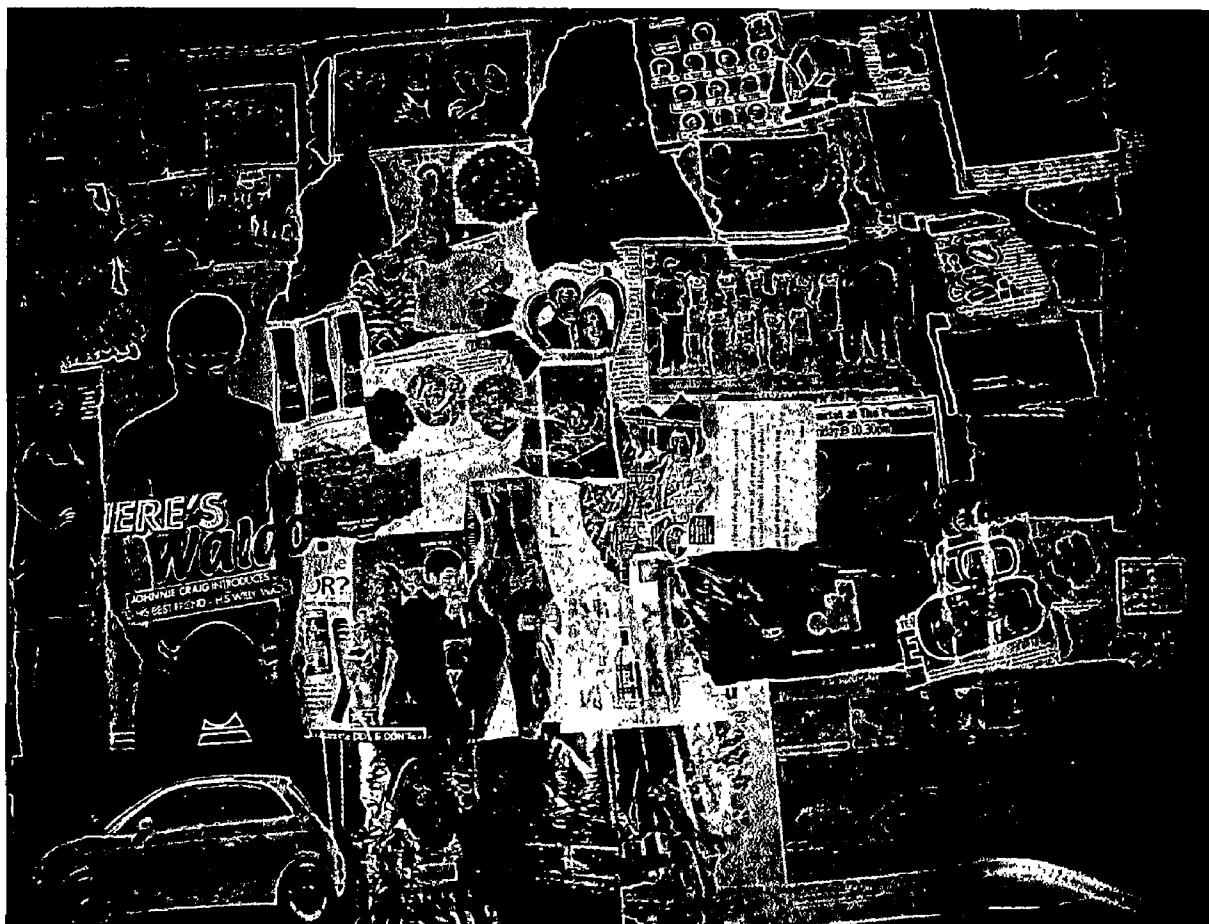
The next group put out their picture and the researcher asked the others in the group what they thought. 'There's a sexy good looking man there' stated one 'having a boyfriend is not important' said another. 'There's sports teams' said another. 'There's a car, you need one for places to go, you're not able to go places without one' stated another. One participant said 'there's workout there and skiing'.

All of the members of the group started to discuss the collage then. 'There's a picture there that comes across as gay men and women; stated one participant. 'Its natural' said another. 'We don't get a chance to talk about gay and lesbians' expressed one participant. Another added 'they're talking about them getting married now and adopting kids like heterosexuals'. One participant then stated 'I put in a car because I like going places and having independence' said one participant 'but we don't have a car, you need a licence and money, don't have money'. Another added 'I'm interested in sex, we don't get the chance to talk about it'. Another added 'it's impossible for disabled people'. 'Disabled people are attractive and do think about sex' said one participant. 'We put this picture up because we don't get the chance to talk about birth control' said another. One participant stated 'I had to study it myself for curiosity and reassurance'. 'I would like to have more education on relationships and sex' said another. The researcher asked the group what sex education they have had, they all responded that they had not got any sex education and would like some. The researcher asked the participants what type of schools they went to and asked if they had sex education in schools. They all responded that they went to or had gone to special schools and had no sex education whatsoever. The carer of one participant stated 'she's allowed to look at boys but not talk about sex'. We then started talking about the cinema, everyone in the group goes to the cinema.

4.2.3b Collage three:

The final group then displayed their picture. 'There's lots of sport' said one. 'Girls are into their own image, boys don't care' added another. 'Some of us play the Playstation' said one participant. The researcher asked who played the Playstation and all the males in the group said they did. When the researcher asked them how long they spent each day on the Playstation they said two to three hours a day. 'We play wrestling and car games' added another. Although some of the girls stated that they played the handheld computer games Nintendo DS (Dual screen) and PSP (Playstation Portable) they said that they hardly ever play them. One went on to talk about education 'Education is very important'. Another stated 'I'm not thinking of going to college'. When asked why the response was 'There's barriers, your learning capacity too'. The researcher asked the group if any of them would like to go onto college. Two of the group did but they stated 'we've never being asked before'. Another added 'you should talk to someone about preparing for college'. Another stated 'The place I'm in, it's for people with special needs and

trains them for a career'. One of those that said they wanted to go to college said 'At the moment I'm thinking of doing the leaving cert in the VEC'

4.2.5 Consultation five

This consultation group was done through the medium of drama. Only a small group of six showed up at this session and they were the older members of the group. We started by doing a warm up exercise called 'I'm going to Ibiza'. We asked the group to say 'I'm going to Ibiza and with me I will bring ... (an object). Then the second person would go and repeat the person in front of their object and then their own and so on. One of the members of the group said 'I'm going to Ibiza and with me I will bring a condom'. When it was one of the participants turn to go they refused to say the word condom. Someone in the group asked 'do you know what a condom is' and they replied 'no I don't know and I'm not saying it, what is it?' The researcher explained that it was a form of contraception. All of the young people in the group said that they really needed more sex education and it would be extremely beneficial.

After playing a few fun warm up exercises we began the drama session. We asked the group to make a freeze frame of a scene that was important to them as young people. They decided they were going to do a scene in a nightclub with disabled and non-disabled people in the club. After they got into place we asked the group why they went into these positions. The disabled people were on their own with a sad expression, and the non-disabled people were in a group with a happy expression. The group explained that they went into these positions because disabled people don't get to mix with non-disabled friends and that they often go out on their own which makes them sad. We asked the group to change the scene to how they would like it to be. Everyone came together and looked happy, drinking alcohol and dancing. We asked the group if this was real life, what do we need to do to get from the first scene to the second scene. The group blamed the problem on attitudes and said that these attitudes need to change. They thought that integration and education were the best ways to tackle this problem.

When the group re-assembled after their break in each session, it was remarkable that the activities they chose were to continue the discussion which had evolved from the research activities.

4.2.6 Conclusion

The young people expressed many issues and many disabling barriers. The most popular activities that the young people were involved in were everyday activities such as eating, watching television, shopping, going to school, going to this club, listening to music and putting on makeup. The most popular of the three wishes were also pretty regular wishes, to go on holidays, to live abroad, to paint, to get married, to go to the cinema and to become an actress or a singer. The bullying of a disabled person came up many times. A negative connotation was added to attending a special school by the young people. Other important issues for the young people included the non-disabled having negative attitudes towards them, being treated differently and being segregated. The young people expressed the importance of sex education and the lack of it that they have received. They also expressed that they get a lack of choice such as in going to college. Finally, the lack of disability awareness was something that was made evident. The voice of the young people was almost silenced at one stage by the artists but the researcher facilitated this voice in been heard, but before this is examined in the discussion chapter, the other interviews and focus groups will be explored.

4.3 Consultation with non disabled people

4.3.1 Introduction

The researcher then undertook two focus groups with a group of thirteen non disabled young people who were aged between fifteen and seventeen years. These focus groups were to look at the recreational needs of non disabled young people in Sligo and their views on disabled young people. The same young people participated in both focus groups and were all female. The focus groups took place in a school and were a group of transition year students. For the first focus group there was a teacher present, but this teacher stepped out of the second focus group and the young people were more willing to talk.

4.3.2 Focus group one

The recreational activities that the young people were involved in included drama, sports, hip hop dancing, horse riding, singing and acoustic nights. Other activities included watching a movie, doing homework, watching television and hanging out with friends.

The young people stated that they wished that the staff were nicer who worked in youth clubs and activities. They also stated that there needed to be more advertising so they knew what was going on, and a good place to advertise would be Facebook. A lot of the young people stated that they lived far away from each other so the only opportunity they got to socialise outside of school was in after school clubs. They also stated that when they do meet up with their friends that they usually hang out on the street or window shop. An issue with this that they felt was evident was the fact that people feel intimidated of them when they hang out in large groups which results in them been treated badly by adults. The youth deterrent that makes a sound audible only to an under twenty five year old, installed outside a shop also posed problems for the young people. They stated that one restaurant in town where a lot of young people go have it outside and one of the shopping centres has it inside. They said that some young people have ruined it for all young people.

The group stated that they would love an outside drop in . This drop in would be an outdoor recreational area. It would be surrounded by walls that were painted, but not painted flowery. They stated one of the parks in Sligo was too far outside of the town and another one was full of drugs. They said that they would like it gated in with maintenance staff but not youth workers. These staff could then help look after the place. They also said that they wouldn't like the staff to wear bright colours. These staff should be trained in conjunction with consulting young people. They said these people should also be young and just out of college. This way they would be more friendly and understanding if they were closer in age as opposed to an authority figure.

Four out of thirteen of the group knew someone with a disability. These disabilities were someone who used a wheelchair, Down Syndrome and Autism.

88

The young people said that disabled people should be treated the same and shouldn't be judged. One stated 'I don't see them as different'. The group stated that all young people whether they have a disability or not should go to the same club. They also said that there needs to be full access such as ramps, along with training for staff and young people on disability awareness so that they are not treated badly.

The group stated that staff are often over protective of disabled people and some just do not understand. The young people explained other forms of differential treatment towards disabled young people as 'others name calling', 'them being left out', 'others don't know they can do things', 'the looks people give as if there's something wrong with them' or 'looking twice at them'. One participant stated 'I know a girl with Epilepsy and all of the team (football) are trained on what to do if she has a seizure'.

Three of the group explained that as part of a project in school they wanted to raise disability awareness for children so they did research and got books published. 'We wanted kids to know about diabetes, wearing glasses and eczema so got the books published in Easons' said one participant. Another stated that 'the idea came from having diabetes myself and didn't understand it and others didn't so thought it was a good idea to have books with information'. The group said that they would like to be able to discuss disability in the S.P.H.E class (Social, Personal and Health Education) in a situation like a focus group where it was relaxed. They said that they would like someone with experience to facilitate the group such as a disabled person, parent of a disabled person or a staff member who works in the area. They said they would like to know how to handle certain situations, such as if someone had a seizure. They said they would also like to know about the types and levels of disability, what a person is not able to do and their needs. One participant stated that they would like to know 'how a person in a wheelchair feels when they are left out or if they are left out'. The group stated that they have had no disability awareness training. One participant stated 'we've had first aid but that has nothing to do with disability'. All the participants agreed that they would not only be interested in disability awareness training but that it was needed. One

participant stated that 'if a new person started and we weren't told what to do we would be wary of them'.

4.3.3 Focus group two

Seven young people were in attendance for the first question in the focus group, then the rest joined, to total thirteen and were the same young people that attended the first focus group. The researcher began by showing the young people pictures as follows and asking questions to aid discussion.

