

Durham E-Theses

BEYOND THE TEE - NAVIGATING THE COURSE: The player journey for golfers with a disability, lessons learned, and changes made.

BENNETT, HOWARD,ANTONY

How to cite:

BENNETT, HOWARD,ANTONY (2022) *BEYOND THE TEE - NAVIGATING THE COURSE: The player journey for golfers with a disability, lessons learned, and changes made.* , Durham theses, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/14659/>

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full Durham E-Theses policy](#) for further details.

BEYOND THE TEE - NAVIGATING THE COURSE:

The player journey for golfers with a disability,
lessons learned, and changes made.

By

Howard Antony Bennett

A Doctoral Thesis

Submitted in partial fulfilment towards the requirements for the award of
Doctor of Philosophy of Durham University

June 2022

©Howard Antony Bennett

DECLARATION

The work in this thesis is based on research carried out by Howard Antony Bennett, under the supervision of Prof. Brett Smith, within the Department of Sport and Exercise Sciences, University of Durham, United Kingdom. No part of this thesis has been submitted elsewhere for any other degree or qualification and it is all my own work unless referenced to the contrary in the text.

Copyright © 2022 by Howard Antony Bennett

“The copyright of this thesis rests with the author. No quotations from it should be published without the author’s prior written consent and information derived from it should be acknowledged”.

ACKNOWLEDGEMENTS

Without people in our lives who provide guidance, a helping hand or a gentle push, few of us would ever reach our visions. I dedicate this thesis to my:

- Wife - Sue, your unconditional love is amazing. Your support, attention to detail, encouragement, and endless patience to listen, challenge and proofread improved this thesis. I have loved you for the last forty years and am thankful for you every day.
- Son - Scott, for being my inspiration to stretch and grow, challenging me to improve. Being your father is a joy and a great honour.
- Father - Howard, who lit the torch for my personal development. You have always been my most special friend, role model and mentor.
- Mother - Sylvia, who saw me start but not finish this PhD. I miss you.
- Friends – Kyle, Ben, Mike, and John, you shared your time to consult, talk through my doubts, sense check, and proofread my work. It is my privilege to call you my friends.
- Supervisor - Professor Brett Smith. Your support and advice were vital, but your boundless energy, encouragement, and can-do attitude when I was most in need was the difference.
- Colleagues – You know who you are. I value our working relationships which have transformed into friendships. Thanks for adding value to my daily work.
- To the participants of this study. It has been a pleasure to get to know you, share time with you and learn from you.

I am blessed to have you all in my life. Thank you.

ABSTRACT

Although there is a plethora of research on disability and sport, there are several gaps related to golf and disability. This thesis aims to reduce the gaps, discover more about what we don't know about golf for the disabled [G4D], examine the factors that limit or inhibit the playing of golf by individuals with disabilities [IwD], and offer recommendations for how the game can be improved to enable more IwD to sample, participate and compete in golf. The study is timely as all sports must adhere to growing legislation around accessibility, equity, and inclusion, along with greater public scrutiny of how establishments interact with society. The overall purpose of this research is to understand how IwD can better enjoy, full, active, and inclusive participation in the game of golf.

Desk research that included a scoping review was conducted to gain an understanding of the barriers and facilitators to playing golf for IwD and contextualise the work. Qualitative methods were also utilised to acquire knowledge of the subjective lived experiences of 77 golfers with a disability [GwD]. Data collection comprised of interviews and observation. A reflective thematic analysis was used to analyse the qualitative data.

Chapter four presents the results of the scoping study. It was found that it is necessary to increase the knowledge of golf as a viable sporting option for IwD with disabilities, promote the availability of inexpensive golf and remove barriers such as lack of services, transport, support, equipment and ableist attitudes and practices. Based on the analysis of empirical data collected over a five-year period, the results first present the participants' journeys into and through golf. Chapter five highlights the perceived barriers, benefits, and facilitators the participants expressed, and I observed. Grounded in the experiences of the participants', chapter six provides recommendations for how golf can adjust. Chapter seven then focuses on how the conceptual framework known as Integrated Knowledge Translation [iKT] was utilised to support moving knowledge into action, before providing case studies of two assets developed and deployed, from conception, to construction, and subsequent dissemination. Chapter eight turns to the impact of this research and how the research that underpins impact will take time to be visible. Preliminary impacts that are beginning to filter through are highlighted. The thesis concludes with empirical and practical recommendations and reflections on opportunities for future research.

ABBREVIATIONS

| | |
|-------|---|
| CIHR | Canadian Institutes for Health Research |
| CMA | Club Managers Association |
| CRPD | Convention on the Rights of Persons with Disabilities |
| EDGA | European Disabled Golf Association |
| EGA | European Golf Association |
| G4D | Golf for the Disabled |
| GwD | Golfer(s) with Disabilities |
| IGF | International Golf Federation |
| IPC | International Paralympic Committee |
| IKT | Integrated Knowledge Translation |
| IwD | Individual(s) with Disabilities |
| KT | Knowledge Transfer |
| LPGA | Ladies Professional Golf Association |
| NGB | National Governing Bodies |
| NGO | Non-Governmental Organisations |
| PA | Physical Activity |
| PGA | Professional Golfers Association |
| SRAL | Shirley Ryan Ability Lab |
| UD | Universal Design |
| UN | United Nations |
| USAGA | US Adaptive Golf Association |
| USGA | United States Golf Association |
| R&A | The Royal and Ancient Golf Club of St Andrews |
| WAGR | World Amateur Golf Ranking |
| WHO | World Health Organisation |
| WR4GD | World Ranking for Golfers with a Disability |

CONTENTS

| | |
|---|----|
| CHAPTER 1: INTRODUCTION | 12 |
| 1.1 THE SUBJECT AND THE RESEARCHER | 12 |
| CHAPTER 2: A REVIEW OF THE LITERATURE | 17 |
| 2.1 INTRODUCTION | 17 |
| 2.2 SECTION 1: DISABILITY | 17 |
| 2.2.1 THE MEDICAL MODEL | 19 |
| 2.2.2 THE SOCIAL MODEL | 20 |
| 2.2.3 THE SOCIAL RELATIONAL MODEL | 22 |
| 2.2.4 THE HUMAN RIGHTS MODEL | 23 |
| 2.3 SECTION 2: DISABILITY AND SPORT | 24 |
| 2.3.1 COACHING GOLFERS WITH A DISABILITY | 26 |
| 2.4 SECTION 3: GOLF AND GOLF FOR THE DISABLED | 30 |
| 2.5 SECTION 4: WHAT THIS STUDY IS ABOUT? | 34 |
| 2.5.1 AIMS AND POTENTIAL CONTRIBUTION | 34 |
| 2.6 RESEARCH AIMS | 35 |
| 2.6.1 WHAT WE DON'T KNOW | 35 |
| 2.6.2 CHAPTER 4 AIMS | 35 |
| 2.6.2.1 CHAPTER 4 RESEARCH QUESTION | 35 |
| 2.6.3 CHAPTER 5 AIMS | 35 |
| 2.6.3.1 CHAPTER 5 RESEARCH QUESTION | 36 |
| 2.6.4 CHAPTER 6 AIMS | 36 |
| 2.6.4.1 CHAPTER 6 RESEARCH QUESTION | 36 |
| 2.6.5 CHAPTER 7 AIMS | 36 |
| 2.6.5.1 CHAPTER 7 RESEARCH QUESTION | 36 |
| 2.6.6 CHAPTER 8 AIMS | 36 |
| 2.6.6.1 CHAPTER 8 RESEARCH QUESTION | 36 |
| 2.6.7 CHAPTER 9 AIMS | 36 |
| 2.6.7.1 CHAPTER 9 RESEARCH QUESTION | 36 |
| CHAPTER 3: METHODS AND METHODOLOGY | 37 |
| 3.1 OVERVIEW | 37 |
| 3.2 QUALITATIVE RESEARCH: WHAT AND WHY? | 37 |
| 3.3 INTERPRETIVISM, ONTOLOGY AND EPISTEMOLOGY | 38 |
| 3.3.1 LIFE STORY | 40 |

| | |
|--|----|
| 3.4 SAMPLING AND NATURALISTIC GENERALISABILITY | 41 |
| 3.4.1 ETHICAL CONSIDERATIONS | 43 |
| 3.5 THE PARTICIPANTS | 43 |
| 3.5.1 GENDER AND DISABILITY | 44 |
| 3.5.2 AGE..... | 46 |
| 3.5.3 GOLF HANDICAP | 47 |
| 3.5.4 IMPAIRMENT GROUP..... | 48 |
| 3.5.5 GEOGRAPHICAL AREA..... | 49 |
| 3.6 DATA COLLECTION | 50 |
| 3.6.1 INTERVIEWS | 50 |
| 3.6.2 OBSERVATION | 54 |
| 3.6.2.1 VIGNETTE | 57 |
| 3.6.3 FIELD NOTES AND VOICE RECORDINGS..... | 59 |
| 3.6.4 DESK RESEARCH/SECONDARY DATA..... | 61 |
| 3.7 DATA ANALYSIS | 61 |
| 3.7.1 REFLEXIVE THEMATIC ANALYSIS | 61 |
| 3.8 RIGOUR..... | 63 |
| 3.9 CHAPTER SUMMARY | 64 |
| CHAPTER 4: SCOPING REVIEW | 65 |
| 4.1 INTRODUCTION | 65 |
| 4.1.1 WHY A SCOPING REVIEW?..... | 65 |
| 4.2 METHODS..... | 66 |
| 4.3 BENEFITS | 68 |
| 4.4 BARRIERS..... | 69 |
| 4.5 FACILITATORS..... | 70 |
| 4.6 RECOMMENDATIONS FROM THIS SCOPING REVIEW..... | 71 |
| 4.7 SUMMARY | 74 |
| CHAPTER 5: RESULTS..... | 79 |
| 5.1 THE JOURNEY INTO GOLF | 79 |
| 5.2 ANTECEDENTS TO GOLF | 80 |
| 5.2.1 SPORTING HISTORY BEFORE GOLF | 80 |
| 5.2.2 EARLY PERCEPTION OF GOLF | 84 |

| | |
|---|-----|
| 5.2.3 FACILITATORS TO SAMPLING GOLF | 88 |
| 5.2.4 COMING TO GOLF AFTER THE ACQUISITION OF AN IMPAIRMENT | 93 |
| 5.3 ENTRY – THE OPENING SHOTS | 94 |
| 5.3.1 PEOPLE | 95 |
| 5.3.2 HAZARDS (OBSTACLES TO BE SURMOUNTED)..... | 101 |
| 5.3.3 TEEING UP THE GAME (FACILITATORS TO THE GAME) | 105 |
| 5.3.4 PLAYING THE GAME | 111 |
| 5.4 EXPERIENCE OF GOLF AS AN INDIVIDUAL WITH A DISABILITY | 113 |
| 5.4.1 FINDING A PLACE IN THE GAME | 113 |
| 5.4.2 STICKABILITY | 116 |
| 5.4.3 SEARCH, LEARN, AND EARN | 121 |
| 5.5 EMBEDDED IN GOLF | 125 |
| CHAPTER 6: PRACTICAL RECOMMENDATIONS – SO WHAT? | 127 |
| 6.1 THE BACK NINE – AN INTRODUCTION..... | 127 |
| 6.2 ADVICE TO OTHERS | 129 |
| 6.2.1 HOLE 10 | 129 |
| 6.2.2 HOLE 11 | 131 |
| 6.2.3 HOLE 12 | 132 |
| 6.2.4 HOLE 13 | 133 |
| 6.2.5 HOLE 14 | 135 |
| 6.3 HOW GOLF CAN ADJUST | 136 |
| 6.3.1 HOLE 15 | 138 |
| 6.3.2 HOLE 16 | 142 |
| 6.3.3 HOLE 17 | 147 |
| 6.3.4 HOLE 18 | 150 |
| 6.4 THE FINAL STROKE – A CONCLUSION | 154 |
| CHAPTER 7: INTEGRATED KNOWLEDGE TRANSLATION | 156 |
| 7.1 INTEGRATED KNOWLEDGE TRANSLATION | 156 |
| 7.1.1 WHO WAS INVOLVED AND HOW WAS IT CREATED | 159 |
| 7.1.2 IKT – THE USE OF THEORY | 160 |
| 7.2 THE BROAD-BRUSH APPROACH | 165 |
| 7.2.1 CORE BELIEF 1 – HIDDEN ASSETS | 166 |
| 7.2.2 CORE BELIEF 2 – WHAT’S IN A NAME? | 166 |
| 7.2.3 CORE BELIEF 3 – A MENU OF SPORTING OPTIONS | 169 |