4.3 Picture set 1   Which person goes to the local youth club?

Picture 1   Picture 2
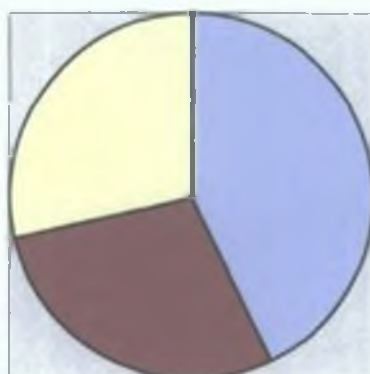
Chart 4.3: Picture set 1 Results

Three participants picked the first picture as the person they felt would be the one that goes to the local youth club. The reasons they picked this person is that 'he has a football, he looks like he's into sports'. The two participants that picked the second picture did so because 'youth clubs don't facilitate for people with Downs Syndrome'. Two participants picked both as 'they both look happy, you can't tell' and 'I couldn't see why both can't go to a youth club'.
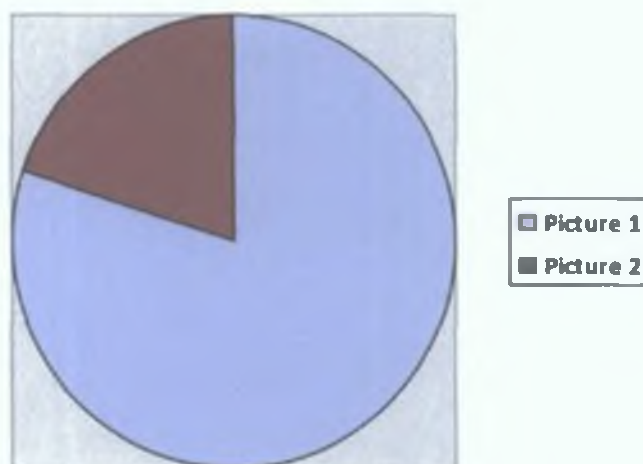
4.3 Picture set 2: Which person do you think participates in more leisure activities?
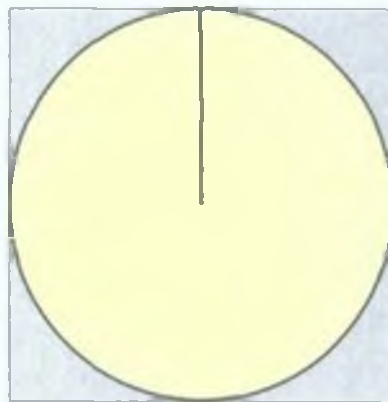
Picture 1

Picture 2

Chart 4.3: Picture set 2 Results

Eight young people felt that the first picture would be the person who was more likely to participate in more leisure activities. 'She might want to get out' said one participant. Another stated 'there are lots of activities for disabled people'. 'Just because she has a disability doesn't mean that she won't participate in leisure activities'. Two of the young people felt that the second picture would be the person who participates in more leisure activities. Reasons for this included that 'the girl in the first picture might not feel comfortable to participate in leisure activities.'

4.3 Picture set 3: Which is the most popular person?

Chart 4.3: Picture set 3 Results

All thirteen people that had joined the group at this stage agreed that they could not decide by looking at the pictures by saying who was the most popular of the two. One participant stated 'they should be treated equally'. Another added 'stereotypically you would say the second picture would be the person who is the most popular as she doesn't have the disability but this might not be the case'. Another participant stated 'most people that are popular are bitchy and mean and that's more likely to be the second one'. 'Yeah and pretty and cool' agreed another

participant. One participant stated 'but we don't have that here, we have groups alright but everyone talks to each other'.

4.3 Picture set 4: Which person has a boyfriend/ girlfriend?

Picture 1
Picture 2
Both pictures
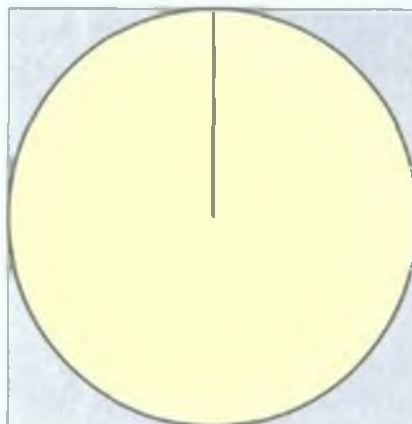
Chart 4.3: Picture set 4 Results

Again the thirteen young people agreed that either of the two pictures could be the person who had a boyfriend or girlfriend. 'They are both pretty, it could be either' said one participant. Another stated 'I can't see why both can't'. One participant stated 'it's different though for the girl in the wheelchair she wouldn't be able to

hold hands'. Another added 'it would be harder to have independence and freedom'. Another participant stated 'I know someone who is scared of a girl with a disability, he doesn't know how to act around her'. What the group did agree on was that a disabled and non disabled person could go out together. 'In Eastenders there's a couple and one is in a wheelchair' one of the participants added.

After these pictures were discussed we then had a more general conversation. The young people were asked about what was important to them and they spoke about relationships. All of the young people stated that they had never got the opportunity to talk about sex and relationships, contraception, gay and lesbian relationships. The group said that it was touched on in one class but it wasn't really relevant and wasn't part of the S.P.H.E programme like in primary schools. 'We never get the chance to talk about gay people' said one of the participants. Another said 'we looked at drink and drugs once a week in first year but that's not sex and relationship education'. 'A few of us got to take home a fake baby but there were only a few places and whoever got their consent forms in first got to do it so that was only a few of us' said another participant. Another participant added 'we all wanted to do it but there were limited places'. All of the young people agreed that the school was the best place to get sex and relationship education but with an outsider facilitating it. 'Someone we don't already know' said one participant. Another added 'someone that we can respect but at the same time is not authoritarian'. 'Yes, it would be really important for us to look at sex and contraception' another added.

The biggest barrier to young people attending youth activities was lack of money. Eleven out of the thirteen young people in the group stated lack of funds was a barrier. One participant stated 'to become a member of a gaelic or soccer team it costs eighty euro and then every ten weeks its sixty euro'. Another participant added 'yeah and you have to pay two euro every Saturday for heating'. 'They've lost their funding, that's why it's so expensive' added another participant.

The young people then went on to talk about what they would like to do in the summer holidays from school. All of the young people said they would like to go to summer camps. 'Yes and not structured breaks and things like that' said one

participant. 'Trips away too would be good' added another participant. 'Yeah like going to Bundoran' said one participant. One participant stated 'and to do unusual things that are different'. 'Yeah weird games' added another. 'Yes plenty of activities' said another. 'Yeah different things like bungee jumping' said another participant. Another participants stated 'and even football I'd like that'. One participant stated 'just a place to go to meet people in the summer that's what we would want the camp for'. 'And it would be great if we could also do educational stuff like relationships education in a fun way' added another participant.

The researcher asked the participants if they had a magic wand and could pick any three things, what would they change for young people to do in Sligo with the following answers;

The list that the group decided together was;

- Ice skating

- A bowling alley

- A new Jolly Rogers (games centre) that is adult sized.

- A cheaper cinema

- Go Karts

- Paintballing

- Discos as their usual disco Envy is closed but with a strict age limit of over the age of fourteen or fifteen years but that suits their curfew times.

The young people then went back to talking about their dream outdoor area that was surrounded by a wall. 'To have beach parties in our outdoor area' said one participant. 'Yeah and a graffiti wall that we could design' added another participant. Another participant added 'and if we could have decks'. 'Yeah and if we could have parties like you see on the music videos' said another. 'We would need light heaters' said one participant. 'And a roof' added another. 'And if we could have barbeques at it' said another participant. 'Yeah and if we could have

dress up themes' added another. One participant stated 'we would pay to go into that if it wasn't too expensive'.

The young people then went on to talk about how they felt young people were portrayed in the media. 'In Skins it's really bad' said one young person about a television programme. 'All you ever hear in the newspapers is young people that are jailed, young people that are involved in stabbing, all bad' said one participant. Another added 'it's either really bad or really good like a genius, you never see normal stuff about young people'. 'Yeah only if you get really really high points in the Leaving Cert, not if you get normal results' said one participant. One participant stated 'you're judged then by what's in the media about young people'. Another participant added 'because of this some people may try harder to be better but some people say, what's the point and give up'.

The group then went on to talk about how disabled young people are portrayed in the media. 'All it shows is that they need help' said one participant. 'Yeah and it should show their achievements' said another. One participant added 'They only show the Paralympics or Special Olympics or they don't show them at all'. 'And they show them as not normal' said another participant. 'They're not advertised as much' added another participant.

To end the young people spoke about another issue that was important to them. They stated that they would like a really good radio station for young people and ran by young people. This way youth activities could be advertised, they could portray a better image of themselves and they could raise important issues that they wanted to voice.

4.3.4 Conclusion

The main issues for the young people regarding their recreational needs were discussed along with their views on disabled people. The most popular activities that the young people were involved in were drama, sports, hip hop dancing, horse riding, singing and acoustic nights. Other every day activities they were involved in were watching movies and television, doing homework and hanging out with friends. Their biggest wishes were based around an outdoor drop in youth recreational area, unstructured summer camps and activities that were not

currently available in Sligo, such as ice skating and bowling. Among the issues were staff within youth activities, lack of advertisement of leisure activities, the issues of the youth deterrent sound, the issue of others feeling intimidated by them hanging round in groups, lack of money to attend activities and parks either too far outside of town or full of drugs. The young people also expressed the issue of lack of education around sex and relationships. They further expressed negative attitudes of youth displayed with the media. Only four out of the group knew a disabled person. They felt disabled people should be treated the same as them and attend the same club. At the same time they noted bullying of the disabled, disabling barriers such as access and the absence of disability awareness training. The researcher then did an interview with a non-disabled young person to gain more insight into these issues.

4.4 Interview non disabled young person

4.4.1 Introduction

The young person was a fifteen year old non-disabled person from Sligo who went to a youth club and drop in centre. The interview looked at the recreational needs of young people in Sligo and views towards disabled people.

4.4.2 Interview

The participant told me she goes to a youth group and a drop in centre.

> 'I love the drop in, you do different stuff there every week, one weeks it's a dvd, another its art, another its a drug programme, that's why I go back, cause there's always something different to do. My friends go there, people who used to live near me and ones I go to school with. We get to go places on the bus. I like it because it's small numbers. There's not much to do in the drop in because they don't have funding which I'd wish they'd get. I know everyone in the drop in cause they live near me.'

The participant spoke about other activities and she spoke about what she would like to do

> 'I like reading, I hang out with the girls, we just go into town and walk around for an hour and do nothing cause there's nothing to do... There should be a big club in town that anyone off the street could just walk into. I can't do that because there isn't one.'

The participant felt that they did not know enough about what youth activities went on 'I only know about just some of them, there should be a newsletter from each club saying what's going on and then you could see what you wanted to go to.'

The participant then spoke about disability. 'My cousin is in a wheelchair and my uncle is in a wheelchair but they don't have a real disability like my uncle who's in a wheelchair and has something wrong with his brain and people have to look after him.' The participant gave her opinion on disabled young people. 'They're the same as us only they need attention and looking after.' The participant did not mind disabled people going to the same club but at the same time did not think that they should. 'I wouldn't mind I'd give them attention and care for them... but they should go to separate clubs cause people wouldn't like them because their different and treat them different, call them rehabs and stuff like that behind their backs.' The participant went on to say 'They'd be hurt... I'd tell them to stop and ask them were they ok I wouldn't be afraid to tell them to stop.

The participant then went on to talk about what influenced their decision in their recreational activities and what they did in the summer. I make my own choice and just tell my mum I'm going.' 'I visit my dad in Tyrone for the first month off school, then I go to two different clubs that have summer camps.' The participant spoke about what they would like to if they could and what they would like to change for young people in Sligo. 'I would like to go abroad... I wish there were more drugs counsellors for people that take drugs.'

4.4.3 Conclusion

The participant discussed the main issues she felt were evident for non disabled and disabled young people. Apart from attending a youth club and a drop in centre, the young person participated in everyday activities such as reading and hanging out with friends in town. The participant's wishes were that there was a big club in town that anyone can drop into, to be able to go abroad and to have more drug counsellors. Issues for this young person included that there was very little to do for young people and the lack of advertisement of available activities. The participant knew two disabled people and although felt that they should be

99

treated the same, that they need attention and looking after. She did not mind disabled and non-disabled people going to the same club, but did not feel that they should due to differential treatment and bullying. The final people to be interviewed were three disabled young people to make a comparison of these views and to gain a greater insight.

4.5 Interviews disabled young people

4.5.1 Introduction

Three disabled people were interviewed separately for approximately one and a half hours each. The interview was based around their recreational needs. The following are brief descriptions of the participants.

Participant one: Female aged twenty two with a learning disability. This participant lives in independent accommodation with the support of a staff member and a social worker. The participant is involved in training for disabled people.

Participant two: Female aged twenty two with a learning disability and motor delay. The participant lives with her parents and is not currently in education or employment.

Participant three: Female aged twenty five with a physical disability and health problems. The participant lives at home with her family. The participant is currently unemployed but has just finished third level education.

All three participants were asked questions under the following headings. Participant two is excluded from some sections as the interview was interrupted and not all sections were explored

4.5.2 Definition of disability

The researcher enquired as to what the participants understood by the term disability. Participant one could not answer this question, she did not know what disability was. Participant two did not get the opportunity to answer this question. Participant three defined disability as 'I suppose a disability is anything poses a

challenge that, is difficult or ... something that you need help with to overcome that difficulty'.

4.5.3 Leisure activities – past

Participants two and three spoke about youth activities that they attended in the past, that were both mainstream and specialised for disabled people. Participant two stated that she was not attending any kind of leisure activities but spoke about a drama group she took part in, in the past but gave up because of difficulties in attending regularly.

The same participant then spoke about her experiences on a mainstream art programme which used film to examine Traveller culture. The same participant stated that the group was not for those with disabilities. '... they didn't mention special needs or disability or anything, you may get there but, the point is that your capable of doing kinda what your supposed to do, kinda ... I suppose you need to explain if you do have a disability, you'd have to tell them'.

Participant three spoke about her experiences of attending a mainstream youth group. '... I suppose accessibility may have been a problem, I couldn't get into all parts of it ... I even wanted to volunteer in a youth club in the last few years because of the course I'm doing (Name of course), and I couldn't.' The same participant then spoke about a club she went to for disabled people. '... they went swimming and I went bowling for a while ... I went, but I found it was very ... there was a lot of old people there, so I left, there was no one there my own age.'

4.5.4 Leisure activities – present

Participant one discussed present youth activities that she was involved in. The first leisure activity explained was what the researcher knew as a specialised club for disabled people. She explained that one evening per week there is a night club on from 7pm to 10pm that is held in a 'regular' student night club. This participant did not seem to know about disability and did not know if the club was for disabled people or not. When asked, the participant responded 'no' that it wasn't for disabled people and also stated that they liked attending and would change 'nothing' about it.