| | |
|---|-----|
| 7.3 NARRATIVE: HEARTS AND MINDS | 169 |
| 7.4 A FILM CALLED MULLIGAN | 170 |
| 7.4.1 THE GENESIS | 171 |
| 7.4.2 THE JOURNEY COMMENCES - WHO TO FILM? | 171 |
| 7.4.3 THE PLAN AND ITS EXECUTION..... | 172 |
| 7.4.4 MIKE GAYS VIDEO SHOOT - MAY 2018 | 173 |
| 7.4.4.1 POST PRODUCTION | 173 |
| 7.4.5 THE JOURNEY CONTINUES – WHO, WHEN AND HOW MUCH? | 173 |
| 7.4.6 GETTING TO THE HALFWAY POINT – THE FRONT NINE..... | 174 |
| 7.4.7 ADEM WAHBI VIDEO SHOOT – OCTOBER 2018 | 174 |
| 7.4.8 JUAN POSTIGO ARCE VIDEO SHOOT – JUNE 2019..... | 175 |
| 7.4.9 THE TURN – THE STORY SO FAR | 175 |
| 7.4.10 NAMING THE FILM..... | 175 |
| 7.4.11 STARTING THE BACK NINE – THE WAY HOME | 176 |
| 7.4.12 STEWART HARRIS VIDEO SHOOT – AUGUST 2019 | 176 |
| 7.4.13 MARCUS MALO VIDEO SHOOT – SEPTEMBER 2019 | 176 |
| 7.4.14 MONIQUE KALKMAN VIDEO SHOOT – SEPTEMBER 2019 | 177 |
| 7.4.15 POST PRODUCTION | 177 |
| 7.4.16 THE ASSETS: A 24-MINUTE FILM – NOVEMBER 2019 | 178 |
| 7.4.17 MULLIGAN: THE FILM – MAY 2020..... | 178 |
| 7.4.18 PLACING THE FILM..... | 179 |
| 7.4.19 CODA | 179 |
| 7.4.20 FEEDBACK..... | 180 |
| 7.5 THE CARROT AND STICK..... | 181 |
| 7.5.1 ECONOMIC IMPACT | 181 |
| 7.6 FINAL THOUGHTS | 184 |
| CHAPTER 8: IMPACT | 186 |
| 8.1 THE SUBJECTIVE NATURE OF IMPACT | 186 |
| 8.2 RAISING AWARENESS | 187 |
| 8.3 DEVELOPMENT..... | 188 |
| 8.4 TOURNAMENTS..... | 191 |
| 8.4.1 THE G4D TOUR..... | 192 |
| CHAPTER 9: CONCLUSION | 195 |
| 9.1 A JOURNEY FROM INTEREST TO COMMITMENT..... | 195 |
| 9.2 EMPIRICAL IMPLICATIONS..... | 197 |

| | |
|---|-----|
| 9.2.1 CHAPTER 4 | 197 |
| 9.2.2 CHAPTER 5 | 198 |
| 9.2.3 CHAPTER 6 | 202 |
| 9.2.4 CHAPTER 7 | 203 |
| 9.3 PRACTICAL IMPLICATIONS: SO WHAT? | 204 |
| 9.3.1 CHAPTER 5 | 204 |
| 9.3.1.1 MACRO:..... | 205 |
| 9.3.1.2 MESO:..... | 205 |
| 9.3.1.3 MICRO:..... | 205 |
| 9.3.2 CHAPTER 6 | 205 |
| 9.3.2.1 MACRO:..... | 206 |
| 9.3.2.2 MESO:..... | 206 |
| 9.3.2.3 MICRO:..... | 206 |
| 9.3.3 CHAPTER 7 | 206 |
| 9.3.3.1 MACRO:..... | 207 |
| 9.3.3.2 MESO:..... | 207 |
| 9.3.3.3 MICRO:..... | 207 |
| 9.4 CLOSING REMARKS..... | 208 |
| BIBLIOGRAPHY: | 209 |
| APPENDICIES: | 241 |
| (APPENDIX 1: P.46) PARTICIPANT BIOGRAPHICAL DETAIL..... | 241 |
| (APPENDIX 2: P.54) OPEN INTERVIEW QUESTIONS | 244 |
| (APPENDIX 3: P.178) MARKET VALUES 4 STAGES..... | 247 |
| (APPENDIX 4: P.178) PHOTO GALLERY EXAMPLE..... | 249 |
| (APPENDIX 5: P.183) MEDIA REACH | 252 |
| (APPENDIX 6: P.194) MULLIGAN FILM FEEDBACK | 269 |
| (APPENDIX 7: P.196) FACT SHEET EXPLANATION | 273 |
| (APPENDIX 8: P.197) FACT SHEET DATA UKRAINE | 276 |
| (APPENDIX 9: P.197) FACT SHEET DATA COSTA RICA..... | 279 |
| (APPENDIX 10: P.197) FACT SHEET DATA PORTUGAL | 282 |
| (APPENDIX 11: P.197) FACT SHEET DATA ENGLAND | 285 |
| (APPENDIX 12: P.198) FACT SHEET DATA COMPLETE | 289 |
| LIST OF TABLES:..... | 293 |
| TABLE 1 PAGE 49 AGE CLUSTERS | 293 |
| TABLE 2 PAGE 50 GOLF HANDICAP CLUSTERS | 293 |
| TABLE 3 PAGE 51 IMPAIRMENT GROUPS | 293 |
| TABLE 4 PAGE 52 LOCATION BY CONTINENT..... | 293 |

| | | |
|------------------------|--|-----|
| TABLE 5 | PAGE 60 FIELD NOTES/OBSERVATION TEMPLATE | 293 |
| TABLE 6 | PAGE 72 INCLUSION AND EXCLUSION CRITERIA..... | 293 |
| TABLE 7 | PAGE 81 SCOPING REVIEW SUMMARY PAPERS | 293 |
| TABLE 8 | PAGE 175 KNOWLEDGE FUNNEL & ACTION CYCLE | 293 |
| LIST OF FIGURES: | | 294 |
| FIGURE 1 | PAGE 31 INCLUSION SPECTRUM..... | 294 |
| FIGURE 2 | PAGE 32 ENVIRONMENTAL FACTORS | 294 |
| FIGURE 3 | PAGE 35 ROBERT MARTIN | 294 |
| FIGURE 4 | PAGE 63 FIELD NOTEBOOK | 294 |
| FIGURE 5 | PAGE 64 A MOMENT OF PASSION | 294 |

CHAPTER 1: INTRODUCTION

1.1 THE SUBJECT AND THE RESEARCHER

Here I introduce the thesis you are about to read and provide background information on the researcher along with the subject matter. Although this chapter will not introduce the participants of this study, who are by far the most interesting element, the objective is to set the scene of why I feel there is value in you taking the time to read the following words.

A warm Saturday in April 2013 would prove to be the moment when my daily routine would take a change of direction. But first, it is perhaps better to understand the trajectory of a career that had professionally started 36 years previously in the Lancashire town of Chorley, where factory chimneys were common, and a municipal golf course had just been built.

Just five years earlier, I had taken up golf. My parents Howard and Sylvia were involved in the game, Dad was a golf professional, and Mum managed their thriving golf shop. I was interested in things that involved a ball and even more so games where something was used to hit it. Although I played all the usual sports, it was golf where I showed an aptitude and skills better than average. Golf consumed me, and I was prepared to spend hours upon hours learning the minutia of the game. That appetite for golf has never truly been satisfied.

My application to become a member of the Professional Golfers' Association (PGA) was accepted, and so started a journey in the profession that would encompass playing the game of golf for a living, the life of a club professional, coach, entrepreneur, consultant, coach educator and administrator. It would be easy to attach the label of 'one trick pony' to me as my career of 44 years and counting is in a single sector. However, on closer examination, the experience gained within that single sector is exceptionally diverse. It has been my privilege to work in what is essentially the leisure and entertainment industry. People choose to play golf recreationally or competitively, and many want a stress-free, uplifting experience. My experience has led me to believe that everyone is different, and as such, knowing and understanding people is critical. The textbooks and seminars used in the training programmes of the PGA education programme had not prepared me adequately for this human discernment. Indeed, 'how-to skills' took precedence in professional education as tutors passed on their knowledge. These tutors, themselves successful in the golf industry, taught the curriculum, but I was sure they had human skills that they deployed to pursue success. I observed and learned from these tutors, from my parents, and work colleagues, absorbing their way of interacting with players, members, and club officials. It was a first-class grounding, a masterclass in 'skills with people'.

With a body of work and track record of contribution, in 2007 I was awarded the title of PGA Master Professional, a title which at the time was assigned to just 23 professionals from a membership of more than 7,000. By then, I was fully committed to developing people, developing players, coaches, entrepreneurs, and

human capacity within the golf industry. I had realised that coaching is not teaching, and to coach well, it was essential to know the student. This critical reflection led to my receiving a Presidential '*Commendador de Order de Merito*' award from the then President of the Republic of Portugal, Dr Jorge Sampaio, for services to sport.

Everything was going well, and 2013 shaped up to being similar to the previous six years. A little progress here and there, lots of human interaction in the classroom, on the range, board meetings and plentiful travel. But by the time November 2013 came around, an almost imperceptible adjustment had taken place because of that April telephone call in which the caller had asked for my thoughts on the current direction of an organisation called the European Disabled Golf Association (EDGA). A few calls later and my career would be on a different track. At first, no one, including me, could have guessed quite where it would lead, but a degree or two difference in the direction of my journey has resulted to a very different stage in my career today as I write this thesis.

I had my first contact with golf for the disabled [G4D] some years before, in 2007, through my work. EDGA had contacted the PGAs of Europe to ask if we, as the Ryder Cup European Development Trust managers, could financially support a tournament they were holding. I advised them this was not possible due to the constraints of the trust but that we could consider supporting the creation of a coach education programme. I had sparse knowledge about disability, and to my knowledge, nobody in my immediate family or circle of friends had any disabling impairment. I was effectively an outsider to disability, but an insider to the game of golf. At that time, I did not realise that the gap between the game I knew, and the world of disability, was enormous.

Against this background, I started my literature investigation only to find a dearth of research specifically related to golf and disability. Sport and disability were slightly better referenced but narrow in so much that the available literature tended to be domain or impairment specific, focusing on technique and tactics for one sport or another. Broader research terms such as 'disability' or 'golf' resulted in millions of hits but had little relevance to my needs. However, the literature did introduce me to ideas around the medical model, the social model, and International Paralympic Committee (IPC) classifications. Academia helped me think of impairment and disability as uneasy but connected bedfellows but still did not satisfy my curiosity.

There were less than a handful of events for golfers with a disability [GwD] in Europe, but I committed to becoming an observer to understand more about these golfers. I was impressed from a playing perspective but couldn't understand why this part of golf was differentiated? It seemed the game was the same for every player, accessible for almost everyone and because the players controlled their own ball, there was no reason why all players could not compete together.

These unanswered questions would have to wait as I had other pressing matters on my desk. Two European Commission projects, one with the Leonardo da Vinci fund and the other with the Erasmus+ fund, took much

of my attention during the next few years, and after all, the EDGA coach education programme had been delivered and implemented. Job done, or so I thought. That was until I received that phone call in 2013.

Pieter van Duijn, one of the founding fathers of EDGA, was on the other end of the line and asked if I could spare the time to write a strategy for how the association could evolve. He felt that the association had found themselves at a dead-end, that interest in the association was waning and that they either needed a new trajectory, or they needed to close. Pieter may have thought he would receive a complete dossier on strategic vision, mission, and tactics for its accomplishment, but instead, I presented a one-pager and some thoughts on how we could change that narrative about G4D. Six months into my research on what this new trajectory could reveal and I was no longer an outsider to this world, but I was far from being an insider.

Increasingly I would spend more time around GwD. After some initial apprehension, I soon realised these golfers were just like every other player in that they wanted to play well and enjoy the sport. I could converse in the language of golf, and conversations about birdies and pars, long drives, and holed putts, rather than the medical and social models of disability became the norm. I followed players on the course, went to the range to watch them practise, listened when they spoke about their game and offered advice, but only when asked. It was not long before my wife Sue and I would sit with the players at the same lunch table, share a coffee, or go for dinner. We wanted to know more about these men and women, how they approached the game and what had brought them to golf in the first place. After every chat, we would be inspired and humbled by the roadblocks and potholes that each player overcame. Some revealed life-defining moments that often came in the blink of an eye. Others mentioned making the decision not to be defined by their disability. If only we could find a way to bottle the spirit of these players so we could sprinkle it onto someone in need.