The same participant went on to explain that she likes to go swimming and then spoke about other leisure activities. She spoke about going to an art studio 'Maybe by myself I suppose, there's a staff called (name) that helps sort it out'. When asked, the participant stated that if they got the choice to walk in and do it herself without a staff member she said they would and would rather this option. 'Myself, because I'm able now a lot to do the things I'd do it myself'. The participant said that she goes to the cinema 'Well the staff ask me an odd time, if they found out that there was something nice on, they sometimes look them up in the paper, to check if there's anything on ... We'd pick an odd time so we would'.

Participant one then spoke about other activities that she is involved in. 'Nothing really, I just sit in my house and stay and do something, as usual I just do that's all ... Just maybe on an odd time I play on my laptop on the evenings, nice games I like, like that, ... Just relaxing for a while near bedtime I just do my puzzles for a while'.

The same participant stated that friends do not really call to her house but that she did not know why. Participant one then went on to explore her experiences eating out. The participant said that the staff pick her up, bring her to town and *they* choose where to eat. '... they pick (Staff) and I don't pick ... My other friends (staff)'.

Participant two said that friends advised her to do voluntary work as opposed to leisure activities. '... they said because I'm an adult now, so would be best to do some voluntary work, which I want to do some voluntary work ...'.

The same participant discussed an interest in going to a youth theatre but also expressed barriers.

> I was half thinking of going back to the youth theatre, but I kinda wasn't sure ... when I was with (name of boyfriend) I wasn't sure whether it was it a good idea for me to go back to the youth theatre because if I did ... I mighn't be able to see him, once or twice a week ... cause it would be on the weekend, and then when the rehearsals come you have to be in like every week, and I wasn't sure if they'd also let me in because of my age, cause I think its sixteen to twenty or something ... Yeah but they may be able to make an exception ... I don't know.

Participant three discussed a club for disabled people that she was currently joining which would have options such as table tennis and bocce but she had not yet much experience of it.

... they have, days where you try out different sports, its in the IT in the gym ... and they look for volunteers ... non disabled people to volunteer to help on that day so, I suppose they are integrating, disabled people and non disabled people ... Its only new to me now so I don't know much about it.

Participant three went on to explain about their feelings about the club being aimed at disabled people, and whether they would rather go to mainstream or not.

Well at the end of the day, it probably would have ... bothered me when I was younger, at the end of the day it gets you out, out and about, you know with my medical issues over the past few years, like I should have known about the to (Name of organisation) a long time before I did but ... I was kind of isolated, I probably isolated myself, I was always like, I'm not able but, but now its like, you have to go to people before they come to you.

4.5.5 Pubs and nighclubs

Participant one and three then spoke about their experiences of pubs and nightclubs. Participant one stated that she did not get the opportunity to go to them and explained issues around getting an I.D card.

Participant one then spoke about never trying alcohol. 'No I wouldn't drink, just a mineral, an orange ... I wouldn't like to anyway ... I just said I'd never do that'. The same participant then spoke positively going to a nightclub for disabled people. The participant said that they may go to a 'regular' nightclub but that the only experiences she had of them was going to one that was especially for disabled people that was on from 7pm to 10pm.

Participant three talked about her experiences of pubs and nightclubs.

... I think my own attitudes are flawed, in me ... I always think like, particularly when it comes to going to the pub and that, others drink and I don't drink or whatever, I always sort of think I'd be a burden on them, to kinda bring me home or, because I wouldn't be able to manage to push myself all the way home, so they'd have to help me home to make sure I got home alright, and I think, I've missed out on kinda going out ... I could have gone out an awful lot more, in college and that, but I think it was my own attitudes, oh Id be bothering them or Id be annoying them if they had to bring me home, but really that's what friends do ... but then, if they don't invite you out you cant really invite yourself out, you cant do that ... the odd time (get invited out) I would have been but then, not been bad but it was like they had their own click, I only had two or three close friends that I keep in contact with now.

Participant three stated that she has to get taxis home from a night out. 'Yeah, but not every taxi, well you have to ring in advance, and not every taxi does be a

wheelchair taxi'. Because of this the participant explained that they could not just decide at a certain time of the night that she wanted to go home.

The same participant explored her experiences of going to nightclubs. 'I did in college but it's harder because I don't see my friends that much, because they're all over the country'. The participant then spoke about access being an issue. 'Yeah, in the bar especially, people in the way, get out of the way or get a clip on the legs (Laughs)'. She then explained how she has to wait at the bar for ages before getting served.

> 'Oh God ... (patience) ... Some of the time ... Ah no, its just because the bar is so high, and they tend not to see you, but they, some of them are very good, they do come around to you, they don't try and make you reach up to the bar like to get your change or whatever ...'.

Participant three spoke about other leisure activities that she participates in. 'Not really, just do normal things'. (Meaning television).

4.5.6 Summer

Participant one spoke about what she did in the summer months such as going on holidays but noted that the staff did not give her a choice. The participant did not know the name of the hotel where she was going to be staying. The participant stated that she does not get to pick where she goes on holidays. At the same time she said that if the staff member sat down with her and told her about the different places she could go to, showed her on the internet or in booklets, then she would like to pick her own holiday herself.

Participant three spoke about what she would like to do in the summer. 'Well, with this group, I've joined a disability group, they are going bringing us away, which I'd like cause I like the outdoors ... I went away years ago to an outdoor pursuit centre and you do canoeing and sailing and stuff like that'. The participant stated that her dream if there were no disabling barriers would be to 'Go on trips away, maybe somewhere like London that's only an hour trip away'.

4.5.7 Should leisure activities be specialised or mainstreamed?

The participants then went on to explain whether they thought it would be better to go to a mainstream or specialised leisure activity. Participant one initially chose a

104

special one. At the same time the participant stated that she thought she would have fun in a mainstream leisure activity, but the reason for not attending was 'I sometimes don't know when they'd be on or something'. The participant said that if she knew that she might try it out. 'Maybe ... I don't know, maybe if I heard someone saying there was a new place somewhere, it might put me off all the same'. But at the same time the participant stated that they would try it out 'Yeah. It's nice getting out for a night out with your friends'.

Participant one then stated that leisure activities should be mixed for everyone 'The same ... All young people together, or something like that, all the young kids together in one place ... Maybe all the same, together ... Yeah'.

Participant two explained 'Id rather go to a regular one'. The reasoning for this

> ... I suppose I'm disappointed with how ... things are planned out for me ... where I've always been trying to fit in, and I'm the only person in my family who has special needs ... and I suppose I thought that probably would have affected my chances maybe of ... living by myself, independently ... travelling, knowing my own way round places, making some good friends I have things in common with and who are capable of looking after themselves ... my qualifications, me not doing the leaving cert, the junior cert ... if I were to get employment, then if I didn't have this then there could be a possibility that I would have a chance or the opportunity to go ... to a different country or ... Id be doing everything myself which is what I've always wanted to do, its not like I don't appreciate support, I do, but I'd like to be able to know that I can do a lot of things ... myself ... and because I was in school with people who had special needs.

Participant two then stated 'I think there should be clubs for everybody the same ... But I think that there should be a lot more support systems for people who do have learning disabilities, a lot more ...'.

Participant three had mixed feelings as to whether or not a disabled young person should go to a mainstream or specialised club.

> ... I don't know, I think, if its a thing that they go to a mainstream youth club and there's lots of things that they cant do, like football or, I'm talking from a physical point of view, because I have a physical disability and there's things that I cant do like football or you know some sport where you need your legs, I think sending them to a mainstream youth club would probably be making it difficult and on the other hand integration is important, because you don't want to make them feel different, you don't want to draw attention to the disability by sending them to a place where you know they wont be able to do anything but you don't want to exclude them from a mainstream setting as well.

Participant three also set forth recommendations.

> ... if your going to send them to mainstream, which in general like is probably better, because I would have went to a mainstream youth club ... just, say if it was sports like, you know basket ball or that ... not make it, make it that its specific for people with disabilities but, try and include them with something like well obviously your never going to have a curriculum or, like, certain activities aren't going to be specific for that person, but if you try in general like, if you had some activities that everybody could participate in then.

Participant three spoke about her own experiences of mainstream.

> ... I suppose more so in schools, where they would have been doing football, and all the things that I couldn't do ... you have to think that I was just one child, or one teenager ... in school, and like you couldn't arrange the whole thing around me ... they had like other pupils to consider ... I really just got used to it, I used to be watching, what the PE teacher used to do with me actually was ... when they were playing basketball, she used to make me referee, (Laughs) which was totally stupid because I didn't have a clue about that but it made me happy enough at the time (Laughs) ... Yeah I thought that was a nice way too, I hadn't a clue how to be a referee or nothing like that, but you know that was her way of including me.

Participant three then went on to explain how not getting involved affected her relationships.

> '... when I was in secondary school, they would have been doing an awful lot of contact sports, dodgeball and, stuff like that ... a lot of the time it was like, mind yourself there, be careful, and ... I wouldn't be doing it, so ... well I suppose it did affect my relationships'.

Participant three stated that nothing in particular in schools could be done about this.

The same participant then recommended disability awareness in schools for staff and students.

> ... I think its just the curriculum they're used to ... and to change that when the general consensus was that those sports were liked ... my school wasn't accessible for people with disabilities, but then again there was only four or five of us and there was six hundred students, so, in the minority.

4.5.8 Friends

Participant one spoke about their friends and whether they were disabled or not

'They don't talk to me at all, much of them, around it, I have just a few of them, but they don't say much at all ... I don't know, maybe they would I suppose'.

106

Participant one stated that she does a lot of things with staff as opposed to on her own or with friends.

> No not much (without staff) ... I often ask them (friends) could we go out together some night ... then never seen them... I said why once to them and one of them said that their parents wouldn't let them and sometimes other ones just say that they changed their mind, that they didn't want to then, it'd be lovely when friends do get out a lot ....

The participant felt that if she went to a mainstream leisure activity or a pub without staff that she might meet new friends there. She said that she would feel confident enough to walk in on her own. 'Maybe I'd ask my sister as well, maybe for a night out'.

Participant two spoke about going to a special school.

> Yeah for ten years which I didn't wanna be in, that kinda influenced me to want to want myself to separate myself from them (disabled people), not just to talk to people or have them as acquaintances ... I'd want to have them as much as a friend like (non disabled people) ... Yeah, because when I look at them (disabled people) it reminds me, that I never had the opportunity to go to secondary school and that I have special needs, so I guess it kind of upsets me in a way, it reminds me.

Participant two spoke about their friends. 'Well I wouldn't have many friends at the moment, one ... (name) does have a disability now, I'm sure he has one or two, he has ... the brain damage'.

Participant two then shared some concerns about one of her friends.

> ... he is a very very good friend, but sometimes when I'm a bit scared of him ... he tends to get like annoyed over the smallest things ... sometimes I worry that if there's a time and it gets too much for me ... that if I say that look this isn't working out, break up our friendship, I'm worried that something ... terrible might happen ... Yeah he might get a bit to aggressive, but I could be wrong now, he like might not doing anything to me, and what I suppose I'm worried is ... if he like, got very ... angry with me or, revengeful kind of a way ... like say if he hurt me, hurt me or someone else ... and someone found out about it ... I'm gonna be lectured about it ... and they won't see it as a learning process, they won't see me as me making my own decisions ... they won't trust me to ever make a friends again.

Participant three spoke about her friends.

> ... I suppose I would have in the majority non disabled, I have three or four disabled people friends, I think its good and it's important to have a mixture ... because, I don't think it's right that you put yourself into a box ... and that way your not a particular type of person ... Well I think having non disabled friends is

a good thing because, you could talk to them about different things like, because they don't have a disability ... disability is not, mightn't be something that they don't know much about, therefore it's not the focus of their life ... in turn its not a focus in your life ... talking about completely different things that you would talk about with your friends with disabilities ... I wouldn't bring it up (disability), but sometimes there's one particular friend that I have, she complains a lot but, about different things that she's entitled to and she's not getting and, it's just not the person I am, I wouldn't ... that's fine talking like that, each to their own its just not who I am ...

4.5.9 Relationship building

Participant one spoke about relationships. '... I've no boyfriend ... No ... (Laughs) ... I wouldn't like to be near them at all anyway'. The participant stated that a good place to meet a boyfriend would be 'Maybe in a pub or somewhere like that'.

Participant to now at the age of twenty two still did not have full knowledge regarding sex education. The only information she had received regarding sex was from her past boyfriend.

> ... this guy was telling me all this stuff about what it's like to have a boyfriend or girlfriend, because I'd never had a boyfriend or girlfriend ... he said he wants to be with me ... even though I didn't really know what he meant, and then we started talking about ... first he started talking about hugs, he went through like nearly the stages of being with someone kinda.

This boyfriend gave her wrong information which made her feel uncomfortable but she was worried as she liked him.

> ...he said this is what normal boyfriends and girlfriends do, they give each other a manual ... and I was like that's weird because I thought you were supposed to, kiss first ... he said something like this is more important or something ... he said something about, if I really liked him I would let him touch me, that kind of a way, for the first time when he was like ... rubbing my legs ... and he was like what's wrong and I was like nothing and he was like tell me what's wrong, your shaking your leg ... I said its just I've never had a boyfriend before and he said that's ok and then he says ... why do you not want me to touch you, and I was like no ... how can you like me if you wont even let me touch you ... and I just turned around and he wouldn't talk to me for a while ... but eventually because I was worried, I don't know for some reason that he wouldn't, fancy me, I don't know why, but like I was I really liked him ... .