Every role in golf has taught me that we must value people, understand their needs, wants, and drivers. The twin essentials of listening and observation are vital if we genuinely want to know people. It was easy to realise the people we were sharing an ever-increasing amount of time with had life stories that needed to be told. My study into the lives of successful golf professionals had utilised 'life story' as the primary methodology and resulted in my earning the award of an MPhil from the University of Birmingham. Through the MPhil study, I developed new skills; became more comfortable in interview techniques, the use of questions, thematic analysis, quantitative data mining and presentation of findings. I had confronted my biases, the lens through which I saw life, and the limits of my knowledge. Thesis complete and on the shelf. Perhaps the many hours of graft I committed would make a difference, would add to the discussion, but then again, perhaps not? On reflection, I had undertaken the MPhil for the wrong reasons. I had wanted to go back to school, a place I had abandoned with a handful of 'O' levels and some more GCSE certificates, to pursue a career in golf. At no time did I think my study would make any real difference, but perhaps I could close my chapter on formal studies.

With a career in progress, informally I was still learning, investigating things that I found curious. It was endlessly fascinating to observe experienced coaches analysing and diagnosing a player, but the question that

almost always needed to be answered was why they came to a different solution? Two technical coaches could be side by side but offer different prescriptions to the willing student. This problem is magnified when interdisciplinary coaches are at play. Perhaps a technical coach observes a flaw in the swing that may cause an offline shot. The same shot viewed by a physiotherapist could be thought of as a body restriction. So, if a performance error could be technical or physical, then surely it could also be cognitive or emotional; what about inadequate nutrition or hydration, and then, of course, perhaps the equipment was poorly fitted or faulty? The ‘why’ became ever more complex. Maybe an argument with a significant other or their manager over a sugar and caffeine loaded breakfast; about a proposed new contract could affect the player? I realised the fundamental truth of the often-used maxim of ‘If you are a hammer, then everything seems like a nail.’ To understand why, it is essential to understand the actors involved in the interaction.

It occurred to me that I might not be alone in being oblivious to G4D. What if the decision-makers in golf’s leading organisations, National Federations, clubs and even the everyday players were also unaware? What if G4D was situated in a gap, rather like an internet disruption mid Zoom call or at a critical moment of a sporting fixture? Human nature tends to fill in those gaps with prior knowledge and estimates where the conversation was going or what might have happened. But what if we have no knowledge, or worse still, if that prior knowledge is skewed through little or no relevant exposure to the topic? For example, a personal schema that depicts an individual with disability as being in a wheelchair or using a white cane could unwittingly cause discriminatory behaviour or feelings when interacting with someone with an unseen neurodegenerative or orthopaedic condition exiting a car in an accessible parking space. What if the dominant social schema stereotypes GwD as needing a handout, requiring expensive modifications to the course or clubhouse, or as someone who plays poorly and damages the playing area? A conventional wheelchair has the potential to be a bright red stop light to an uninformed greenkeeper, and yet those with some knowledge of adaptive chairs for golf would perhaps have either an amber ‘proceed with care’ light or even a green go light for those with a better understanding.

The idea to tell the stories of GwD emerged from this landscape. Perhaps through these stories I could help inform, even enlighten the golf industry as to the existence of an underrepresented group of the community, some of which were already golfers, and others who could perhaps be attracted to the sport. Much of the narrative around Paralympians centres on so-called ‘supercrrips’, while at the other end of the continuum, people with disability frequently are labelled as being pitifully handicapped (Kama, 2004). Neither term is accurate or fair, but if I intended to challenge the dominant narrative, it would be essential to present a better story and, if necessary, use both the ‘carrot and stick’ to move opinion formers. With an emphasis on benefits to be accrued [incentives], and punishments for failure to observe legislation and diminished social approval, I hoped to turn the uninterested into the interested, the interested into the involved, and the involved into the committed.

My initial research led me to believe that a large percentage of individuals with a disability [IwD] would welcome more physical activity in their lives. According to the English Federation of Disability Sport [now

Activity Alliance] (2013, p.3): “Four out of five disabled people are currently not active, but as many as seventy percent have a desire to increase their levels of physical activity.” For me there was no plan, no roadmap to follow, just a feeling of wanting to share what I was learning with the broadest audience possible and to get G4D into the consciousness of millions who, just like me, did not know that it even existed.

Knowledge inquiry was necessary as it was clear that even the little formal research available and what was happening in the sectors practice were disconnected. EDGA had some knowledge and was not alone, as other organisations were also servicing the needs of GwD. At some facilities coaches were finding ways to help their players, and when faced with a disabled member clubs would try to facilitate greater accessibility to the course and clubhouse. However, all too often the experience of GwD was anything but inclusive. This fragmented offer meant that many decision-makers considered the area of G4D to be difficult, complex, and easy to get wrong. In 2014, enormous gaps in knowledge existed. Some industry professionals had a basic understanding of G4D, while most were uninformed. Today there is more available research, albeit sparse, and more experiential know-how from practitioners active in the field. Here lies a second gap between what is known and the practicalities of creating an inclusive and welcoming environment.

As an insider to the game, I knew the resistance G4D would face. Intuitively I knew that raising awareness, minimising risk, enlightening the game’s gatekeepers, showcasing benefits, and providing a map for others to follow would at least move the needle. The athletes I will introduce in a later chapter and who have informed this study are just a microcosm of the wider disabled community. I do not believe for one minute that this study will cause a revolution in golf clubs across the globe, but perhaps this PhD will help close some of the gaps.

CHAPTER 2: A review of the literature

2.1 INTRODUCTION

This literature review follows a process that moves from the broad to the narrow, from what I believe we know to what we don't know – within the confines of space for a PhD. It has four sections.

The study of people who because of one or more impairments, congenital or acquired, and who are disabled some or all of the time, is the focus of this study. Section one is then a broad brush of the large literature that defines disability, explains commonly used terms, and presents an overview of the primary literature relating to the medical model, the social model, the social relational model, and the human rights model of disability. In doing so, the reader can engage with subsequent Chapters with at least a working knowledge of the subject. My aim here is not to settle debates on 'what is' disability. That is not possible. Nor is it desirable because, working internationally, many meanings and understandings of disability exist – but in a critical manner not all are beneficial to and for people with a disability.

Recent years have seen a multitude of research on disability sport. Section two presents an overview of various literature on disability sport, and likewise of sport and disability, highlighting the central literature around the emergence of a rehabilitative view of sport leading to the Stoke Mandeville Games and ultimately the Paralympics. The impact and quality of participation, and social support necessary to provide a context for what follows is covered in subsequent chapters. Much of the available literature has focused on the benefits and barriers to sport. Studies into the facilitators of individual sporting activities are few, so this section leans heavily on literature related to team sports, but nevertheless some tenets of sport when played by an IwD span both domains.

On reaching section three, the literature review gradually narrows focus and shifts to golf and golf for the disabled [G4D]. A brief history of golf is the prelude, contextualising the game, the industry, and locates players in one or both. The recent growth of specific organisations concerned with G4D is reviewed, as is public perception, access, and how IwD access the game, raising issues around the barriers and facilitators present in the golfing landscape.

Section four will summarise what this study is about, its aims, and identifies its contribution to the knowledge around disability and golf.

2.2 SECTION 1: DISABILITY

General agreement across the disability landscape suggests that, to an extent, the individual's level of participation in society is a result of the "level of physical, mental, or emotional functioning...associated with the nature of the interaction a person has with all aspects of his or her environment" (Altman, 2014, p. 2). Although multiple models of disability appear in the literature (Retief & Letšosa, 2018), including the

moral/religious model (Henderson & Bryan, 2004; Rimmerman 2013; Dunn 2014), the identity model (Brewer et al., 2012; Fraser 2003), the cultural model (Waldschmidt 2018; Snyder and Mitchell 2006; Holcomb 2012), the economic model (Armstrong, Noble & Rosenbaum 2006), the charity model (Duyan 2007), and the limits model (Creamer 2009; Mawson 2013), I primarily consider four models, but not exclusively to form the basis of explaining how disability is often understood.

The appropriate use of language/terminology has shifted several times over the decades as new models of disability have emerged and been delved into by scholars. Peers et al. (2014, p. 279) revealed diverse thinking in the literature and yet even in this highly contested subject, found that language should give credence to the terms used by study participants and respect how they “define their own bodies, identities and community”. Within an American context Zola (1993) and De Pauw and Gavron (2005) advocated the use of people-first language, which in golf terms would translate to ‘golfers with a disability’ or more specifically to terms placing the golfer first when naming the impairment or condition, so for example ‘golfer with neurological impairment’. Such language aligns to the so-called third wave of the disability movement and is termed the “self-advocacy wave” (Wehmeyer, Bersani & Gagne, 2000, p. 106). According to Crocker and Smith (2019), the first self-advocacy conference in 1974 gave rise to the people-first movement as engineers of this wave aimed to empower the person with a disability by first recognising their individuality rather than their impairment. Although first-person language dominates the Americans with Disabilities Act (1990), it is not the only perspective, with alternative disability terminology found in the literature, as authors of different persuasions use language that resonates with their study participants’ concept of disability.

With such diverse use of terminology, I felt it essential to standardise at least my language. Language matters, but this PhD neither has the time nor space to delve into the field of linguistics. However, it is necessary to defend my chosen use of language in this thesis while recognising the inevitability that my decision will sit well with some readers and clash with others.

The choice to use person-first language throughout this thesis is born from the scope of the literature used, the international nature of golf, and the realisation that using a common language throughout the text may reduce any confusion emerging from a multiplicity of terminology. Crocker and Smith (2019, p. 127) recognise the dilemma in adopting a single language and state,

“While use of person-first language is a step in the right direction, it is by no means a perfect solution and should be practised with the full understanding that it may not be accepted by all individuals.”

Terminology around the subject of this study could rightfully include words such as person(s), people, or individual(s). As golf is inherently an individual sport, although played in a team format from time to time, I felt that the word ‘individual’ rather than the more collective word ‘people’ was a better fit for the game. Additionally, the participants contributing to this study helped me realise that every impairment was unique to the person who relayed their story. A collective group of persons/people may have similar

impairments/limitations suggesting commonalities exist, which is no doubt true. However, to capture the essence of every life story, one must recognise that each participant's lived experience is unique and individual. In this study I use G4D as an umbrella term, individuals with a disability [IwD] for those yet to enter the game, and golfers with a disability [GwD] for those who already play.

Rather than take an ideological position on the language used by study participants, and when citing the literature, I elected to leave their phrasing unedited and point out this variation.

2.2.1 The medical model

Fundamentally the case is made that the individual model, or more often called the medical model, conceptualises disability as an individual deficit, personal, and something to be corrected or at least its effects minimised. The individual/medical model locates the individual's disability as a personal problem requiring a personalised intervention to eradicate/overcome the impairment. Boxall (2002, p. 210) advanced the concept that "in medical model terms, disability is an individual functional limitation [something the individual 'can't do', or has 'wrong' with them], which is a biological or physiological cause." In the context of the individual/medical model, IwD are often stereotyped as being on either side of the same coin, with one side being the 'supercrip' and the other the 'sadcrip', (both equally offensive tags). However, these depictions can further individualise disability, that is, dislocate disability from society and locate 'the problem' with the person. An example of this can be viewed in sport as follows.

The media historically has often portrayed the supercrip as extraordinary, giving credence to the term 'inspiration porn' (Cameron, Knezevic and Hanes, 2021; Tikka & Ostrander 2022; Grue 2016; Haller & Preston, 2016). Grue (2016, p. 2) built upon the words of Young (2012), who had positioned her definition as being an individual [typically young], who undertakes everyday activities as if they were something special. Grue reframed Young's original definition of inspiration porn to read, "Inspiration porn is a) an image of a person with visible signs of impairment who is b) performing a physical activity, preferably displaying signs of physical prowess, and is c) accompanied by a caption that directs the viewer to be inspired by the image in question" (p. 2). One can argue that anything depicting individuals, most commonly with a visible impairment, as being something more than normal objectifies them, separating them from what might be considered 'normal'. Grue (2016, p. 5) contended that "the ideal Paralympic athlete is so impaired that ordinary achievement looks inspirational, but not so impaired as to be incapable of truly inspirational, extraordinary accomplishment." Kama (2004, p. 450) suggested that the glorified supercrip further disables people who "cannot perform well in their daily endeavours [as they] seem to lack in willpower and self-discipline. In other words, supercrips eclipse their peers who are thus negatively judged." The ways that society influences disability perception can, therefore, sweep disability under the carpet.