The participant stated that no other person had told her about sex, contraception, pregnancy, AIDs, STD's or any related information, not even in school. 'No, never'. The participant went on to say her mother had gave her one piece of

information '... all I really knew then is that, the baby is in the womb or whatever, that's kinda all I knew, I didn't know anything about sex or anything, this is why he was telling me stuff'. The participant spoke about how it would have been helpful to gain this information in school.

Participant two then spoke about her knowledge and use of contraception when she lost her virginity.

> ... I heard about the condom anyway ... problem is that I didn't, that first time, and he was saying cause, I don't know he couldn't afford any or like he couldn't ... get any, and I knew well that ... I wouldn't get pregnant, because he asked me for a child one time, and I said no I'm too young and he said no you're not and I said I don't want any children but he said if you don't want any children I'll get it from someone else ... I said to him, that you know I really don't want to get pregnant and I'm so shitting it of getting pregnant I mean it, trust me you better not screw this up you know ... he said right we can do this for a few minutes and if you want me to stop just say stop, right, and I said well at least this way we might be lucky you know, so, we did, he asked me did I want to stop, and ... I said yeah, so I stopped so ... that was it.

Participant two went on to explaining that she knew that she took a risk.

> I did (take a risk), but for some reason, then, and I did it before, in my relationship with (name) was it four times, five unprotected but before ... that we would have been always using a condom, and I think he wanted me to take a risk with him, but he told me that, he never had unprotected sex, that he just had like sex with a condom one time ... that he really didn't want to have that he was kinda pressured into it ... and he was drunk then, and he told me he was doing science, if he didn't tell me he was doing science, and I asked him right how you gonna stop, then what you gonna do what's your plan, how you know, he told me, so I trusted him, and he was ... I don't know, he knew all stuff about bacteria and about heat and stuff, and he knew everything to do with sperm, he's full of intelligence like you know, and so I wouldn't have really risked it with any other guy ...

The participant went on to explain her mother's reaction when she found out about her having sex and her opinion on disability, sex and the law.

> Yeah I didn't really want it then, but I was into the guy and I did love him ... but I got kind of annoyed ... but I eventually gave in, my mum got annoyed and she said to him I don't want you treating my daughter like a whore or something like that ... then, afterwards, she came up to me and said people who have learning disabilities ... and having sex, and she said she would bring me to court, honest to God she was going to bring me to court, she was going to get a lawyer and everything, and she was going to prove, that people with learning disabilities couldn't have sex, and the reason why she was going to do that, is to prevent me from having it, and if she prevented me from having sex, then I would definitely not feel normal, then she wouldn't make me feel like a normal human being and a person without a disability but she would make me feel like a person who has a disability which is the reason why, I can't be normal ... and, I'd be so annoyed

that everyone would hear about it, that they'd be annoyed at her as well, and not at me I reckon ...

The participant spoke about whether or not people would have agreed with her been allowed to have sex as a disabled person.

> Hmmm ... I reckon I wouldn't have won, if it was the court thing ... I suppose, that the people who don't have a disability would have a different perception ... She said (mother), even though you're nineteen years of age, you're still only sixteen, because of your disability, because, the brain damage said that your sixteen, so I could, charge (name) for raping you, for raping a sixteen year old, that's what she said, and I tell you if I told him that he would be so angry ...

The participant went on to discuss sex education.

> Well I think, definitely people should be educated about sex, not just like by their parents, and if their parents do educate them, not to be lecturing them or anything, just explaining ... and telling them that it's natural ... to have like a desire for sex, and it's natural to want to be a sexual being and to masturbate ...

The same participant went on to explain how she feels she is treated differently because of her disability with regards to relationships. She voiced her concerns that her mother does not trust her to make her own decisions with regards to having relationships with men.

> ... and she could maybe, stop me from going like seeing him or even meeting up or say if it was a date just going, but it came to the point where I'd go if she likes it or not, I'd probably like run away or something, go there and maybe eventually she meets him, she says he's fine ... I think she thinks that I'd have a lot more common sense if I didn't have a disability I'd be more intelligent, she thinks I should know it myself, but then again she doesn't really trust me ... to find the right man ...

The participant also spoke of ways in which she felt she could increase her knowledge by reading books on relationships, human behaviour and body language, along with talking to people about relationships. Other ways in which she would increase her chances of a successful relationship would be to make lists of what she would like in a man along with lists of what she would and would not put up with. The participant went on to say 'But then, the reality is, whether you have a disability or not, your gonna come across the right man or the wrong man ...'.

Participant three spoke about the issues around sex, relationships and disability.

... I suppose that's a difficult issue ... well I suppose with me like, I don't know this if its my disability or my personality, I think its more my personality and I'm very quiet and that can be a bad thing when you're trying to develop relationships, friendships, never mind, you know, relationships ... I don't know how to answer that ... I suppose it would be the same, with relationships, and romance and relationships, I often wonder that I'm everyone's friend but I often wonder would it be anything else you know ... I know that people obviously see the chair.

4.5.10 Advertising leisure activities

Participant one said that they didn't know about the different activities were available and spoke about ways to find out 'Maybe look up maybe on the internet, another way maybe find out if there's anything maybe'.

Participant three stated that they hadn't been aware of recreational services that were available and they should have known, she spoke about the issue of lack of advertising and information. '... they're not, only for a friend of mine I wouldn't know half of what I know, she's really good, she has a disability as well like, she's about ten years older than me now, so she's a lot more life experiences than I would like'.

4.5.11 Media

Participant one spoke about if she thought there was enough disabled people in the media. 'Yeah, I suppose there would be.' She also noted that they were shown positively.

Participant three initially said that there are not enough disabled people in the media. 'Have you ever seen a person in films who's not good looking ... I think people like Brian Crowley he's an MEP, I think he does good things, because people would see that in real life things are possible, anything's possible ...'.

The participant then changed her view point but at the same time said that disabled people are not shown positively enough within the media.

I suppose they are portrayed in a good way, because you have films like *My Left Foot* ... I just don't think there's enough, portrayal, of positivity ... sometimes like that could be down to, organisations, because I know you have to lobby for change, but sometimes I think, people with disabilities and some of the organisations can take very very different approaches ... sometimes when they

show these protests of people with disabilities marching, it makes it look like all we do is complain ... now I know there are flaws in, the health care system for people with disabilities, and different flaws in different areas of the welfare system ... but I do think when they protest and things like that it just makes them look like their complaining all the time ... its a catch twenty two situation, you have to lobby for change, if there's improvement that has to be made then it has to be addressed.

4.5.12 Attitudes

Participant three spoke about flaws in recreation for disabled people such as access for wheelchairs.

> ...it's simple things, there's nothing that can't be, fixed if you like, simple things like accessibility, small things, its just the matter of putting a ramp in but it's, such a big thing ... like even getting a ramp in town, there's a certain place ... it's right beside the youth club I used to go to, there's a pedestrian crossing on one side ... but there's nothing to meet it on the other side.

The same participant went into more detail about barriers with regards to accessibility in the external environment.

> And potholes on the footpaths ... I don't think its intentional, bad attitudes ... say on the corporation ... the committees, I think for things like accessibility and roads and footpaths and things to do with people with disabilities in general, how is an able bodied person ... who can walk going to know about accessibility, like about the difficulties that are being faced ... a person with a disability should be in one of those positions, like for example, the engineers, their responsible for the footpaths, I'm not saying the engineer, themselves should be in a wheelchair, but maybe they should have an advisor that is.

4.5.13 Are participants treated differently because of their disability?

Participant one said that she as treated differently because of her disability. 'They ask me different things, they ask me out for tea, they ask me out to anything nice ...Yeah its good'. The participant stated that if she didn't have a disability that people would not be asking her to do these things and as a result she gets extra things. At the same time, the participant did not know whether or not if she would be treated differently if she attended a mainstream club.

Participant two spoke about other people stopping her from doing things such as independent living and travelling due to her disability. 'Well I suppose because of

112

how people view me it nearly convinces me that I can't ...'. The participant went on to discuss being treated differently because she is disabled. '... It's just weird that they think that because I have a disability that I'm going to put myself in danger, because I trust the wrong people.'

The participant went on to talk about whether attitudes towards her having a disability may stop her from living independently.

> Well I worry that, which I've heard about that when you're living by yourself in your house ... someone could come over to the house and make sure things are ok and that you can clean yourself and the house is tidy and everything, so I'd probably get very defensive then ... they'd probably just jump to conclusions and say they need someone all the time to look after them ... where they need to be put in a hostel where this person with special needs they can't be independent, you can't depend on them to look after their house or anything...

Participant three spoke about her feelings on whether or not she felt she was treated differently because of their disability.

> ... well I've found this throughout my life and I don't know ... whether its to do with my disability or, to do with, my personality ... I'd be very quiet before I get to know people to start off with ... you know the way people have different cliques, I was never part of a clique, never part of a gang, I was always the one that everyone said hello to, and everyone was really friendly to, but, I wouldn't have loads of loads of good friends ...

The participant further went on to talk about attending mainstream activities and school.

> Well I suppose because I've always been brought up in a mainstreaming setting ... I went to a mainstream primary school, mainstream secondary school, and then college, I think because I've always been brought up in the mindset that I was no different to anyone else, that kind of made me want to do ... normal everyday activities that every other youth ... wants to do ... I was brought up that I was never treated any different, that I could clean my room and do things that the rest of them were doing.

4.5.14 Is there anything participants can not do because of their disability?

Participant one spoke about whether or not there is anything that she would like to do that she could not do. 'Not that I know of ... No.' She also stated that nothing stopped her from doing what she wanted to do. The participant then went on to say

that when she goes out with staff, that she never gets to pick what restaurant they go to. The participant stated that she would not know what to do if the staff wanted to go to one restaurant and she wanted to go to another.

'... I dunno, I've never picked, I dunno about that now ... No. Not much with them, it's up to them, cause sometimes some of my friends there said they don't like the food to eat, whichever restaurant we'd go to, some of them they'd often say the food taste awful, they said that it doesn't tastes nice'.

The participant went on to talk about experiences of eating out with another service she uses. With this service the service users get the opportunity to choose the restaurant, although the participant stated that she is the only one that ever picks otherwise the staff choose. '... I just let them (staff choose) because I get out a lot...'. The participant stated that the staff do not ask the others to pick.

'No, well they started, I said I wonder would any of the rest like to pick where to go and they never, they just sat quiet, on the street when we were walking ...They didn't say anything, they just stayed quiet walking. I'm the only one that chats a lot and picks ... (Laughs)'.

Participant three went on to talk about the things that she would like to do but can not do. '... I suppose socialising and my social life'.

The participant spoke about what she felt may help this.

Well I have a friend who has a disability and she would be the type of person that she'd make you go out ... so I think that's been good for me ... When I get to know people I am really outgoing, there's no shutting me up, like unless they keep coming back and like, they really get to know me.

The participant explained that she can make her own choices but there were disabling barriers that were stopping her within the physical environment.

'... well I suppose my house ... its really steep, so my mum would need to be there, to get me in the door ...Which is why I would be looking into getting a PA, just for the times my mum is not there say I have an appointment or, I want to go out socially ...'.

4.5.15 Three wishes participants have if there were no disabling barriers

Participant one discussed that if they had a magic wand and could change three things for young people in Sligo with regards to recreation what they would be.

The first was an art club for disabled and non disabled young people. 'Maybe art for young ones I'd pick first of all'. The participant went on to say

> 'Maybe swimming as well maybe ... Maybe, I suppose ... doing making up stuff, maybe clays, you know like I go to (name of an art club) doing all these things ... Getting them, learning them to make something nice for themselves ... It'd be lovely, I might pick and see what I might make for myself and I'd go there during the holidays'.

Participant three spoke about her three wishes.

> ... that access would be better and that ... I don't think I ever had someone there to talk about my, issues, about I don't want to be a burden, on people and that kind of thing, if I had someone that I could have dealt with those issues, then that probably wouldn't have been a barrier, to be in the future ... I have to say that I wont ever overcome it like, I'm getting better and I'm realising you know, that I have to make an effort and I have to get out and about, but maybe if I had someone ... Yeah, maybe someone that could do like assertiveness courses...

The participant discussed whether or not she got the chance to talk about disability when she was younger or any issues around it, and whether anyone mentioned she had a disability. 'Ah there was no shame in it or anything but, just particular issues like that need to be addressed'.

4.5.16 Conclusion

The interviewees were three very different participants, ranging from not understanding what disability was and being happy with their current situation, to having a broad sense of what disabling barriers were and not wanting to identify oneself with not only disability but with disabled people. The participants went to both mainstream and specialised leisure activities, with positive and negative experiences of both. Although the young people had a mixture of disabled and non-disabled friends, they had mixed feelings as to whether or not leisure activities should be mixed or not regardless of needs. Many disabling barriers and issues were evident in the lives of these young people. These were mainly based around lack of choice. Access barriers also posed problems. The absence of relationship and sex education also posed problems for those interviewed. These barriers will be further explored in the next chapter.

4.6 Conclusion

Throughout all of the consultations many of the same issues for young people kept arising. Bullying, negative attitudes, differential treatment and segregation all posed problems. Other leisure related problems included lack of activities, poor advertisement and disabling barriers, mainly due to access and the absence of disability awareness. Lack of choice was voiced as a main problem, along with the lack of relationship and sex education. What was made evident was the issue of the silent voices and the recreational needs of these young people.

CHAPTER FIVE - DISCUSSION

5.1 Introduction

This chapter will combine the literature review and the findings, along with the perspective of the researcher. Very similar themes arose between the literature and the findings. Before these are examined it would be useful to concentrate on the participants.