Meanwhile, the sadcrip is portrayed as a pitiable person, the personification of their impairments who are worthy of charity, and who, if they cannot be cured by science and handouts, should "be able to cure

themselves through hard work, determination, and pluck” (Stein, 2000, p. 330 when citing Shapiro, 1994). Gradually the sadcrip is *perceived* to have little value, is a drain on society and an object of pity, with increasing antipathy, reinforcing the positionality and exclusion of IwD from society. Kama (2004, p. 459) stated that pity “positions disabled people as worthless; people with whom no ordinary relationship is possible. They become mere objects; the process of exclusion is now final and irreversible.” Such a narrative can be pervasive, with the power to contaminate ‘*lazy or accepting minds.*’ In the race to have a productive society, someone deemed less able to contribute or in need of support could be considered a hindrance. It is not the purpose of this study to dissect eugenics, a term first coined in 1883 (Lucassen 2010), but it is essential to recognise the backdrop upon which many stereotypes and misconceptions relating to IwD are formed and passed down through generations. Pfeiffer (1994, p. 18) addressed such misconceptions as he presented the history of eugenics and disability discrimination, concluding that at the time of his writing “there was no small clique which secretly promulgated the sterilisation and segregation laws which were applied to disabled persons, and which still operate today.” Eugenic ideas were promoted widely for much of the 20th century. For example, despite having one of the most humanitarian and democratised forms of socialism, Sweden had a long relationship with eugenics. It was not until the mid-1970’s that the Swedish parliament finally abolished the eugenics-inspired sterilisation legislation enacted in 1935 (Lucassen, 2010; Spektorowski, 2004). I find it disturbing that such practices were still enforced in my lifetime, yet, according to Thomas and Rothman (2016), a form of contemporary eugenics still exists with the acceleration of parental screening, albeit under the guise of family selection. This is all embedded in the medical model. But, as noted, there are major problems with the medical model. That led to the development of what has been termed the social model.

2.2.2 The social model

I was born in 1960, just as a greater focus on social issues, recognition of minority groups, and questioning of authority was emerging (Monteith, 2008; Matusow, 2009). It was a time when the Rolling Quads, “a small group of disabled university students established themselves as a new disability rights activist organisation at the University of California, Berkeley” (Danforth, 2018, p. 534). Social change was beginning to recognise that the causes of injustice and discrimination are embedded in hitherto unquestioned norms, habits, and symbols. During this decade, at least in Western culture, the individual medical problem view of disability prevailed (Barnes, 2019).

Boxall (2018) traced the foundations of the British social model to the UK disability movement of the 1970s. The founding idea of what would become the social model of disability emerged from the ‘Fundamental Principles of Disability document’ (UPIAS 1976), which suggested that individuals were not disabled by their impairments but by disabling barriers erected by society. Finkelstein (1980) and Oliver (1990), both heavyweights in disability literature, had made the case that society’s failure to take account of the needs of people with a variety of impairments was, in fact, the very thing that was disabling. Social model thinking decouples impairment from disability, as the impairment is considered structural and public, while the individual model is personal and private (Shakespeare 2006). In contrast to the medical model, the social

model defines disability as a social construct “that results from the social and physical environment in which a person lives their life” (Altman, 2014, p. 2).

Proponents of the social model theory champion that the root of disability may well be in the impairment or condition, but is manifested through the environment, society, and attitudes. Finkelstein (1980), Oliver (1990), and others promoted the idea that disability results from the interaction between a person with a disabling society. But even before Finkelstein and Oliver, the work of non-disabled researchers was gravitating to the “social consequences and social context of impairment were as much or more of a problem than the impairment itself” (Shakespeare, 2004, p. 9). Recognition of the possibility that society could be disabling an underrepresented community would have a profound effect. As Shakespeare (2004, p. 11) argued:

“By redefining the disability problem, it enabled people who had felt in-valid, incompetent and dependent to relocate the problem of disability from themselves to the discriminatory society in which they lived. Rather than feeling shame, self-pity and frustration, people with impairments could legitimately feel anger, resentment, and solidarity with others.”

My introduction to this literature review stated this study was of “people who because of one or more impairments, congenital or acquired, who are disabled some or all the time”. The social model of disability makes this view plausible as it is reasonable to question if all people with an impairment are disabled in all environments and all of the time. Indeed, as Shakespeare (2004, p. 14) pointed out, “disability does not have the same salience for everyone with impairment.” It is fair however to state that a person’s constant impairment may interact with one environment that disables, and yet there is no barrier to full participation in another. As with any emerging study area, models will adjust, even morph into new versions. Terzi (2004, p. 155) suggested that limitations exist in the “over-socialisation of aspects of impairments and disability, the overlooking effects of impairment and the rejection of the concept of normality in the sense of average human functioning.” Notwithstanding such problems, and the fact that the social model is not the only model used to understand disability, the social model of disability has fundamentally changed the understanding of the landscape of disability – and often for the better.

Not surprisingly, an uneasy tension resides between proponents of the so-called individual/medical and social models of disability. Regardless of one’s stance, it is fair to state that the term disability has become a catch all for people with impairments that limit full participation in society. Altman (2014, p. 2) suggested that the term disability:

“has been used to identify the active or residual impairments that result from disease and injury, as well as the physical, mental, or emotional functional limitations or difficulties a person has as a result of the residual impairments, and also the participation restriction the person experiences when the environment is not supportive.”

2.2.3 The social relational model

The social model has been very important for people with disabilities. However, it has been criticized for excluding the body and side-lining lived experiences (Smith & Bundon, 2018). Such criticisms have helped lead to an expansion of the social model into what has been termed the social relational model (Thomas, 2004, 2010). According to Thomas (2004, p. 24), it was “The UPIAS reformulation of the meaning of disability [that] introduced the possibility of understanding disability as a social relational phenomenon”. A social relational perspective recognises disability as the result of socially imposed restrictions to the full inclusion of those with impairments by those with power. Thomas (2004, p. 29) contends that “disability only comes into being when restrictions of activity are socially imposed, that is, when they are wholly social in origin.” By isolating the term disability Thomas (2004) was able to consider the results of such restrictions and labelled these as ‘impairment effects’. Once disability and impairment effects are decoupled, it is possible to recognise that some limitations result from their body/impairment, while other restrictions are socially constructed. It also helps us to better understand disablism. Disablism, as articulated by Thomas (2007) in the social relational model and important in Critical Disability Studies noted is:

“a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being” (italics added; p. 73).

Conceptualised this way, the social relational model uniquely encompasses and extends disablism by proposing that people can experience several forms of social oppression (i.e., structural disablism and indirect or direct psycho-emotional disablism) and these forms emerge not from the individual’s mind but instead out of relationships with structures and human beings.

Within sport the social model has been used by some scholars in recent years. For example, Wadey (2018) recognised the importance of social-relational factors as they manifest around leisure-time physical activity, suggesting a cocktail of factors, be they environmental, interpersonal, or intrapersonal, which must be considered as potential barriers to full and quality participation. Of particular value to this study is Wadey’s view from an interpersonal perspective highlighting that “Society can hurt people on a personal level through expressions of negative attitudes, insensitive comments and unsupportive behaviours” (Wadey 2018, p. 28). Therefore, and as an example, whereas negative interpersonal relations have the power to limit, when considering at how coaches influence the sporting experience of athletes with impairments, it is possible to recognise the importance of what coaches say and do (Shirazipour et al., 2017). What they say and do can be disabling, that is, oppressive and discriminatory. Given this, and as emphasised by Townsend, Smith and Cushion (2015, p. 80), that “Coaching is a social process comprising complex interactions between, coach, athlete and context”, the social model opens up space to how coaches interact with IwD and how these embodied interactions restrict activities and/or open up what they can do. Accordingly, the social relational model has the potential to expand knowledge (e.g., on coaching) and practice (e.g., education), leading to possible improvements in sport for people with disabilities.

2.2.4 The human rights model

Suppose the social model shifted the dominant thinking of disability from being an individual deficit, personal, and something to be corrected, to being a social construct that locates the problem of disability outside of the individual. The human rights model could be considered another shift as an attempt to develop further how society values IwD. With its roots in the Convention on the Rights of Persons with Disabilities (CRPD), the human rights model of disability “acknowledge[s] the value of all persons based on inherent human worth, rather than basing value on an individual’s measured functional ability to contribute to society” (Stein, 2017, p. 77).

The United Nations (UN) adopted the CRPD in 2006, coming into force on the 3rd of May 2008 (Bruce, 2014). By October 2014, the CRPD had been accepted by 151 countries of the UN (Degener, 2014). Whereas the social model of disability makes a valuable distinction between impairment and disability, the CRPD arguably goes further, recognising that “disabled persons might have to deal with pain, deterioration of quality of life and early death due to impairment, and dependency” (Degener, 2014, p. 12). Such issues, some of which reside in the impairment and so within the person, are of course not externally socially constructed and so are at odds with the social model of disability. The human rights model and CRPD “argues that such factors should be taken into account in the development of relevant social justice theories” (Degener, 2017, p. 47). Although disability is a complex phenomenon, a dance of biological impairment and social exclusion as suggested by the social relational model (Thomas, 2007), it is clear that the human rights model focuses on:

“the inherent dignity of the human being and subsequently, but only, if necessary, on the person’s medical characteristics. It places the individual centre stage in all decisions affecting him/her and, most importantly, locates the main ‘problem’ outside the person and in society” (Degener, 2014, p. 16).

The human rights model brings forth layers of identity politics that recognise the intersectionality of discrimination, isms, and other identity features, acknowledging differences in those with congenital or acquired impairment. Essentially every person is an individual with a unique cocktail of ethnicity, creed, gender, sexual orientation, age and so on, and as such, an identity that may well be shaped by more than an impairment. From a social justice standpoint, the human rights model promotes a rights-based approach in development to improve the well-evidenced correlation between poverty and disability (Groce, et al., 2011; Palmer, 2011; Lustig & Strauser, 2007; Stapleton et al., 2006).

Regardless of their persuasion in terms of what model they most prefer, scholars seemingly agree that disability is a dynamic, multidimensional phenomenon (Martiny, 2015; Shakespeare, 2006; Leonardi et al., 2006; Anastasiou & Kauffman, 2013; Forsyth et al., 2007; Thomas, 2007; Smith 2009). According to the World Health Organisation, disability is neither solely a matter of intrinsic biological, psychological, or social factors (WHO, 2011). With all this in mind, the following definition of disability – adopted in the UK

Chief Medical Officer's physical activity guidelines for people with disabilities – is useful to guide this thesis:

“Disability is part of the human condition. It refers to people who have long-term physical (for example, cerebral palsy), sensory (for example, visual impairment), cognitive (for example, learning difficulties), or mental impairments (for example, depression) that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” (Smith, et al., 2018, introduction, paragraph 1).

2.3 SECTION 2: DISABILITY AND SPORT

Despite recognition of the Convention on the Rights of Persons with Disabilities (CRPWD) by more than 160 nations, people with disabilities still face barriers to sports participation (Darcy, Lock and Taylor, 2017). Even article 30/5 of the UN Convention on the Rights of Persons with Disabilities, which states explicitly the objective of “enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities”, is still for much of the world confined to paper rather than becoming a living piece of legislation, it might be argued (UN, 2008, p. 22; Prieto & Paramio-Salcines, 2018). Furthermore, the same article decrees appropriate measures are established “to encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels” (UN, 2008, p. 22). This section will return to the notion of ‘mainstream sport’ before moving on to section three of the chapter.

There has been a growing body of research in disability sport in recent years. For example, there is growing literature on the Paralympics (Darcy, Lock & Taylor, 2017; Pullen, Jackson & Silk, 2020), classification (Mashkovisky & Brittain, 2017; Mann et al., 2021), doping in para-sport (Adair, 2017; Zwierzchowski, 2021), and barriers, and activism (Smith, Bundon & Best, 2016, Haslett & Smith 2019, Haslett, Choi & Smith, 2020). This noted, this literature review will focus more on the development of sport as a rehabilitative tool, the impact of participation, and the quality of participation. A careful trawl of a well-developed body of literature reveals that the work tends to focus on barriers and less on the facilitators and benefits of sporting engagement from a health and social wellbeing standpoint.

Historically the benefits of sport were recognised by a branch of medicine known as rehabilitation medicine which promoted the value of sport as being “part of a battery of manipulative and physical therapies used to treat disabled veterans of the First World War” (Mason, 2012, p. 80). But sport, when used as a rehabilitative tool for IwD, dates to long before the brief history noted. Silver (2018) suggested that the therapeutic use of physical exercise can be traced back to the 18th century, with organised sport for the disabled emerging in the UK as early as 1799, 1888 in Germany and France from 1899. The seeds of sport for the disabled may then be considered to have been planted in the fertile soil of physical therapy. Fast

forward to the 20th century, and the possibilities of sport as a rehabilitative activity were still developing. Kerr (1919, p. 1) cited a memorandum from Colonel Farquhar Buzzard, who advocated swimming as a treatment for ataxia and subsequently of paralysis. Such curiosity and a slowly emerging recognition that sport may be a tool to support the rehabilitation and integration of people with disabilities back into society was beginning to grow shallow but never-the-less strong roots.

Continuing with a historical account to provide context, for centuries it had been common to ‘hide’ IwD within the family unit or institutions. Appleman (2018, p. 419) stated that any discussion on mass incarceration must consider historical evidence and “the wholesale institutionalisation of the disabled...in a form of mass detention, motivated by a continuing sub rosa application of eugenics.” However, following the First World War, the public could not avert their gaze from the numbers of injured service people that returned from the battlefields. This new type of disability arguably “opened the public’s eyes to the effects of maiming and wounding on a large scale” (Anderson, 2001, p. 31). The time between the First and Second World Wars was when governmental focus morphed from merely providing prostheses and pensions to those who had lost limbs in the service of their country to extending their support by providing training for reintegration into society.

The advent of the Stoke Mandeville Games and the work of Sir Ludwig Guttman accelerated the growth of sport for the disabled and associated possible benefits. As Schültke (2001, p. 300) noted, “As a young doctor, Guttman was interested in the physiological basis of bodily function”. It was an invitation from the Medical Research Council of England to study the treatment of patients with spinal cord lesions that invigorated Guttman and set him on his way to having responsibility for the Spinal Cord Unit at Stoke Mandeville. Until then, it was common for a paralysed patient to die within weeks or months of the trauma. The prevailing attitude was that such victims were doomed, assigned to “the scrap heap of life as useless and worthless individuals” (Britten, 2012, p. 1). Frankel (2012) suggested that Guttman’s results were evidence of his approach to patient care working. Perhaps there could be a more positive outlook and improved prognosis for spinal lesion patients. During a meeting of the English Royal Society of Medicine, Guttman “emphasised the need for physical rehabilitation to restore the highest possible degree to allow for the regaining of independence, capacity and family life” (Schültke, 2001, p. 303).

Set against this historical background, the literature is awash with research highlighting benefits of sport for IwD (Autry & Hanson, 2001; Wilhete & Shank, 2009; Wadey, Evana, Evans & Mitchell, 2011; Day & Wadey, 2016; Swartz et al., 2018; Public Health England, 2018; Wadey & Day 2018; Smith et al., 2019; Smith et al., 2022). More will be said about the benefits and barriers in chapters four, five and six. It is, suffice to say here, that the benefits include mental health advantages, such as greater life satisfaction, lower levels of anxiety and depression, lower levels of isolation, a sense of belonging, and improved quality of life (Papathomas, Williams & Smith, 2015; Jaarsma & Smith, 2018; Williams et al., 2018; Smith & Sparkes, 2019; Diaz et al., 2019; Aitchison et al., 2021). The benefits of sports participation for people with disabilities specifically related to the physical and social benefits are well documented. These include

improved physical condition, weight management, reduced risk of secondary conditions, improved community participation, camaraderie, feelings of togetherness and equality (Blinde & Taube, 1999; Darcy & Dowse, 2013; Wilhite et al., 2016; Aitchison et al., 2021).

Whilst there are numerous benefits of participating in sport, various barriers restrict people with disabilities from realising the benefits of sport. The barriers to participation for IwD include lack of sporting options, cost of engagement, insufficient support and accessible facilities/equipment, poorly prepared sports coaches, and the unwelcoming attitudes of others (DePauw & Gavron, 2005; Darcy & Dowse, 2013; Albrecht et al., 2019).

2.3.1 Coaching golfers with a disability

If sport is of such critical importance for IwD and can improve health outcomes (Martin-Ginis et al., 2016), challenge negative stereotypes about disability (Hardin & Hardin, 2004) and provide opportunities for full participation in social life (Carroll et al., 2018), then a review of the sports coaching literature is necessary.

The scope of this PhD restricts a deep dive into the endlessly fascinating subject of coaching, something that continues to appeal to my professional mind. Nonetheless, several trawls of the literature revealed that no research was found to offer disability-specific coaching guidelines, nor recommendations on resources or tactics to inform coach education in the golf sector for IwD. General disability sports coaching literature does however exist (Martin & Whalen, 2014; Townsend, Smith & Cushion, 2015; Wareham et al., 2017; Allan et al., 2018), but its paucity suggests that this is a field for further exploration and in need of research on G4D.

Accordingly, the results of the literature search suggested that current approaches to coach development and education do not adequately prepare coaches for working with IwD. From my experience of working in golf, bolt-on modules that focus specifically on coaching IwD are available, but in general are superficial. Typically, in golf, disability specific modules are introduced as being optional continual professional development topics and are largely attendance based rather than assessed. Such positioning suggests that education providers consider coaching IwD is also optional and therefore reliant on the coach seeing market value in taking such a course. As a result, the opportunities for participation by IwD in golf are reduced, contributing to (unwitting/unintended) disablism. In rethinking how to develop the optimal structures for coach education, co-production as both research method and theoretical framework offers a potential way forward. It is, however, under theorised and used in coaching research. An alternative approach is required, one which includes the necessary information wrapped into initial coach education to enable the coaching of GwD by appropriately trained coaches. This thesis suggests that further research into co-produced educational resources for coaching GwD is necessary and although the scope of this study cannot contribute greatly to the existing literature on coaching, and coach education it can serve as a rallying call for others to take up the baton. Narrowing the know-do gap will help coaches to reduce inter-personal barriers to participation caused by lack of knowledge, confidence, and limited practice repertoires. Drawing on ideas

from implementation science, experience-based co-design, and narrative theory it is possible to vision the process of co-producing disability-specific coach education resources and their organisational impact. An example of co-produced coach education assets can be found in chapter eight - section 8.3.

The results of my literature search suggested that a theoretical framework based on narrative pedagogy and disability studies would be appropriate (Shakespeare & Kleine, 2013; Smith & Sparkes, 2008). Indeed, in previous research focussed on golf, Douglas and Carless (2008) illustrated how coach education informed by narrative stimulated a deep level of reflection and “new ways of seeing the world” (p. 35). Furthermore, the potential of narrative to stimulate large-scale shifts in thinking and practice is improved through the use of digital media resources, which were considered useful for increasing the accessibility of the material and allowing asynchronous, multiple-use access and easy dissemination (cf. Cushion and Townsend, 2020).

Narrative pedagogy is an approach that values the lived experiences of the actors involved in the coaching encounter, in this case the golfer and the coach. Such a relationship offers opportunities to co-produce knowledge and opposes dominant models that emphasises impairment effects over the lived experience (Townsend et al., 2017). Narrative pedagogy privileges the lived experience, the subjects voice, and whose knowledge counts. In bringing these ideas together, it is possible to offer an example of one way in which narrative and co-production offer an opportunity to infuse disability into mainstream coach education curricula and programmes.

In the chapter eight, reference will be made to the steps taken to transform the current offer of ‘bolt-on’ modules that focus specifically on coaching IwD, to something more embedded in initial coach education. In chapter nine I offer some opportunities for future research and recommendations for enhanced practice.

Although the provision of an adequate coaching offer is vital, other barriers pertinent to this research include inclusive practice, the impact and quality of participation and social support. Adopting a so-called spectrum of inclusion in sport starts by recognising that individuals must be free to choose the type of inclusion that best suits their appetite. Fay and Wolf (2009, p. 243) suggested that such a choice is not a simple matter when stating, “many athletes who have a disability face a decision on whether to identify with a sport identity a cultural identity or both.” In an ideal world, it is a matter of individual choice as to the type and level of participation one has in one’s choice of sport. Misener and Darcy (2014) outlined a spectrum of options (Figure 1) from which IwD must have the opportunity to choose their preferred choice of participation. A flat rather than hierarchal structure does not preference one choice above another, which adheres to the principle that inclusion starts with freedom of choice.

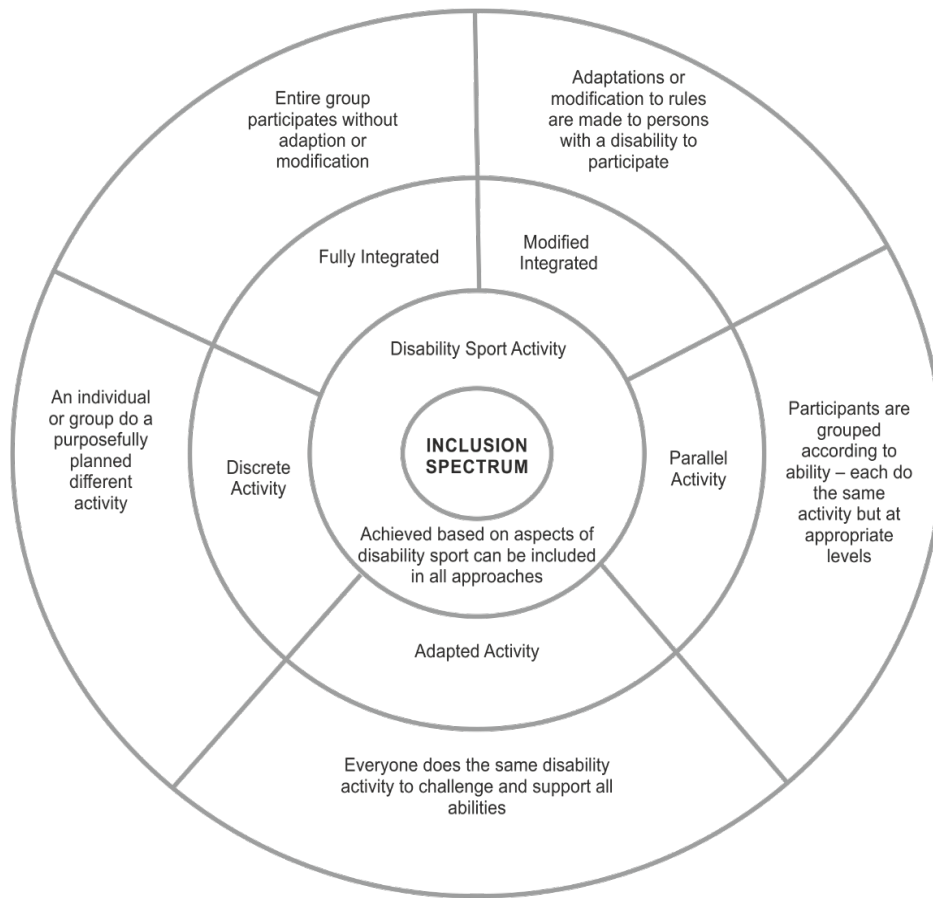


Figure 1: Inclusion spectrum (Misener and Darcy 2014)

Misener and Darcy (2014) explained the five types of engagement using the inclusion spectrum. By starting with discrete activities, described as being sports specifically for a community of IwD, it appears this is one end of the spectrum. This is not the case but simply a place to join the model. I then progress around the model in an anticlockwise direction. Adapted sports can be described as a remodelled activity of the mainstream sport, and a parallel sport can be thought of as an activity in which IwD can access and compete in a similar but different way. A modified sport requires no structural change but may have modifications to the rules of play, while a fully integrated sport has no such adaptations.

Chapter seven includes a section on terminology that reviews the common vernacular used in association with G4D and makes a case for using a single set of terms to describe the sector. In each case the mainstream sport provides the benchmark, and each type of participation on the inclusion spectrum is either close to or far away from the so-called mainstream. The very notion of mainstream as it applies to golf must be considered. At the macro level if 'mainstream' means, activities and attitudes that are the most typical, accepted, and practised, then golf in most parts of the world cannot be a mainstream, but rather a niche sport. Section three of this chapter will include an exploration of another view of mainstreaming as it applies to golf.