The disabled young people in the consultation may not have fully understood the research process. Although they voiced disabling barriers and did reach some level of emancipation, they did seem to like to attend the consultation for the leisure activities. It could be questioned whether or not they attended for the right reasons and if they understood the research. The participants had very little leisure activities and this was something they enjoyed. At the same time they still learnt the skill of self advocacy and came to realise that they shared disabling barriers with others in the group and were not alone.

It could be argued that the group of non disabled young people were not a representative sample. They were very knowledgeable when it came to disability and had even published books on the area to make young people aware of disability. From the way all of the young people in the study spoke about how disabled people are treated and the oppression they face, it would seem evident that this is not a representative sample. Even the non disabled interviewee held positive attitudes and a good understanding of disability.

The three disabled interviewees were very different. Participant one although she did not really understand disability seemed very content with her life. She attended segregated activities that she enjoyed and did not seem to want for more. Participant two was very aware of disabling barriers and voiced them throughout. She was fighting against being segregated as she had been growing up, wanted to be treated the same as non disabled people, and even wanted to separate herself from disabled people. Participant three had always accessed mainstream activities

117

and had been treated the same as a non disabled young person from her family. She had recently isolated herself and now seems to have settled for anything she can get. She now attends segregated activities for disabled people after spending her whole life in mainstream settings. It would be interesting to know if this is because she has finally given up the fight to fit in to an inaccessible environment, a world designed for the non disabled.

Another point to raise is about participant two. Firstly the interview was interrupted so she did not get the opportunity to answer all of the questions. Secondly, she shared very personal experiences with the researcher. Some may say that she has been taken advantage of and that she would not have shared such information if she did not have a learning disability. At the same time, this young person wanted her voice to be heard and her stories paint a picture of the oppression that is experienced by disabled people.

The last point to consider is the possibility that readers may accuse the researcher of being biased. If the researcher does not consider oppression, then how can disabling barriers be broken down? Doing emancipatory research and consulting with disabled people in this way is vital, in order to know what disabled people really think and experience and want.

5.2 Definitions

The group of young disabled people seemed very aware of what disability was and the disabling barriers that were evident. Although their voice seemed to have been silenced in the past, the group were very much self advocates when it came to voicing their opinions. Those that were interviewed viewed disability differently. The non disabled interviewee saw a 'real' disability as having brain damage and needing someone to care for them. One of the disabled interviewees did not know what disability was. Another disabled interviewee saw disability as 'something that you need help with to overcome'.

Many authors (UPIAS, 1976, 2001; Barnes, 1991, 2008; Oliver, 1992; Thomas et al., 1997, 1999; Thomas, 2004) define disability from the social model perspective

118

and separate the disability from the impairment. They define disability as a social construct: 'Disability is what people with impairment experience as a result of not being taken into account by society and impairment is certain differences of appearance or functioning of mind, body or senses that society deems to be abnormal' (Thomas, 2004: 2). These young people perceived disability as the impairment as opposed to society and its disabling barriers. This proved Oliver's (1996 (b): 35) argument that 'Not all disabled people connect to the model and it only partially explains social oppression'. It could be argued that if the field of disability studies is fighting for the social model perspective and wants to include the voice of disabled people, these views should be shared further afield than just for the academics, but in consultation with the disabled population. The disabled population should be the ones who define the meaning of disability. It would be interesting to see through further research, how many disabled people actually know what the social model is and to see how they relate to it, along with looking at seeing whether disabled people define disability as their impairment or society's disabling barriers.

5.3 Oppression

Throughout the research the participants repeatedly expressed their personal experiences of lack of choice. Not being educated on healthy eating and not being given the opportunity to decide whether or not to attend higher education were both issues raised. How to eat healthily and having the opportunity to exercise basic choices such as education are basic human rights. Being disabled should not mean that you are denied these basic rights.

One of the disabled interviewees shared many personal experiences of lack of choice. Staff go with her to an art studio when she would rather go herself and staff often choose what movie she is going to watch in the cinema. When she wants to eat out in town the staff choose the restaurant even though she does like the venues that they choose. The same participant did not even get a choice on where she went on holiday and what hotel she was staying in, she did not even know where the staff had chosen as she was not consulted at all. It seems evident that from having the status of being disabled, others may feel that they need to

make decisions for you. If a person wants to and is able to make their own choices they should be empowered to do so as a basic human right.

The Collins English Dictionary gives two meanings for the word oppress: '(1). To put down or control by cruelty or force, (2). To make anxious or uncomfortable, Latin *ob* – against and *premere* – to press' (Collins, 2009). These young disabled people may have been controlled by non disabled adults which may result in the young people feeling uncomfortable. These young people voiced that they wanted to know what their choices were and they wanted to make their own decisions.

According to Mason (1990) all disabled people experience internalised oppression. This form of oppression is where the disabled person does not want to be disabled, as he sees the non-disabled group as better and wants to become part of this group. Two of the disabled interviewees talked about internalised oppression. One wanted to disassociate herself from disabled people as to even look at them upset her and made her think about what she had missed out on. Mason (1990) and Swain et al., (1993) both argued that many disabled people try to get rid of their disability. One of the disabled young people in the consultation group wished for his sight back. Because of the negative stigma attached to disability, through attitudes and through the different life experienced for those that are marginalised, this is understandable. The other disabled interviewee blamed herself for isolating herself and missing out on participating in leisure activities. According to Swain et al., (1993) the result of this dis-association is that they may have more of a chance to battle it out in the employment world. The two disabled interviewees that experienced this internalised oppression both accessed mainstream higher education.

Mason (1990: 2) described the negative side of this disassociation 'leading many of us to become isolated disabled people living with able-bodied people on able-bodied terms'. Both these interviewees described themselves as not having many friends and one described herself as isolated. The participant that did describe herself as isolated had grown up being treated the same as a non disabled person by her family and had gone to mainstream schools and leisure activities. Finkelstein (1993) and Mason (1990) discussed others in the life of the disabled

person trying to make them non disabled. The problem with this participant is now that she feels isolated she is only accessing disability services as opposed to mainstream services as this seems to be all that is available at present. It could be questioned is this because she accepts her disability or is it because she has given up the struggle for integration.

The disabled young people in the consultation also expressed their views on being disabled. They felt that if people realised that they were attending the consultation that the non disabled people would see them as cowards. One participant's father did not want her to access special clubs in order to protect her. As much as the researcher believes that all leisure activities should be mainstreamed, it is also important for disabled people to get together and examine shared experiences of disabling barriers and work through together on how they will break them down. As Barnes (2008) (b) and Morris (2001) stated that this leads to acceptance and empowerment.

One of the disabled participants blamed her own attitudes for being flawed, which then prevents her from leading a fuller social life. She said she felt that she would be a burden on her friends if she went to a pub because she would need to rely on them to push her home in her wheelchair. This could be blamed on societal attitudes to begin with. If disabled people were not seen as such a burden because of their needs in a disabling society, then the participant may not have felt this way.

One of the disabled interviewees herself held a negative attitude towards disabled people. She wanted to separate herself from 'them' (disabled people), as when she looked at them it reminded her that she had a disability, which upset her, and it reminder her that she did not get the same opportunities as the non disabled such as going to secondary school. Again the negative stigma attached to having a disability and the segregated life many disabled people live, would contribute to holding these attitudes.

The non disabled young people experienced different barriers to lack of choice. This was down to lack of money, or lack of funding in youth facilities. One of the young people stated that she makes her own choices and then just lets her mother

know what she is doing. These were huge differences to what the disabled young people experienced. Lack of funding is a problem in Ireland due to the recession and most young people do not have much income as they are restricted to either work or get social welfare payments as adults do. However, the disabled young people experienced lack of choice in basic every day activities that all people should have the opportunity to exercise choosing from known options.

The group of disabled young people even faced disabling barriers within the consultation. The artists working with the group who were working towards the goal of emancipatory results, themselves held negative stereotypes. It could be questioned as to whether or not the activity of banging stones together for a solid hour would be chosen if the group were non disabled. This activity could be argued as unsuitable for this particular age group. When the young people voiced that the activity was boring the researcher approached the artists to change the focus to talking about the recreational needs of disabled young people. The artists said that the young people were disabled and unable to talk and left the session early. This was similar to the research undertook by Jade & Wilson (1999) with disabled young people in schools. They found it hard to gain participants, as staff believed they were 'too disabled to be asked what they think.' (Jade & Wilson, 1999: 1).

5.4 Disablism

Disabilism can be described as 'the combination of social forces, cultural values, and personal prejudices which marginalises disabled people, portrays them in a negative light and thus oppresses them'. (Thompson, 2001: 112). Even the disabled young people themselves held stigmas about disabled people. They believed having Tourette's syndrome would be negative because of problems with socialising. They also felt that segregating disabled people from non disabled people had to be done. Others believed it was negative if a person had to use a stick or a wheelchair. It was not surprising that the disabled young people attached disability to a negative connotation because of their experiences, but it was surprising that they understood why disabled people had been segregated. This

view may have come from their own experiences, as they all went to special schools.

Stigmas that the disabled young people believed non disabled people held were that disabled people were not acceptable for portrayal in the media and that they were seen as infectious. They also stated that black people were treated the same as disabled people, indicating understanding of both racism and disablism. But as emancipatory research follows the social model perspective this model does not look at multiple oppression. If different groups share the same oppression, or if someone experiences multiple oppression, such as a black disabled person, this should be explored. It would also be interesting if emancipatory research was done with another group which may be oppressed in western society such as black people, to compare the oppression experienced. The group said that they often see people pushing an electric wheelchair which they felt was disempowering. It seems to be that non disabled people believe that caring for a disabled person is what should be done.

The non disabled young people in comparison had less stigmas attached to them. They felt that others were intimidated by them hanging around the streets in groups. There was no other stigma implied, such as their bodies' acceptability or that they should be separated from others or that they are infectious.

5.5 Attitudes

The National Disability Authority's study in 2002 found that the attitudes, opinions and knowledge from the respondents proved that the public were insufficiently well informed about the difficulties facing disabled people. Although the non disabled young people argued that they needed disability awareness training, they still were aware of many of the issues. It would be beneficial to undertake a larger scale study on non disabled young peoples' attitudes to see if this was a representative sample. They voiced that staff were overprotective and did not understand disability. They also stated that youth clubs do not facilitate disabled young people. Disabled young people are often segregated from mainstream recreational activities due to having little supports

(OMC, 2007). Another problem they felt may arise is that a disabled person may not feel comfortable to participate in mainstream leisure activities. Disabled young people may also not feel safe in their recreational activities which may have a negative effect on their participation (Lalor et al., 2007). One participant stated that they knew someone who was scared of disabled people as they did not understand it. Another participant felt that disability would result in it being more difficult to have independence and freedom. These young people seemed very aware of the disabling barriers that affected disabled young people.

'Individuals with disabilities are not only more likely to be poor, but they are subject to prejudice, social isolation and discrimination' (cited in Roggero, Tarricone, Nicoli & Mangiaterra, 2006: 645). One of the disabled interviewees expressed being treated differently in school at sports time by her non disabled peers, which in turn affected her relationships. The same participant felt that she found it hard to make friends, that she was always the person that everyone said hello to but that she was never part of a clique. Another disabled interviewee felt that because people view her differently that it convinces her that she can not do things such as living independently and travelling. She also felt that people did not trust her to make her own decisions. Prejudice, social isolation and discrimination all seemed to be factors within the lives of these particular young people.

5.6 Language

Very little was found in the literature with regards to bullying and disabled people. The literature in this area focused on the use of negative language towards disabled people, the segregation of disabled people and the stigmas and negative attitudes towards this group. With regards to language, according to Murphy (1982): 'The word 'retarded' is a word. What it does is put people in a class ... We're on one side of the wall and the stone throwers are on the other side' (cited in Goodley, 2000: 27). The non disabled interviewee thought that disabled people would get bullied and should not attend a mainstream youth club. She felt that the non disabled youth would not like them and that they would be treated differently by acts such as calling them rehabs behind their backs. Non disabled young people often have negative attitudes towards disabled people and at the same time, do not

124

always agree that activities should be integrated (Murray, 2002, cited in Gay, 2009; Lalor et al., 2007). If segregation for disabled people was not there in the first place then stigmas and negative attitudes may not be such a problem. When people do not understand difference then they sometimes act negatively, such as through the use of language. Language has the power to provide 'politics, domination and control' (Oliver, 1994: 4). The issues of bullying and differential treatment towards disabled young people were voiced as issues by the non disabled participants. Name calling, leaving disabled young people out, not understanding their capabilities and looking at them negatively were all voiced as issues.

Bullying and the negative stigma attached to going to special schools became very much apparent from all those involved in the research. The group of disabled young people brought bullying up in most of the consultations. Being bullied due to being disabled was as a result of being different and going to a special school, according to the young people. The group of disabled young people themselves held their own stigmas as they assumed that someone with a visual impairment would go to a special school as opposed to a mainstream one. All members of the group attended or did attend a special school so this could be the reasoning for this. One of the young people feared going to a mainstream youth club on the grounds of the possibility of being bullied because of their disability. If integration was within all leisure activities then this may not pose such a problem.

5.7 Media

Disability is often only portrayed in the media in a negative and disabilist stereotypical way (Elliot, 2007). The non disabled young people stated that disabled young people are portrayed negatively in the media. They said that the media shows that they need help, screens the Paralympics, Special Olympics, or does not show them at all. One of disabled interviewees felt that disabled people were not shown positively enough through the media. She felt that protest marches from disability organisations, although these were needed to lobby for change, made it look like all disabled people do is to complain. The media often concentrates only on people with disabilities protesting for their rights

(Commission on status of people with disabilities, 1996; Barnes, 1991 (b)). This is true and if disabled people were represented in the media the same as non disabled people, then protesting for rights would not be such an issue. The young people also argued that disabled people are barely ever seen in advertisements. Media focuses on physical perfection, and the road safety campaigns that use images of a victim using a wheelchair do not provide positive attitudes. 'Disability, or impairments, and normality are rarely, if ever, seen together' (Wilde, 2004: 21).