Evans et al. (2018 p. 79) posited that quality experiences are an essential factor of quality participation and can be defined as “a feeling state derived from the athletes’ appraisals of whether their experiences satisfy one or more of their values and needs across six elements: belongingness, autonomy, challenge, mastery, engagement and meaning”. Therefore, such positive experiences indicate the likelihood of athlete retention and should be a fundamental consideration of all sports clubs, facilities, and coaches. The conditions of environment, activities and social environment sit at the threshold of sports participation, even before the quality of participation can be considered (Evans et al., 2018). Both the quantity of activity and quality are reasonably well documented in the literature, with several participation frameworks for activity, not only for sport, being developed. Hammel et al. (2008) developed a framework that specifically considered the environmental facilitators and barriers to participation in sport, (Figure 2) highlighting the built and natural environments, access to assistive and information technology, social supports, societal attitudes, economic factors, systems, services and policies, and transportation.

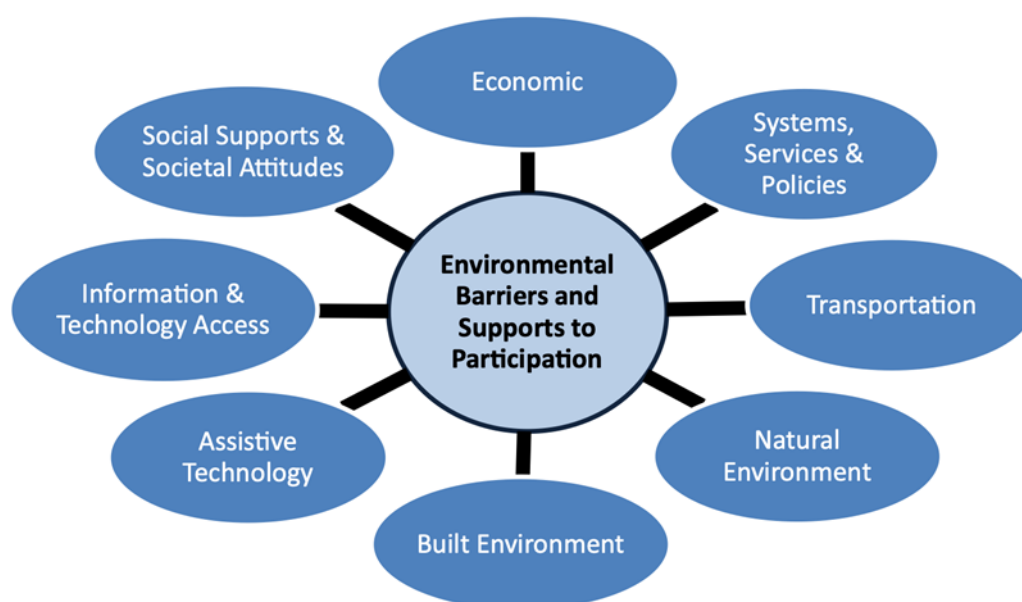


Figure 2: Environmental factors that influence participation (Hammel et al., 2015, p. 583)

The ‘Do-Live-Well’ framework is more concerned with how everyday activities can impact the health and well-being of the general population (Moll et al., 2015). Even so, some of the core tenets can be transplanted into the lives of IwD and include activity patterns, community participation, time use and meaningful activity (Moll et al., 2015). Everyday activities impact the health and well-being of every person, the drip-drip effect of sustained practise, be it health promoting or health degrading, has a long term and often significant effect. The combined effects of the quantity of physical activity and the quality of experiences are vital to the long-term impact and quality of participation (Shirazipour et al., 2017).

2.4 SECTION 3: GOLF AND GOLF FOR THE DISABLED

Hutchinson (1895, p. 282) titled his column article in the Windsor magazine “Is golf an ‘Old Man’s Game’?” It is certainly an old game, as ‘golf like’ games have been played since the thirteenth century, but the question of golf for ‘old men’ persists in my experience.

More than a century ago, Hutchinson recognised that golf was loved by some and hated by others and played by men and women alike. The first recorded women’s golf club dates to 1867, some 24 years after the St Andrews Golf Club was formed (Professional Golfers Career College, 2022). Hutchinson conceded that the expense of building courses meant that member fees would be proportionally costly, and that the skills to play the challenging game of golf included hitting harder, experience and cunning (Hutchinson, 1895, p. 285). Perhaps Hutchinson was the first to commit to paper the thought that golf could improve health, stating,

“It would be interesting if we could get golf statistics to show the increased prospect of longevity of those who have lately begun to play....When the Psalmist indicated threescore years and ten as the normal course of a man’s life, he evidently took no measure of the health giving influence of golf” (Hutchinson, 1895, p. 287).

If access to the game was a barrier experienced by the early adopters, it started to change with the construction of new courses and the formation of clubs which led to an explosion in popularity of what today we know as golf in its current form around the turn of the twentieth century. The first rules which attempted to govern the game were written in 1744 (Scottish Golf History, 2022), and even though some clubs have been in existence since those times, the internationalisation of the game was pedestrian at best. According to Ceron-Anaya (2010, p. 340), “the first golf clubs erected outside of the United Kingdom were established in India [Bangalore 1820, Calcutta 1829, and Bombay 1842]”. Before the end of the 1870s, others had followed as clubs in Ireland, Australia, and Canada had formed. In the 1870s, only 72 golf clubs were in existence in the United Kingdom (Lowerson, 1989), but by 1914 the landscape had changed, and there were approximately 3,000 (Vamplew, 2008). The exponential growth of clubs is evidence of the popularity of golf at that time. Golf’s expansion did not come without challenges; fundamental disagreements about modernising the game, the equipment used to play golf and the facilities on which it took place emerged between the self-appointed ruling bodies of The Royal and Ancient Golf Club of St Andrews and the United States Golf Association (Ceron-Anaya 2010). Even today, and although cordial agreements between these bodies exist, cultural tensions still appear from time to time.

According to The R&A (2017, p. 4), at the end of 2016, there were “33,161 golf facilities in 208 of the world’s 245 countries.” Regardless of where golf is played, the game is fundamentally the same; the players take a club to hit a ball to a target, be it near or far. This commonality bonds the challenge of golf to all players, be they young or old, novice or experienced. Although the golfing environment may differ, playing outdoors on a course, on a driving range, or inside against a simulator screen, the task of getting the ball to a

real or virtual target is broadly the same, but the benefits can be very different. Golfers can play alone or with others; some will compete while others merely enjoy a recreational activity, and some players will walk while others ride.

Even though Hutchinson had raised the thought that golf could perhaps have some associated health benefits in his 1895 article, few studies to examine that idea were conducted until a century later. For example, an analysis of middle-aged men's health and fitness and the effects of regular walking in golf, found that the activity was favourable and was "a safe form of exercise...and can be recommended as an appropriate form of health enhancing physical activity" (Parkkari, 2000, p. 107). Other studies followed, such as by Dobrosielski, Brubaker and Berry (2002), Broman, Johnsson and Kaiiser (2004), Ikeda, Cooper and Guliick (2008), Farahmand et al. (2009), Ainsworth et al. (2011), Hawkes, Malik and Murray, (2016); while Murray et al. (2017a, p. 16) conducted a scoping review which found "over 300 studies investigating the relationship between golf and health". The review found the following benefits of playing golf as a regular activity that can provide its participants with a "moderate intensity physical activity and is associated with physical health benefits that include improved cardiovascular, respiratory and metabolic profiles, and improved wellness" (Murray et al., 2017a, p. 12). It is worth noting that such benefits are not limited to those who walk the course, albeit that the advantages gained are maximised by doing so.

Golf is played around the globe, but three-quarters of the golf offer is concentrated in just ten countries on four continents (The R&A, 2017). Understanding the reasons for such an uneven geographical spread is not in the scope of this thesis, but it is essential to recognise the limits of the game. To call golf a mainstream sport in all but a few of the 208 golf playing countries is a stretch. However, we can consider another view of mainstreaming, which takes place within the sport and defines the most commonly accepted practice. Typically, golf has but one version of the sport, one that can be played by players of practically all abilities and does not have a disabled version.

It is hard to imagine that there were no GwD in the first few centuries of golf practice, yet there is no evidence of them playing a different version of the game. It seems that GwD were included in the membership of a club, playing a fully integrated sport without adaption or even modification. One such example is that of Dunblane golfer Robert Martin. According to Dr Jane Dunbar, in personal correspondence (2022), Robert had an above-knee amputation of his right leg and used both hands to place his right foot in a position to swing. Robert was so proficient as a golfer that he reached scratch handicap and won the club championship on two occasions in 1923, and 1924. It is not unthinkable that some members were aware of Robert's impairment, while others had little idea. The photograph in Figure 3 of Robert holding the trophy would not reveal any such impairment.



Figure 3: Robert Martin

To provide another layer of context for this research, the following four paragraphs present the reader with a summary of how both golf and G4D is structured, and how G4D started.

At a national level, golf, as do many other sports, operates with National Governing Bodies [NGBs], being mandated by their respective governments to organise, deliver, and popularise their specific sport within a particular territory. Typically, an NGB will be responsible for the golf played within that territory and work with Non-Governmental Organisations [NGOs] such as the Club Managers Association [CMA] and the national Professional Golfers' Association [PGA], and member clubs to deliver on their objectives. These NGOs will likely have a specific focus. The Club Managers Association of America CMAA (2022) has the education and advancement of its members as its focus, whilst the PGA concentrates on teaching and coaching, business and playing opportunities for its members (PGA, 2022). Now well established and thriving businesses, such NGOs started with a few individual members with a common interest. The Professional Golfers Association of Great Britain and Ireland [The PGA], for example, was formed in 1901 with a handsome number of 59 professionals and became the first “permanent labour organisation for sports professionals” (Holt et al., 2002, p. 5).

As in other sports, we can think of a community of interest as a place where people who share a common passion or characteristic come together. Some of these early communities formed societies and associations and began formalising G4D. The first formal community was the Society of One Arm Golfers, formed in 1932. It is the oldest association for GwD and, as the name implies, has a very narrow focus on players using one arm: “Membership of the society is open to all persons whose non-playing hand or arm is

physically impaired and as a result play golf with only one arm” (www.onearmgolf.org/about/constitution, 2021). Several associations were set up in the United States of America. The National Amputee Golf Association, formed in 1954, states, “An original group of 12 men with amputations was the nucleus of today’s national organisation. Dale Bourisseau, a veteran of World War II in which he received his below-knee amputation, looked up comrades with similar injuries and encouraged them to try golf — as a means of recreation and to re-enforce pride” (www.nagagolf.org/about/2021).

Although most amputee associations have a broader membership than mere veterans, most have a large percentage of members who have had a sudden or elective amputation following a traumatic event or health condition. Other associations in the USA focusing on similar physical impairments, such as The Michigan Amputee Golf Association, formed in 1955, and The Southwest Amputee Golf Association, formed in 1987, to name but two, are evidence that amputee golf was beginning to grow. Soon, similar associations for amputee golf sprung up in other parts of the world, some with an international flavour and others with more of a national or regional focus.

One such international organisation, The European Disabled Golf Association [EDGA], formed in the year 2000, describes itself as having a membership of 34 NGBs [36% of which are beyond Europe] and structured as:

“a not-for-profit, volunteer organisation, active in the promotion and delivery of opportunities to sample, participate and compete in golf. EDGA provides advice relating to golf for disabled players to The R&A, the International Golf Federation, the European Tour, the Ladies European Tour, and the European Golf Association, on golf for the disabled” (www.edgagolf.com/online/www/about-edga.php, 2022).

The largest national disability organisation operating in golf’s largest single market, the United States of America, is the US Adaptive Golf Association [USAGA]. Founded in 2014, the USAGA counts 36 disability associations as members across the United States and describes itself as “A national coalition of leading adaptive golf organisations working together to grow the game of golf for the special needs community”. (www.usaga.org/about, 2022).

2.5 SECTION 4: WHAT THIS STUDY IS ABOUT?

2.5.1 Aims and potential contribution

The first three sections of this chapter have taken the reader on a journey from what we know in disability, sport for the disabled, golf and G4D, and will continue to highlight what we don't know. First a short summary of the chapter. It started with the broad topic of disability, narrowed to sport for the disabled, before finishing with a focused assessment of golf and G4D.

Section 1: Gave a broad brush of the domain, highlighted commonly used theories, and presented an overview of the primary literature. Although extensive literature defines disability, the following section found a noticeable reduction in the availability of research into sport and disability or disability sport.

Section 2: Reviewed the existing research in the narrower domain of sport and disability, which focused more on the benefits and barriers of sport and less on the facilitators. Even those studies that did consider such facilitators did so through the lens of rehabilitative medicine and organised team sports. In most cases, the research entrusted readers to discern if a facilitator could simply be thought of as being the opposite of a barrier.

Section 3: Began with a potted history of golf before homing in on the primary focus of this study, that of G4D.

2.6 RESEARCH AIMS

2.6.1 What we don't know

The scoping review found in chapter four of this thesis provides the rationale for the research. In this review, I found a paucity of research on golf participation amongst IwD. That which did exist had privileged the study of barriers over the investigation of enabling factors. My insider status in golf illuminated a path to navigate the corridors where decisions are made, facilitated access to gatekeepers on whom much of access to golf relies. I needed to know more about what the researchers before me had found, learned, and applied.

This PhD aims to examine the factors that limit or inhibit the playing of golf by IwD and discover the most valuable enablers to growing the game, from both a players' and the sport's perspective. From this examination, I hope to establish and subsequently highlight how golf can become a more welcoming and accessible sport to enable more people to travel the path into and through golf. The study is timely as all sports must adhere to growing legislation around accessibility, equity, and inclusion, along with greater public scrutiny of how establishments interact with society.

Set against this backdrop, I found significant gaps in the research on the facilitators necessary to transition a sampler GwD into a competent participant golfer. Gaps in the coaching offer are found which in turn can lead to disablism. Coaches are crucial to the delivery of sports programmes designed for IwD by enacting inclusive practices, providing access points, as well as having a responsibility for delivering high quality experiences (Evans *et al.*, 2018). However, knowledge of such facilitators is not enough as it is essential to close the knowledge-action gap. If golf wants to succeed in embracing novice GwD, it must provide a setting in which entry into legitimate participation in a community of practice is possible.

This thesis then will attempt to address these gaps with the following aims:

2.6.2 Chapter 4 aims

1. To scope the available literature to understand the potential barriers and facilitators to G4D.

2.6.2.1 Chapter 4 research question

What knowledge is available in the current literature relating to the barriers and facilitators to golf for IwD? To address this aim and related question a scoping review will be conducted.

2.6.3 Chapter 5 aims

2. To bear witness to the lived experience of IwD and their golf journey.
3. To identify and compare the participants' perceived barriers and facilitators that have the potential to bind participants to the game of golf.

2.6.3.1 Chapter 5 research question

What are the participants' experiences of starting to play and how do they continue?

2.6.4 Chapter 6 aims

4. Using '*Equitable and experientially informed co-produced research*' identify what participants believe is useful and relevant to develop golf participation for IwD.

5. To offer practical recommendations to improve the golf industry about the wants and needs of GwD.

2.6.4.1 Chapter 6 research question

What do participants perceive is important to enable IwD to get started in golf and how can the game be developed in ways that enable participation and make it more inclusive?

2.6.5 Chapter 7 aims

6. To harness the results from chapters 4-6 and use ideas grounded in integrated knowledge translation to bridge the knowledge to action gap.

7. To identify and implement a diverse set of strategies for disseminating knowledge to golf's gatekeepers to promote action.

8. To adopt a marketing and business-focused strategy that will engage gatekeepers and decision-makers.

2.6.5.1 Chapter 7 research question

How can the knowledge to action gap be bridged between knowledge makers and practitioners?

2.6.6 Chapter 8 aims

9. Grounded in the data, develop a coach education programme that can potentially enhance the golfing experiences and performance of IwD.

2.6.6.1 Chapter 8 research question

How can front line coaches serve GwD through the player pathway of sample, participate and compete?

2.6.7 Chapter 9 aims

10. To highlight the empirical and practical implications of this thesis to answer the 'so what' question.

2.6.7.1 Chapter 9 research question

How can golf use a top-down approach to stimulate change in Federations, gatekeepers, clubs, and front-line staff to better serve current GwD, and attract more IwD to the game?

CHAPTER 3: METHODS AND METHODOLOGY

3.1 OVERVIEW

This chapter discusses the qualitative methodology selected for the research and provides a rationale for its chosen research methods. An outline of the sample selection process, data collection and analysis will also be addressed.

3.2 QUALITATIVE RESEARCH: WHAT AND WHY?

The growth of qualitative research in the realm of sport and exercise science has continued unabated since Martens (1987, p. 52) advocated the use of, “other introspective methods of acquiring knowledge...in which the investigator integrated his or her tacit knowledge with the behaviours of those observed.” Evidence of such growth can be seen by an ever-expanding number of journals devoted to qualitative research, such as *The Qualitative Report* – first issued 1990, and *Qualitative Research in Sport, Exercise and Health*, first issued in 2009, to name but two. In tandem, the growth of a scholarly community focussed on the qualitative domain and producing meaningful research, which is increasingly found in sports science journals, further suggests greater acceptance by the overall research community as various qualitative inquiries are published. So, what is qualitative research and why do it?

Qualitative research requires time, practice and above all intellectual engagement, as it incorporates many fields of inquiry across multiple disciplines to understand complex, shifting, interconnected concepts and assumptions (Denzin & Lincoln, 1994). The multiplicity and open-ended nature of qualitative research ensures that it can elicit a wide range of expectations by those employing its methods and those who read its outcomes. Several qualitative research tenets help make sense of its value to investigate complex social contexts and subjective meaning associated with this research. The participants’ subjective lived experience of the golf game and the golf industry is central to this study; therefore, the qualitative paradigm is ideal for investigating and scrutinising their direct experience, and broader insights. Even the simplest of lives is interwoven with complexity, as philosophical, social, economic, environmental, religious, and cultural tensions interact to create a view that is as unique as the person. According to Smith and Caddick (2012, p. 61), “for qualitative researchers, people’s lives, societies, and cultures are complex. As such, rather than embracing simplistic descriptions of human lives, societies, and cultures, they embrace complexity.”

As this study focuses on golf and its accessibility for IwD, undoubtedly a niche group, selecting a small number of purposefully sampled individuals for investigation was deemed ideal. A sample of active GwD playing in EDGA tournaments allowed for the collection of rich and relevant data to illuminate both the

person and their perspective of golf. Convenience sampling (see also the section on sampling below) was therefore in play, as golfers from around the world would congregate at EDGA tournaments. Such grouping allowed me to interview and observe the golfers amongst their peers, in practice or competitive modalities and during social interaction away from the course. Understanding the context in which the participant resides allowed me to interpret behaviour. Initially I had aspired to think in terms of “thick description”, similar to that used by (Ponterotto, 2006) when quoting (Ryle, 1971) in an example from golf when describing the term.

“A single golfer, with six golf balls in front of him [sic], hitting each of them, one after another, towards one and the same green. He [sic] is angles and collect the balls, comes back to where he [sic] was before, and does it again what is he doing? The thick description interprets the behaviour within the context of the golf course and a game of golf and scribes thinking and intentionality to the observed behaviour.” (Ponterotto, 2006, p. 539)

As the thesis unfolded, it became clear, at least to me, that perhaps the best I was able to achieve is closer to ‘rich description’, through the collection of rich data, although ultimately the reader will decide.

Another characteristic of qualitative research is the researcher’s situation in the study. The researcher brings to the study, beliefs - a set of paradigmatic assumptions about the world they understand and subscribe to. Social constructionism assumes that the investigator and the investigated are inextricably linked, and so findings are cocreated as the investigation unfolds (Guba & Lincoln, 1994).

The choice of methodology is determined by the nature and content of the problem (Gill & Johnson, 1991). The experience of GwD is my particular interest, especially when considering the effect or otherwise of outside influences. With little previous research on the subject from which to build, adopting a qualitative research methodology using an interpretive paradigm, from an exploratory, inductive perspective, allowed for the interpretation of values and attitudes of the research participants. The methodology facilitates an opportunity to hear participants’ voices, which give meaning to the political, cultural, social, and power milieus in which life unfolds, providing a rich context to the study. As Sparkes and Smith (2014, p. 17) argued, the “ability of qualitative research to get at the processes that lead to various outcomes is a major strength of this approach and is something that experimental and survey research is often poor at identifying.”

3.3 INTERPRETIVISM, ONTOLOGY AND EPISTEMOLOGY

Interpretivism emphasises the lived experience, and likewise, an interpretive approach offers an opportunity to recognise the value of the individual’s meaning-making in the context of the environment and culture in which they live. An individual’s reflexivity may be expressed through their actions and discourse, so this reflexivity gives value to the meanings attributed to those actions and objects that become part of the life

story (Prus, 1990). “At the heart of the interpretive paradigm is the recognised necessity of attending to the reflective and nature of human experience” (Prus, 1990, p. 356). This paradigm’s subjective and imperfect nature may lead to questions on the validity of such an investigation when examined through post positivism, although it is my view – in line with interpretivism – that each research participant is potentially a world authority on their own lived experience. Consistent with the premise, that it is not possible to understand why people do what they do without first gaining insight into how they interpret their world, the choice of the qualitative method underpinned by interpretivism is suitable and stresses “the fundamentally interpretive nature of social reality” (Chauvel & Despres, 2002, p. 209). By adopting such an approach, the study evolved as research progressed and so I needed to take a holistic view, considering broader factors such as environment, background and life experience which may have shaped the person (Goodson, 1992). Interpretivism has two key components, ontology, and epistemology.

The purpose of this study is to delve into that which cannot be informed simply by considering empirical facts or scientific experiments.

Lincoln (2010, p. 5) “Paradigms and metaphysics do matter. They matter because they tell us something important about the researcher standpoint. They tell us something about the researcher’s proposed relationship to the other(s). They tell us something about what the researcher thinks counts as knowledge, and who can deliver the most valuable slice of this knowledge. They tell us how the researcher intends to take account of multiple and contradictory values she will encounter.”

For this study, I adopted metaphysical assumptions of ontological relativism and epistemological social constructionism. Therefore, these assumptions influenced the research design and located it within a hermeneutic methodology, underpinned by an interpretivist paradigm.

From an ontological perspective and in answer to the social reality to be investigated, one must consider that any apparent realities at a given time may not result in the same social construct at another time and so effectively is ‘what exists’ at that moment. Realism assumes “that there is a reality independent of the researcher whose nature can be known, and that the aim of research is to produce accounts that correspond to that reality” (Hammersley, 1992, p. 43). Conversely, an ontological position of relativism means assuming that whilst there is a physical reality, social reality is mind-dependent, suggesting a belief system viewed from the participants’ perspective is multiple and malleable. This fluidity and diversity of meaning ensure that creations from the research participants or researcher and ultimately interpreted by the reader may not prove to be the reality but rather just their creation (Arksey & Knight, 1999). My interpretivist view resides comfortably with the idea that social constructs are subject to change dependent on the individual’s lifetime experiences and perspectives up until that specific moment.

Adopting a position of epistemological social constructionism means the assumption of the path to knowledge about social reality is subjective and constructed through relational interactions while recognising the marination taking place in the participant’s mind to construct their world. “Social constructionism

contends that knowledge is sustained by social processes and that knowledge and social action go together” (Young & Collin, 2004, p. 376). This study relied heavily on collecting data through interview narrative and in-field observation of practice and behaviour. More details about the methods used will be detailed later in this chapter.

From an epistemological standpoint as far as the research participant is concerned, the beliefs they revealed and then justified became knowledge, and as such, from my perspective had to be accepted as their experience. That is not to say that there cannot be an element of criticality or scepticism, graded to some extent, based on my interpretation of the reliability of discourse (Goldman, 1986). Therefore, the data may be considered a collection of beliefs, which have become knowledge through experience, testimony, reasoning, and memory. This study aimed to understand how participants subjectively construct meaning rather than to gain objectivity and independence. The research design aimed to facilitate understanding of how these participants make meaning of the human experience by engaging with them directly through collecting and analysing qualitative data.

3.3.1 Life story

The approach taken for this study is partially retrospective, as research participants reconstruct events from their current beliefs and interpretations (Hitchcock & Hughes, 1995). It is a snapshot of the research participants, a personal view of their life trajectory at a moment in time, and so the same encounter conducted at a different moment may have revealed a different dialogue. For example, the introduction or withdrawal of another individual potentially may affect the meaning-making of the research participant. Likewise, I am not immune to new experiences and meaning-making moments throughout my life, and so it is unlikely that any two separate encounters would result in the same interpretation and understanding.