The disabled young people argued that disabled people are not shown on television enough and that they do not see disabled models. The group also stated that with the media appearance is focused on and personality ignored. It is argued that when society strays in any way other than from the dominant view of 'normal' body, it discriminates against people with disabilities (Tovey & Share, 2003). This seems evident and if disabled bodies were proudly portrayed within the media, then acceptance may be more likely.

The non disabled young people then talked about how they felt young people were portrayed in the media. They felt they were portrayed negatively, particular in relation to highlighting troubled youth such as crimes they have undertaken. Other than that they said it is only high achievers that are spoken about in the media and that there was nothing in between. They felt they were judged unfairly by what was portrayed in the media. Despite this, non disabled people do take over the majority of positions as actors, new reporters, weather men, models, singers and musicians within Irish media. Surveys consistently show that at least 10% of the population has a disability (CSO, 2006) but this proportion is not reflected in the media.

5.8 Barriers to full participation in society

For many or all leisure activities outside of the home, restrictions are constantly visible due to the inaccessible physical and built environment with the added burden of an inaccessible public transport system (Barnes 1991; Dodd et al., 2006; OMC, 2007). One of the disabled interviewees voiced access as a huge problem. She could not access all parts of the mainstream youth group that she attended and

she could not work voluntarily in another due to lack of accessibility. She could not enjoy a full social life as because she could not push herself home she had to rely on taxis. Not all taxis are wheelchair accessible and not all taxi drivers are prepared to lift people. On top of this she would need to ring taxis in advance, along with the added expense. The bars in nightclubs also posed accessibility barriers as they were so high and if there were a lot of people at the bar it would be hard to even get near it.

The same disabled participant expressed concerns for a disabled young person attending a mainstream club. If there were sports that involved physical contact it may result in the person being left out as there would be a lot of things that they could not do, and this may draw attention to the disability. At the same time she felt integration was important so that the disabled person did not feel different. She also raised the question of why should things be changed for the small minority of disabled people. Yet she was aware of the social model and it seemed she worried about being a burden to such an extent that internally she carried the medical model without realising it.

Public buildings are to be made accessible to disabled people only 'as far as practicable' (Disability Act 2005). Everywhere, no matter if it is access due to street-scapes, buildings, or public transport, all should be accessible for everyone. Some buildings are exempt from the Act but because a person is disabled it should not mean that they are excluded from any building. Just because the building is being used temporarily should not mean that a disabled person can not access it. Justification on grounds that it will cost too much compared to the lack of disabled people using it is extremely unfair. If a building had stairs as its only access then people with physical impairments would not be using it in the first place so how can this be justified? The Act also states that buildings are exempt if it is not practicable to do so. How can it not be practicable to make a building accessible to all? The final exemption is that if it would cause delay in the delivery of goods or services to other people. The Act is stating that non disabled people should not be affected in delays with the consequence of disabled people being delayed for their entire life span.

5.9 Young peoples' recreational needs and practices

The disabled young people stated that mainstream clubs do not have the necessary supports in place for disabled young people. They also said that they felt those that run these clubs did not have a good enough understanding of disability. The group also stated that disabled people do not get to mix with non disabled people and often have to go out to pubs and night clubs on their own.

One disabled interviewee went to a disabled club but dropped out as there was no one her age attending. She is now about to start a new club for disabled people. She expressed that they are integrating as the volunteers are made up of non disabled people. Staff should not be there for integration purposes. The staff should also be made up of disabled people. It is important for disabled young people to have non disabled peers and to access integrated leisure activities.

The same participant went on to explain about her feelings about the club being aimed at disabled people, and whether she would rather go to mainstream or not. She said it would have bothered her when she was younger but now because of isolation due to her medical condition it gets her out. She said that she isolated herself because she felt she was not able to do things. It seems to be that as she is disabled she has become isolated and now will settle for anything, either that or she has given up on the struggle of being disabled and living in a non disabled world. Many disabled people are also very isolated which prevents them from having a social life and thus forming relationships (Lofgren-Martenson, 2008; Murphy, 2009).

She also stated that she should have known about the organisation before she did but then blamed herself for not knowing. Organisations should advertise their services so people can make informed choices. The participant has since changed her mindset and said that she has to go to people before they go to her. She remains keen to maintain friendships with non-disabled people, to reflect normality. 'Disabled young people don't want their disability to be the focus and want to be like everybody else' (Lofgren-Marteson, 2008: 129). If disabled people are segregated from the mainstream then difference is more apparent and acceptance becomes more difficult.

Another of the disabled interviewees went to a disabled social club but she did not know it was for disabled people as she did not understand the concept of disability. At the same time she enjoyed attending and spoke positively about the club. Disabled people should be told they have an impairment which may result in experiencing disabling barriers. It could be argued that if they are not then they may not be pressurised into feeling different. But it would be difficult not to understand why life is so different and how would the person have the opportunity to break down disabling barriers if they did not know they existed.

5.10 Relationship building

The group of disabled young people spoke about sex and relationships a lot. This was not provoked by the researcher but came up as a topic from the young people. In a study undertaken for the HSE it found that the topics of relationships and sex came up almost every day, and the disabled young people were learning about relationships from watching the television and watching their peers (Murphy, 2009). When the group were asked to make collages of the recreational needs of young people in Sligo, their pictures and discussion was very much based around sex and relationships. The group stated that they do not get the opportunity to talk about people that are of gay and lesbian sexual orientation. The NDA took research in the UK that found one in ten disabled people are either gay or lesbian (Avente, 2006). This is where multiple oppression may occur as homosexuality is not something that the disabled young people in the current study ever got the opportunity to explore. They stated that they are interested in discussing sexual matters but do not get the opportunity to speak about it.

Barnes (1990), Hurst (1984), Morris (1989) and Oliver et al., (1988) state that an important aspect of disabled young peoples' lives is sexual relationships, which due to societal perceptions are often restricted (cited Barnes, 1991; Lalor et al., 2007). Disabled young people should have the same opportunities as non disabled young people to learn about relationships. The group stated that disabled people do think about sex. They also stated that they never get the opportunity to discuss birth control. Not having this information may lead to unwanted pregnancies and

sexually transmitted diseases. One participant had to study the subject herself. The group stated that they would like education on sex and relationships. All of the young people had either attended or were attending a special school and none of them had received any sex education whatsoever, even though that they would like it. All schools whether special or not should have age and learning capacity suitable programmes developed into their S.P.H.E programme. There exists no real sex and relationships programme within schools in Ireland for disabled young people (Murphy, 2009). One of the carers of the young people who was seventeen told us that her mother will not allow her to talk about sex. One of the participants who was twenty two did not know what a condom was and was living independently. If these young people do not have this information then how will they protect themselves and make informed choices?

All of the non disabled young people stated that they had never got the opportunity to talk about sex and relationships, contraception, gay and lesbian relationships. The group said that it was touched on in one class but it wasn't really relevant and wasn't part of the S.P.H.E programme like in primary schools. A few of the young people got to take home a fake baby but there was not enough for the whole class. Even though this was voiced, they did seem to be getting some information, compared to the disabled young people who got none whatsoever.

One of the disabled interviewees spoke about her own personal experiences with regards to sex and relationships. The participant stated that no other person had told her about sex, contraception, pregnancy, AIDS, STDs or any related information, not even in school. Disabled people need more information with regards to sex and relationships; they need to be allowed the opportunity to voice their opinions on this matter (Kelly et al., 2009: 308). The participant spoke about how it would have been helpful to gain this information in school. She took risks because of lack of correct information. If the participant had been given the correct information then she may not have taken such risks. The participant disagreed in a disabled person being brought to court so that they could not partake in sexual relations. But it is illegal in Ireland to have sex with a person who relies on support unless the couple are married (Kelly, Crowley & Hamilton, 2009). According to Kelly et al., (2009) 'The law needs to be changed because some people with

intellectual disabilities who need support in their lives are still capable of having sexual relationships and protecting themselves against abuse' (Kelly et al., 2009: 308). The researcher would strongly agree with this statement, if disabled people are supported and have the ability to make informed choices, then they should be able to do so.

As Glad (2000) stated disability and sex are seen as a taboo. It is important that all disabled young people, including those with learning disabilities have access to sex and relationship education. This way they are able to make informed choices, will be less vulnerable to exploitation and it increases self-esteem (National Children's Bureau, 2010; Murphy, 2009). If sex education was present in special schools then disabled young people could make better informed choices, it would lessen the risk of STDs and unwanted pregnancies, along with protecting themselves from abuse.

This lack of relationship education was the one area that was shared with the non disabled young people, who also expressed the need for a programme to be formalised in their schools. It is likely, however, that this group would be able to access information more easily from other sources than the group of disabled young people.

5.11 Disabled young people and recreation

5.11.1 Desired opportunities

The disabled young peoples' wishes were not that extravagant compared to the non disabled young people. Very regular wishes came up, amongst the most popular were painting and going to the cinema. Two of the disabled interviewees only picked two wishes each, the first very regular, an art club and a swimming pool, the others regarding disability, better access and someone to talk to about issues around disability from an early age. These are activities that are available in almost everybody's lives, other than the wishes around disabling barriers. It could be questioned that are these young people so content with their lives that they do not need to wish for extravagant things? Or is it because they are not used to being

131

asked what they would like as they have little opportunities for choice. Or could it be that they are so downtrodden that they feel there is no point in wishing for extravagant things when they can not even have basic things like their non disabled peers? Finally, could it be that their horizons are so narrow that they could not think of more to wish for? Some of the young people wished for marriage in which none of the non disabled young people wished for. Could this be because they feel they may not get this opportunity because they are disabled? One of the disabled interviewees wished to travel to the UK which was not very far. Again this was not an extravagant wish, most would wish for further afield, such as Ibiza. The non disabled young people wished for leisure activities that were not currently available in Sligo such as ice skating, bowling, go karts, paintballing and discos.

Hughes, Russell & Paterson (2005) and OMC (2007) stated that disabled people want to access mainstream leisure activities. All of the thirty five young people that participated in the study stated that recreational activities and youth clubs should be integrated for both disabled and non disabled young people. The researcher would strongly agree with this as she does not see a solution in segregating disabled people from non disabled people. Recreation can also hold the benefits of social inclusion and the breaking down of disabilism towards this group and allowing friendships to build between disabled and nondisabled young people (OMC, 2007).

5.11.2 Actual opportunities

The disabled peoples' leisure activities were very regular activities compared to the non disabled young people. The most popular were eating, watching television, listening to music, playing the Playstation and putting on makeup, all of which are usually done in the home. The interviewees also spoke about regular leisure activities, from doing nothing to sitting in the house and playing on the laptop or watching television. These are very isolated activities which do not allow for integration and seeing the 'real' world. Reasons why these activities may be the most popular is because the young people can not access mainstream activities.

132

Recreational activities that are done on one's own are the most popular choices for disabled young people (Lalor et al., 2007: 301). Among other popular 'leisure' activities were attending school. This is more of a compulsory educational activity, in which all of the young people attended special schools so they were not integrated. Some of the young people picked the consultation, yet this was only their second time to participate. This may be because they may not have many other leisure activities outside the home.

All of the non disabled young people went to either a local youth club or recreational activity. These included drama, sports, hip hop dancing, horse riding, singing and acoustic nights. Other activities included watching a movie, doing homework, watching television and hanging out with friends. These activities were much more leisure related compared to the disabled young people.

5.12 Ask the experts: Emancipatory research

The title of this research includes the words 'emancipatory approach'. The researcher or disabled young people could not tell in the beginning whether or not this research would be emancipatory till the end. Some things failed and others had an emancipatory result. All of these will be explored.

The researcher was surprised that two non disabled young people attended the workshops which were advertised for disabled people. The disabled young people felt this was positive and would have liked more non disabled young people to join, to promote integration.

When the disabled young people role played the bullying scene and the night club scene, results were evident. Through forum theatre the young people had the opportunity to voice disabling barriers that they shared together. They then got the opportunity to work out together how they would like the situation to be and how they felt they could solve these issues. The disabled young people now have the information to use if they wish to do so in the future. They may now also have more confidence to act out this information after practicing it.

The two artists involved in the research could be said to have actions that were disabilist, in choosing an activity of banging stones together and then walking out

133

because of their assumption that the participants would not be able to talk. What was emancipatory was that the group stood up for themselves and spoke up. They voiced that they did not want to do this. After the artists walked out the researcher provided the space for the young people to talk. Their voice was not silenced and they openly gave their views on their recreational needs. The young people also voiced that they did not like the venue. This was their group so the researcher changed the venue and they were happy with this.

Many youth and disability groups said that they would visit the consultation sessions and tell the group about their services in order for the disabled young people to gain the information they need and to increase access to mainstream services. None of these services showed up to any session despite receiving invitations. One of the disabled interviewees felt that in order to meet the criteria for attending a particular art club, that participants should tell the club if they have a disability because they would need to have certain capabilities. The researcher was contacted by this group who wanted to hold activities for disabled people. The organisation stated that the researcher could only ask disabled people who did not have learning disabilities and were well able to participate which excluded many of the group. The researcher felt this was disabling so did not invite any of the group. Instead the researcher gathered information on different activities and made a booklet, and then distributed this to all of the young disabled people.

Two of the disabled young people in the consultation stated that they never got the opportunity to be asked whether or not they would like to access mainstream higher education. After this discussion and after information giving this has now changed. One of the young people is accessing mainstream higher education and the other has joined an advocacy group as a starting point to reaching accessing further education.

One of the disabled interviewees expressed concerns with not having choice with regards to picking movies in the cinema, eating out and where to go on holidays. The researcher gave the participant information on what to do. The participant practiced what to say to the staff members with the researcher through role play. The participant has since built the confidence to speak to the staff members and

advocate that she would like choice. The same participant had problems with getting an ID card so the researcher gave the information to the young person so she could get one. This may give her the confidence to now access mainstream pubs and night clubs.

One of the disabled interviewees was concerned that if she broke off a friendship with one of her friends that he may be aggressive. The researcher advised the interviewee to tell the person in a public place and have a friend with them or to do it by phone. The researcher also advised the participant to tell a staff member at the college she attended of her concerns.

All of the young people in the study expressed the need for sex and relationship education and a more comprehensive S.P.H.E programme. The researcher shared this with a committee who are working together to gain young peoples' voices in order to bring this to the Department of Education and in order to develop a new S.P.H.E programme. The researcher is now working with this team on developing the programme by working closely with a development worker who is pushing for this advancement.

The non disabled people voiced that they needed disability awareness training from a person who had experience in the area such as a disabled person. The researcher sought a disabled person who was willing and also experienced in doing this. The researcher passed on the individual's contact details to the school.

The researcher could be accused of being biased in this research. The researcher is aware that bias is evident and that the researcher did believe that the young people were oppressed and faced disabling barriers. But without this the research could never be emancipatory. The researcher had to be on the side of the oppressed in order to work towards supporting the group in breaking down disabling barriers.

Although all aspects of the research were not emancipatory it could be argued, is it possible for every disabling barrier to be realistically broken down? What did happen is that the young people empowered themselves. The researcher supported them in removing disabling barriers through providing space and facilitation in looking at shared experiences and breaking down these barriers. They spoke about

their recreational needs, broke down some of the disabling barriers and their voices were no longer silent.

5.13 Conclusion

The findings related to existing literature but other aspects were brought up that in particular require further research. Disability was not viewed from the same academic perspective of social versus medical model as in the literature but the oppression explained in the literature was the same as the disabled young people experienced in their lives. Lack of choice and internalised oppression were the main themes that occurred. The non disabled young people were not as oppressed in comparison and experienced different issues to the disabled young people. The disabilism that was described in the literature was also present in the disabled young peoples' lives. The disabled young people even held negative attitudes towards disability, but this may have been because of their own negative experiences. The literature spoke about negative attitudes towards disabled people by non disabled people. The non disabled young people in this study did not hold these attitudes. At the same time all participants in the research spoke about severe negative societal attitudes and bullying of disabled people, and this bullying was not as much evident in the literature. The lack of disabled people in the media and the negative stigmas attached to disabled people when they are shown was reflected in the findings as in the literature. The same applied to lack of access to the physical environment for disabled people.

Although little has been published on the area of recreational needs for disabled young people, what was available mirrored that of the experiences of the participants. Recreation for disabled people is restricted, most activities are segregated and mainstream facilities do not accommodate enough for disabled young people. All the participants, both disabled and non disabled believed recreation should be mainstreamed. The benefits of this that were found in the literature were the same as the participants expressed. Although the non disabled young people also expressed barriers, they were no way as extreme as those of the disabled young people. The lack of relationship and sex education that was expressed within the literature was voiced also by the disabled young people. The

136

literature suggests that emancipatory research holds many benefits for a group of disabled people. This held true in the research although recommendations for progress in this methodology were found and will be examined in the next chapter as well as practical changes which could make a major difference to the lives of disabled young people.

CHAPTER SIX - CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The young peoples' voice and recommendations are central to this research and will be summarised here. The researcher has also provided her own recommendations based on her own experience with the group and through the literature studied. To end the research will be concluded by examining the process as a whole. Before this it is important to examine whether or not the objectives of the research that were set out initially were met, along with explaining the limitations. It is also of benefit to revisit the original hypothesis.

The first objective was to ensure emancipatory methodologies were used throughout. This was put into practice and was made evident through the previous two chapters. In order for the process to be emancipatory, consultation was vital. All of the young people, in particular the disabled young people, were consulted throughout the research process. The recreational needs of the disabled young people were adequately explored. Not only did the young people share their past and previous experiences but they voiced their issues and put forth recommendations for future change. The group self advocated, broke down disabling barriers and reached emancipation. One small group of young people that had silent voices were able to come together, discover what oppression they shared and overcame what they could. They also grew, became more self confident and learnt the skill to be able to self advocate in the future after the group ended.

It would be difficult to measure the objective of ensuring that the young people are heard. The researcher is the voice of the participants and although some change was brought about in the process, long term change may be difficult. The research may sit on a library shelf with no action taken other than the action the young people took themselves. At the same time the researcher did listen to the participants and voiced their recreational needs accurately. The disabled young people did have a say in the parameters of the study, in an advisory relationship

with the researcher. They decided what to discuss and include, an agenda that was important to them. The young people ensured what was reported was an accurate reflection of what they had voiced. They also set forth recommendations based on their own experiences to try and improve the situation of young peoples' recreational needs. An insight was not only gained on non disabled peoples' attitudes towards their disabled peers, but they voiced the oppressions they felt society had imposed on this group. An insight was also given on the young peoples' recreational needs and this was compared to the disabled young peoples' needs.

The disabled young people voiced many disabling barriers in accessing recreational activities. These barriers consisted of bullying, negative attitudes, differential treatment and segregation. The young people struggled to access mainstream recreational activities. Other disabling barriers included lack of activities, poor advertisement, access issues and the absence of disability awareness. Lack of choice was voiced as a main problem, along with the lack of relationship and sex education. The biggest disabling barrier is that their voices had been made silent, people had not been listening to them.

To return to the hypothesis, the researcher's prediction was correct. There was inadequate provision for the recreational needs of the disabled young people. The disabled young people wanted to be able to access mainstream leisure activities without facing disabling barriers but this was a struggle. The disabled young people were at a disadvantage when it came to access to and participation in leisure activities compared to their non disabled peers. Although their non disabled peers did voice issues they did not face as many barriers.

6.2 Young peoples' voice / recommendations

Throughout the research the thirty five participants recommended the following. There were many recommendations with regards to improving recreation for young people. All of the young people believed that recreational activities and youth clubs should be mainstreamed. They also stated that young people should be consulted in the provision of recreational activities such as the venue of the activity. They stated that there needs to be full access to all leisure activities and

139

youth clubs. The young people also said that there needs to be more support systems in place in leisure activities and youth clubs for disabled young people. They suggested that activities should be provided in schools and clubs that anyone no matter what their need can participate in. The young people recommended having staff who are empathic, able to relate to them and trained in youth work to degree level, with practical experience and in consultation with the young people.

Disability awareness training was another focus for improvement that the young people voiced in order to allow for integration and acceptance. The young people stated that disabled people need to be more accepted and this can be done through socialising and integrating through leisure and youth activities and schools. They said that societal attitudes need to be changed through disability awareness training and education. The young people recommended that staff who work with young people and all young people need to be educated on disability awareness. They stated that disability should be discussed in schools in the S.P.H.E class. The class should be relaxed and facilitated like a focus group. They suggested that an experienced person should facilitate these classes such as a disabled person, a parent or a professional in the area. These classes should cover how to handle situations such as what to do if someone has a seizure, the types and levels of disability, what a person is not able to do and their needs. The young people also stated that what should also be covered is how a person in a wheelchair feels if they are left out of activities.

The advertising of leisure activities was another issue the young people felt could be improved. The young people stated that there needs to be more advertising of leisure activities for young people. They said that this can be done in particular through websites and social networking sites such as Facebook. Another method of advertising would be through a newsletter provided from each club explaining the activities they have on offer. The young people want a radio station to be set up in Sligo for young people and ran by young people. This would allow important issues to be raised. Youth activities could be advertised on the station. They also stated that young people could portray a better image of themselves on the radio.

Other recommendations related to sex and relationship education, summer camps and physical access. The young people said that there needs to be a structured sex and relationship education programme for all young people. This needs to take place in schools. An outsider as opposed to a teacher should facilitate this. They also stated that summer camps should be unstructured in order for them to be more fun and relaxed. The camps should incorporate trips away. Unusual activities that are not usually offered should be on offer. The young people also suggested that relationship and sex education should be provided in these camps that are facilitated in a fun way. The young people stated that streetscapes and the external environment need to be accessible to disabled people. Engineers and planners should consult with disabled people as part of the design process. They also suggested that there needs to be an outdoors drop in centre, in Sligo town. Along with this they believed there needs to be a big club in Sligo town centre accessible to all. The final recommendation was that there needs to be more drug counsellors in Sligo town.

6.3 Researcher's recommendations

The researcher agrees with all of the young peoples' recommendations but would like to add her own from her experiences in the emancipatory process. All disabled people need to be aware of the social model and the difference between the meaning of disability and impairment. Disabled people should come together and revise or even replace the social model, to a model that fits their experiences.

Lack of choice was an issue that was voiced in the research. Disabled people need to be offered choice in what affects their own lives. Staff need to be trained in the importance of self empowerment and in individuals making their own choices. Staff should also listen to disabled young people. Disabled young people should be given the opportunity to join emancipatory advocacy groups. In these groups they can discuss where they share experiences of oppression. They can then together break down disabling barriers if they so wish. All disabled people should be given the opportunity to talk about the negative aspects of being disabled with a professional in the area. Disabled people should be told that they have an impairment which may lead to experiencing disabling barriers in society, so that

141

they can be better prepared to deal with these barriers. There should be outreach workers that target disabled people that are isolated in order to support them. All disabled people should be told about the opportunity of accessing higher education.

Along with agreeing with the young peoples recommendations with regards to recreation, the researcher would like to add more. Schools and all leisure activities should be mainstreamed, with the supports in place to allow for this. There needs to be more funding for leisure activities for young people, as recreation plays a huge role in the lives of young people. All young people should undertake anti bullying training with regards to disabled people, in order to make integration easier for both disabled and non disabled young people. This should be offered in all youth and leisure activities. Inclusive employment policies should ensure that staff working with young people represent those with varied abilities. Emancipatory art should be offered in all youth clubs. This is not only for the reason of fairness in the employment world, but the young people could have disabled and non disabled role models working with them.

Many issues were voiced on the lack of relationship and sex education. Relationship and sex education should be compulsory in all special schools. A stand alone programme of relationship and sex education separate to the SPHE programme should be devised in schools. This should be monitored, evaluated and developed in conjunction with young people. Parents should be offered a place in a training programme that covers issues for their young disabled children, to include information on relationship and sex education. The law should be revised so that those with learning disability should be empowered and supported in relationships including sexual relationships, while safeguarding against exploitation. There should be staff that are specialised in sex and disability education that work specifically around relationship supports for disabled people.

Other issues voiced were in relation to negative attitudes and poor physical access. With regards to negative attitudes and equality, disabled people need to be in the media as much as non disabled people and shown in a positive light. Access needs to be improved to include all taxis being accessible to all. In public houses and

night clubs, there should be a smaller bar incorporated into existing bars that facilitate those that use wheelchairs. The Disability Act 2005 needs to be revised to take out the exceptions that it has in place, in order to make society accessible to all.

The researcher has identified a number of gaps in research in the area and recommends the following. A large scale study should be done in Ireland to look at young peoples' attitudes towards disabled people. It would be also of benefit to compare disabled young peoples' attitudes towards disabled people. Research also needs to be done looking at the bullying of disabled young people.

There needs to be research that is done that examines the relationship and sex education that is incorporated into the S.P.H.E programme. Research needs to be done on societal attitudes towards sex and disability, parental attitudes towards sex and disability, and professionals' attitudes towards sex and disability. Further research needs to be done on advocacy and disabled people to identify pathways for progress. Emancipatory research needs to be done on sex and disability, with disabled people.

There are further recommendations that the researcher believes would improve the method of emancipatory research. Emancipatory research should look at multiple oppression. This research should also be done with disabled people, along with other perceived to be oppressed groups to find out if they experience the same level of oppression or if it is compounded by multiple oppression. Emancipatory research with disabled people should allow for non disabled people to join the research. In emancipatory research, it should allow for one-to-one interviews to be emancipatory. It allows for more personal experiences to be examined. The interviewees can then break down disabling barriers and work towards emancipation. More disabled people should be given the opportunity to be researchers in emancipatory research.

There needs to be funding and resources allocated for emancipatory research in order to allow for disabling barriers to be broke down and to help the research to be truly emancipatory. When emancipatory research is being done, relevant organisations should get involved to support the group, in this case youth and

leisure organisations. There needs to be a specific accredited course for researchers based on emancipatory research. Emancipatory research also needs to be publicised and explained more so society understands it credibility and also so researchers are not accused of being biased.

6.4 Limitations

The researcher changed her initial research proposal as due to time constraints with the large work load of emancipatory research and with finding it hard to gain participants, not all methods were possible. A qualitative methodology allows for the proposal to be revisited and revised when the need arises. The researcher initially would have liked to have involved youth workers in the process, but time constraints did not allow this. The researcher would have also liked to interview more than one non disabled young person, and more than one group of non disabled young people in the focus groups. The researcher could not gain participants to do this.

6.5 Conclusion

There is so much confusion about the meaning of disability. Disabled people in discussions together on the lived experience of disability, can develop a new model or ways of approaching barriers which may fit better than the existing social model which can be seen as somewhat removed from daily life. Disabled people need to understand and agree on the meaning of disability. An emancipatory approach needs to be taken. This way shared experiences can be voiced, disabled people are consulted every step of the way and disabling barriers can be broken down.

> A Disabled Person is an individual in their own right, placed in a disabling situation, brought about by environmental, economic and social barriers that the person, because of their impairment(s), cannot overcome in the same way as other citizens. These barriers are all too often reinforced by the marginalising attitudes of society. It is up to society to eliminate, reduce or compensate for these barriers in order to enable each individual to enjoy full citizenship, respecting the rights and duties of each individual

(cited in Oliver, 1996 (a): 10).

The main barriers are oppression, disabilism, negative societal attitudes and poor accessibility. These are all the main contributors to the social construction of disability. If these were broken down then disabled people would exist no longer: Just people with impairments living in an equal world alongside people without impairments.

Irish disability policy, although it is beginning to develop, still holds flaws and has room for improvement. Existing policies need to be evaluated and new policies need to be developed, in conjunction with disabled people. Those that implement these policies need to be trained on how to use them. No policy should hold clauses that exempt disabled people from living a full life.

Leisure plays a huge role in disabled young peoples' lives. It can promote social inclusion and break down disabling barriers. Disabled young people are at a huge disadvantage when it comes to accessing mainstream leisure activities. Throughout all of the consultations many of the same issues for the disabled young people kept arising. Bullying, negative attitudes, differential treatment and segregation all posed problems. Other leisure related problems included lack of activities, poor advertisement and disabling barriers, mainly due to access and the absence of disability awareness. Lack of choice was voiced as a main problem, along with the lack of relationship and sex education. Young people do not always get the opportunity to participate in decisions that affect their lives; disabled young people are at an even greater disadvantage (Oliver & Dalrymple, 2008). All of the participants in the study believed that recreation should be made accessible to all and not segregated between disabled and non disabled young people.

What was made evident was the issue of the silent voices and the recreational needs of these young people. The findings related to existing literature but other aspects were brought up that in particular recommends for further research. Although the non disabled young people also expressed barriers, they were no way as extreme as that of the disabled young people.

> If disabled people are denied access to normal social activities we will not only have different experiences to that of our able-bodied peers but we will interpret the world differently; we will see it, think about it, have feelings about it and talk about it differently

There are very little emancipatory research projects being conducted. According to Shakespeare & Watson (1998) 'it is very rare to hear directly from the disabled child in literature on disabled childhood' (cited Shakespeare, 12: 2000). Research that includes active participation from disabled people is weak, particularly young disabled people. There is also a gap in research with regards to young disabled people and their recreational needs. This gap identifies that more research needs to be undertaken by involving disabled people in the process.

Oliver (1997) put forth the question, 'is emancipatory research 'a realistic goal or impossible dream?' The researcher believes that is not an impossible dream but even though the outcome of the process may not end in emancipatory success, that it is a process that all disability researchers should strive for. This allows for the social relations between the researcher and the participants to be equal, which produce research that is portrayed from the experts, disabled people themselves.

This research may sit on a library shelf and no person may ever put into practice the recommendations that the young people voiced. At the same time this research did hold benefits. The young disabled people came together and self advocated and broke down disabling barriers in their lives. If nothing more materialises the research has had a positive affect on their lives. They now have the tools to self empower in the future. The researcher believes that these silent voices are silent no longer.

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APPENDIX

*'I am carrying out a project to see what stops or holds back young people with disabilities (aged 12-25) from participating in youth activities. I would like to hear your **views and opinions.** I have organized two workshops so you can tell me what you **think and** enjoy yourself. You can go to both workshops.'*

Jessica Mannion

Social Researcher

Phone 071 91 55320
Mobile 086 2282616
Email s00052546@itsligo.ie

THE RESEARCH IS SUPPORTED BY SLIGO LEADER PARTNERSHIP COMPANY
THE WORKSHOPS ARE SUPPORTED BY THE MODEL NILAND ART GALLERY
THIS RESEARCH IS BEEN UNDERTAKEN IN THE INSTITUTE OF TECHNOLOGY SLIGO

TELL US WHAT YOU THINK!

CREATIVE WORKSHOPS

and

CONSULTATION

NO COST

FOR YOUNG PEOPLE WITH DISABILITIES

When and where?

Thursday 29th January
&
Thursday 26th February
7.00pm – 9.30pm

The Factory,
Lower Quay Street,
Sligo.

WHAT IS CONSULTATION?

We will be asking you, the teenagers to let us know **your** views and **your** recreational needs.

HOW WILL THIS HAPPEN?

We will be having group discussions between workshops.

WHAT HAPPENS NEXT?

We want to develop new projects and ideas. Your information will help us do this. All your views will be written up but no personal details will be included.

For more information please contact;

Jessica Mannion

Social researcher

Phone 071 91 55320
Mobile 086 2282616
Email s00052546@itsligo.ie

WE LOOK FORWARD TO MEETING YOU!

To book your place, fill out the booking form along with your parent's signature and return to:

Geraldine Bruce,

Youth and Education Co-ordinator,

Sligo LEADER Partnership Company,

Sligo Development Centre,

Cleveragh Road,

Sligo

Your name:

Age ---------- Date of birth -----------

Address:

Phone: -------------------------------------
Mobile: -------------------------------------
Email: -------------------------------------

Do you have a disability?

Yes ⊔ No ⊔

If yes what disability?

What are your interests?

Parental Consent:

I give permission for my son/ daughter to take part in the creative workshops.

Yes ☐   No ☐

I give permission for my son/ daughter to take part in the consultation process.

Yes ☐   No ☐

I give permission for the information gathered in the consultation to be published in the research.

Yes ☐   No ☐

Signed

Please print name:

Date: ---

Appendix B Consent form for photographs to be taken in the consultation with disabled young people

Parental/Guardian Consent Form

We are sending you this parental consent form to request permission for your child's photograph to be taken at the next workshop (Wednesday 10th June 2009). These photos may then be published in the research such as in the written thesis, research website, powerpoint presentations and poster presentations. We will not release any personally identifiable information without prior written consent from you as parent or guardian.

Please tick one of the following choices:

[　] I/We GRANT permission for photographs that includes my son/ daughter without any other personal identifiers to be taken and published for the research purposes.

[　] I/We DO NOT GRANT permission for photographs that includes my son/ daughter to be used for the research purposes.

Young persons Name: (please print)

_____

Print name of Parent/Guardian:(please print)

_____

Signature of Parent/Guardian: (sign)

_____

Relation to young person:

_____

Date: _____

RESEARCH PARTICIPATION CONSENT FORM

(For interview participants over the age of 18)

My name is Jessica Mannion and I am a researcher at the Institute of Technology Sligo.

I am doing research that explores the recreational needs of young people with disabilities.

I would like to interview you to learn about your experiences and views as a disabled young person.

During our interview, I will ask you some questions about your leisure time.

If there are any questions that I ask that you would prefer not to answer, please feel free to tell me and we will move on to another question.

If you would like to stop the interview at any time, please tell me and we will end our interview immediately.

During our interview, I will take some notes of the things that you say, but I will audio record you so that I can have a record of everything that we both say.

When I write up this study I will not use your real name.

I will give you a copy of the interview for you to read before I put it in the study and I will give you a copy of the chapter that I write up before the final piece is done to ask you what you think of it.

Thank you for your participation. I will give you a copy of this form to take with you.

Consent form

I am over 18 and eligible to participate in this study. [circle one]:

Yes   No

I agree to be interviewed for this project. [circle one]:

Yes   No

I agree to be audio taped during this interview. [circle one]:

Yes   No

Participant's name printed _____

Participant's signature _____

Date _____

Investigator's name printed _____

Investigator's signature _____

Date _____

Appendix D Consent form for focus groups with non disabled young people.

RESEARCH PARTICIPATION CONSENT FORM

(For focus group participants under the age of 18)

What is a focus group?

A focus group is where a group of 8 – 12 people get together and talk about their experiences on a topic. A researcher gives the group a topic to talk about and takes notes in order to put the information into research.

My name is Jessica Mannion and I am a researcher at the Institute of Technology Sligo.

I am doing research that explores the recreational needs of young people with disabilities. I want to do a focus group with you and a group of your peers that do not have disabilities to compare their experiences.

I would like to learn about your experiences and views as a young person.

During the focus group, I will ask the group to talk about their leisure time.

If you would like to stop participating in the focus group at any time, please tell me and you can leave immediately.

During the focus group, I will take some notes of the things that you say, in order for me to record you accurately.

When I write up this study I will not use your real name.

I will give you a copy of the focus group notes for you to read before I put it in the study and I will give you a copy of the chapter that I write up before the final piece is done if you so wish to ask you what you think of it.

Thank you for your participation. I will give you a copy of this form to take with you.

Appendix D Consent form for focus groups with non disabled young people.

Consent form

I agree to participate in a focus group for this project. [circle one]:

Yes   No

Participant's name printed _____

Participant's signature _____

Date _____

I agree for _____ (name) to participate in a focus group for this project. [circle one]:

Yes   No

Parent/ Guardians name printed _____

Parent/ Guardians signature _____

Investigator's name printed _____

Investigator's signature _____

Date _____

TOPIC GUIDE FOR QUESTIONNAIRE WITH YOUNG PEOPLE

Sex _____

Age _____

Disability/ no disability _____

Do you go to any youth club?

_____

_____

Yes... what do you do there, do you like it, what would you change about it, where is it?

_____

_____

_____

_____

_____

_____

No, why don't you, would you like to go to a youth club?

_____

_____

_____

_____

_____

What youth clubs/ activities have you gone to in the past? Why did you leave?

_____

_____

_____

_____

_____

Would you rather go to a regular or a special club? Why?

_____

_____

_____

_____

_____

Do you think there should be separate clubs for young people with and without disabilities or should everyone go to the same club? Why?

_____
_____
_____
_____
_____
_____

Do people treat you differently or the same as them because you have a disability? Tell me about that?

_____
_____
_____
_____
_____
_____

If you went to a regular youth club how do you think people would treat you?

_____
_____
_____
_____
_____

Do your friends have disabilities or none?

_____
_____
_____
_____
_____

Would you like to tell me anything about relationships?

_____
_____
_____

_____
_____
_____

Do you think there is enough people with disabilities in the media? Do you think they are shown negatively or positively? Why?

_____
_____
_____
_____
_____
_____

What other things do you do when your not in college? (pubs/ nightclubs)

_____
_____
_____
_____
_____
_____

Apart from the things you do what other things would you like to be doing when your not in college, why don't you do them?

_____
_____
_____
_____
_____

Do you think you know about all the activities that go on in Sligo? Tell me about that?

_____
_____
_____
_____
_____

What stops you from doing what you want, what helps you decide or go to the things you want?

_____
_____
_____
_____
_____
_____

What do you do in the summer, what would you like to do in the summer?

_____
_____
_____
_____
_____
_____

If you had a magic wand and you had three wishes what would you change for young people to do in Sligo?

_____
_____
_____
_____
_____
_____

Is there anything else that's important to you that you would like to tell me?

_____
_____
_____
_____
_____
_____

<u>TOPIC GUIDE FOR QUESTIONNAIRE WITH YOUNG PEOPLE</u>

- Do you go to any youth club?

- Yes... what do you do there, do you like it, what would you change about it, where is it

- No, why don't you, would you like to go to a youth club

- What other things do you do when your not in school

- What would you like to be doing when your not in school, why don't you do them

- Do you have a disability or know anyone with a disability

- What do you think of young people with disabilities

- If young people with disabilities went to a club you were going to what would you think

- Do you think there should be separate clubs for young with and without disabilities or should everyone go to the same club

- Do you think disabled young people are bullied

- Do you think you know about all the activities that go on in Sligo

- Have you had any disability awareness training

- Do you get a chance to talk about sex and relationships, contraception, gay and lesbian relations

- What stops you from doing what you want, what helps you decide or go to the things you want

- What do you do in the summer, what would you like to do in the summer

- If you had a magic wand and could pick any three things, what would you change for young people to do in Sligo

- How do you think young people are portrayed in the media

- What about disabled young people

- Is there anything else that's important to you

TOPIC GUIDE FOR FOCUS GROUPS WITH YOUNG PEOPLE

- Do you go to any youth club?

- Yes... what do you do there, do you like it, what would you change about it, where is it

- No, why don't you, would you like to go to a youth club

- What other things do you do when your not in school

- What would you like to be doing when your not in school, why don't you do them

- Do you have a disability or know anyone with a disability

- What do you think of young people with disabilities

- If young people with disabilities went to a club you were going to what would you think

- Do you think there should be separate clubs for young with and without disabilities or should everyone go to the same club

- Do you think disabled young people are bullied

- Do you think you know about all the activities that go on in Sligo

- Have you had any disability awareness training

- Do you get a chance to talk about sex and relationships, contraception, gay and lesbian relations

- What stops you from doing what you want, what helps you decide or go to the things you want

- What do you do in the summer, what would you like to do in the summer

- If you had a magic wand and could pick any three things, what would you change for young people to do in Sligo

- How do you think young people are portrayed in the media

- What about disabled young people

- Is there anything else that's important to you

Which is the most popular person?

_____

_____

Please explain your answer

_____

_____

_____

_____

_____

_____

Which person has a boyfriend/ girlfriend?

_____

_____

Please explain your answer

_____
_____
_____
_____
_____
_____
_____

Which person goes to the local youth club?

Please explain your answer

Which person do you think participates in more leisure activities?

Please explain your answer

_____

_____

_____

_____