Inspired by Atkinson (1998), I wanted to understand the participants’ lived experiences, for which the life story methodology is ideally suited by allowing the person to tell the story of their life as completely and honestly as possible. Eliciting participants’ narratives within a loose framework allowed each the freedom to express their life story in their own words and recount events in an order that made sense, at least to the storyteller. Each life story was an account of what they remembered and wanted me to know. My role was to guide the interview with a thematic focus. The most appealing aspect of using the life story approach is that “It keeps the presentation of the life story in the words of the person telling the story” (Atkinson 1998, p. 2).

3.4 SAMPLING AND NATURALISTIC GENERALISABILITY

Selection of a purposive sample was my preferred option when considering participants for this study. I considered it essential to include only active or recently active GwD in the study, to be able to draw on experiences from a three-stage player pathway of, sample, participate and compete. Secondly, I expected there to be value in the inclusion of golfers with various impairments, as different needs might reveal themselves, and finally, the players should have at least a working knowledge of the English language given my inability to converse in other languages. The deployment of a purposive sampling methodology is considered to be acceptable in qualitative research (Cohen et al., 2000; Miles & Huberman, 1994). Consistent with an approach commonly seen in qualitative research, the purposive sample offers the opportunity to target individuals typical of the group being investigated and able to inform the study with meaningful insights (Robson, 2002; Maxwell, 1997).

Generalisation, a term more frequently used in quantitative research, is not ordinarily found in qualitative studies (Smith, 2018). However, naturalistic generalisability respects the life story that the person chooses to tell while inviting the reader to engage with their testimony, make tacit connections or disregard parts, or all, of the shared experience – to understand stories in terms of how they might resonate with other stories (Smith, 2018). In this study, my responsibility is to relay the participants' life stories, as told, faithfully and honestly. Thorough investigation of the participants' life stories, utilising a range of interview techniques, observation and secondary data found during desk research, preceded the presentation of their testimony. The result is that of multiple unique stories to provide a window through which the reader may view the lived experience of playing golf as a IwD. Readers may choose to gaze through the window or not, engage with the account, or not. Every reader is as unique as the participants themselves.

Naturalistic generalisability is expressed when similarities of experience between the subject and the reader exist. Naturalistic generalisations develop through a sense of familiarity, a scene, experience, or sentiment that resonates with the reader, which on reflection may help to understand those events that may have shaped and caused a ripple effect throughout their life course. Although other factors may diverge from what the reader already knows and be somewhat different, still there is enough to evoke a sense of 'I get this.' "In other words, the research bears familial resemblances to the readers' experiences, settings they move in, events they've observed or heard about, and people they have talked to" (Smith, 2018, p. 140). As this study relies heavily on the collection and dissemination of the experience of GwD, the methods used are fit for purpose, and as such, the opportunity for naturalistic generalisability appears in the presentation of rich evidence from which readers can make meaning and connection to their lived experience and circumstances.

Three sampling strategies, two from branches of purposive sampling - expert and heterogeneous, along with convenience sampling, were employed to create a three-tier filter. The combination of sampling strategies ensured that participants provided useful data and represented various experiences and shared inclusion criteria attributes (Sparkes & Smith, 2014). The first tier of selection was through the so-called 'expert'

criteria. The definition of 'expertise' used was, being currently active in golf, or with a suitable record of golf participation. This was possible as prospective participants were drawn from 1400 registered competitors on the EDGA database. A second-tier filter to establish a heterogeneous sample would maximise the opportunity to include participants with a broad range of impairments, both congenital and acquired. The heterogeneous sampling approach enabled elicitation of the lived experience of participants traversing the path into and through golf while providing a breadth of opinion from different ages, genders, proficiency, and nationality. Finally, the third tier was driven by practicality and the limits of this study. Proficient use of the English language and participation in EDGA tournaments provided me with the two vital data collection components for this study, namely the opportunity to interview and observe the player.

Following university ethical approval, the chosen sampling approach resulted in a sample of 77 participants who progressed through all three-tiers. For the sole purpose of this study, I prepared a spreadsheet for the players' data with fields labelled with, name, gender, impairment group, country affiliation, age, and golf handicap. My preferred style of project management is adapted from but aligns to a didactic reduction model (Grüner, 1967). Metaphorically the process starts with a rough sieve, and gradually progresses to a fine strainer. Impairments had general descriptive terms, such as arm, leg, orthopaedic, spinal, neurological, visual, intellectual, and short stature, before further reduction at a later date. Country affiliation rather than nationality was a selected criterion, as many players reside in a country other than their birth nation. This revelation raised several questions as to possible effects of a cosmopolitan outlook on the players' experience. Age ranges in blocks of ten years and golf handicap levels in blocks of ten strokes seemed adequate to assess diversity of experience in the sample, should it be required.

An initial approach was made to ten prospective participants, from the identified sample. Each was invited to participate, both in this PhD study, and for a series of stories for publication on the EDGA website. I was able to use judgement, based on an intimate knowledge of the landscape, to select this group so that it would satisfy the specific needs of the research (Robson, 2002). As the focus of this study was on the collection of narrative data, the use of a purposive sample fitted the needs and generated a sample able to address the research question. Of the initial ten invitations, eight participants agreed to participate in both the PhD study and the publication, one accepted just the offer of publication, and one rejected both offers. The next invitation was accepted and made up the initial group to progress to the study. The group was made up of three females and seven males, from nine countries, with an age range of between 35-61, a proficiency level of between 4.3 and 20.1 handicaps, and represented six impairment groups. To help the none golfing reader, a golf handicap represents the expected performance level of a golfer based on their previous and recent golf scores. It serves the purpose of comparing one player's performances with that of other golfers. With the success of the first approach, I then invited a further 67 prospective participants to the study in groups of ten at a time.

3.4.1 Ethical Considerations

Every interview is an interaction between two actors (Sparkes & Smith, 2014). It is the researcher's responsibility to create a safe environment and cause no harm to the participant or themselves (Blee & Currier, 2011). Inevitably over the course of multiple interviews, there are times when the recollection of certain memories may create stressful moments with the potential for discomfort for one or both actors. On reflection, even though I had conducted multiple interviews during my previous MPhil study, I was perhaps under-prepared for such moments when the dialogue veered to matters of a personal and traumatic nature.

My role was easier to manage than that of the participant as they often moved the conversation to more challenging topics. I was prepared to go with them, occasionally feeling slightly uncomfortable, yet a willing confidant who might probe further in pursuit of a more profound truth (Sparkes & Smith, 2014). In this study, I experienced the fine line between what was investigative and what was invasive. Once the line started to blur, I had to adopt strategies to change the dialogue instantly (Cannella & Lincoln, 2011). On one occasion I feigned a recorder issue to buy some thinking time. Over time I developed a couple of switching questions with openings, "tell me how...", "can we switch gears..."

The participant's had the privilege of final edit, an opportunity to clarify or retract words or statements made and were protected by the study's ethical approval. Conversely, I had no such protection and needed to develop a suite of tools to mitigate any emotional labour emanating from the shared dialogue. Often a period of reflection over a cup of tea or during a walk or swim was enough to relieve the load, but occasionally I needed to do more. Conversation with critical friends, my spouse or supervisor would allow me to verbalise my thoughts and emotions without revealing my interviewee's anonymity and yet gain some perspective. Occasionally it was enough to spend an hour reading a book or watching a comedy, during which time I would somehow digest the interaction rather like a late evening meal that eventually settles (Cannella & Lincoln, 2011).

3.5 THE PARTICIPANTS

This section gives a brief insight into who the participants in this study are, providing biographical detail of each in Appendix 1. As this study relied heavily on collecting narrative data, a short examination of the makeup of the sample is in order. We need to know more about these people to contextualise them, situate them in the study, and help bridge any gaps in understanding so the reader can better interpret the findings of this study. The danger is that this contextualisation will reveal only certain layers of their very complex life histories, but it is a chance worth taking as crucially the context will provide the rationale for the strategy adopted to share the participants' stories in the media and revealed later in the chapter on dissemination.

This section of the methods chapter details the rationale and process to create a purposive sample. It is worth noting that the resulting sample has similarities to the gender balance found within golf; it spans 25 countries

on five continents, has participants with birth dates in seven different decades, considers players of various performance abilities and includes players from nine impairment groups. Appendix 1 also reveals if the participant's impairment was considered congenital or acquired. To simplify the process, I considered those who experienced functional impairments from birth or early childhood as having a congenital impairment and those who had no primary diagnosis or functional difficulty at birth or in early childhood as having an acquired impairment. Acquired impairments tended to result from a traumatic incident in the workplace, road traffic accident, or military service, along with conditions that appeared and were diagnosed later in life. Participants who had a genetic risk of developing a life-changing condition; for example, multiple sclerosis, and those who were susceptible to hereditary conditions but who did not have a birth or early childhood diagnosis, were considered as having an acquired impairment, albeit that it may well have been present but dormant since birth. Participants with an acquired impairment had a life before and a life after the onset of impairment. For some, the distinction of before and after had little resonance as they lived an essentially similar life, however, there was a sense of loss for others.

All 77 participants in this study are golfers. In total, 48 of the participants had acquired impairments, 36 of which went through a traumatic event. With 40 of this group having played golf before the acquisition of impairment and only eight coming to the game after, the barriers to entering the game may well be underrepresented. The 40 players knew the game, had entered the golf community, and in some cases had already developed relationships with other golfers. Coming back to a sport, an environment and community they previously knew, was potentially easier than entry into golf for those who had no prior contact with the game. The remaining 29 participants who presented with birth or early childhood impairment diagnosis were considered to be in the congenital group. This group of players predominantly had been influenced to try golf by a family member, close friend, or work colleague; however, the visibility of golf in the general media had fed the curiosity of two participants.

3.5.1 Gender and disability

The number of registered women golfers in Europe during 2021 was reported as being marginally over one million at 1,043,338 (The R&A, 2021). This number represents an increase of 1% on the 2019 survey, resulting in 26% of all registered golfers being female (The R&A, 2021). Although the balance of participants in the sample is 23% female and 77% male, I believe the 3% participation difference can be considered insignificant for this study. Women and girls golf has received unprecedented attention from golf's leading organisations. The R&A Women in Golf Charter (2018) made clear its policy on gender-balance when calling for greater focus and a more united golf industry position in relation to the inclusion of women and girls in the game. They are not alone, and as more National Federations make the game more welcoming to women and girls, more female players are entering the sport. In my role as EDGA President it was easy to see that the number of female GwD was still small, with just 6.5% of all competitive players

who have an EDGA pass identifying as female. On a positive note, of all pending applications in the first quarter of 2022, 8.6% were from women and girls.

It is not in the scope of this study to delve into the gender imbalance of golf generally, or the reasons why a disproportionate number of men play golf, and how change can happen. However, the gender imbalance in G4D is relevant, and although small shoots of change are visible in the number of applications, this does not disguise the enormous challenge ahead. It is sufficient to add to the literature review in chapter two by stating that golf has been slow to embrace GwD, and as such, the typical sport structure where a National Federation organises, champions, and popularises their sport has only recently occurred. GwD have had to fend for themselves.

Amputee golf associations have driven GwD for much of the sector's history, and as such, we should consider any possible imbalance in gender in the numbers of males and females who live with an amputation. A ten-year study in Finland found that although 90% of all amputations, in both genders, had resulted from vascular or diabetes aetiology, it also revealed that the major limb amputation rate amongst males was 39% greater than that for females, "the most prominent difference was seen in the rate of traumatic amputations, where the authors found almost fourfold difference between the genders" (Heikkinen et al., 2007 p. 284).

Against such an offer of amputee golf associations, many of whom have a focus on veterans, it is hardly surprising that the number of GwD presenting with a physical limitation far exceed those in the sensory or intellectual categories.

3.5.2 Age

There is no clear picture of the average age of golfers around the world, with regional and national differences providing a somewhat confusing picture. The average age of registered golfers in Great Britain is at an all-time low of 41 years of age (The R&A, 2020), whereas in Australia, organised golf is played predominantly by players 65+ years old, followed closely by a group of players between 54-64 years of age (SportAus, 2019).

A mix of age groups are included in the study, as highlighted in Table 1. Age clusters starting from between 10-19 year of age and continuing until between 70-79 were populated with the sample, with the highest numbers of participants, 20, found between 50-59 years of age, and second-highest number of 19 participants between 40-49 years of age.

Table 1: Age clusters

| Age cluster | Participants |
|-------------|--------------|
| 10-19 | 2 |
| 20-29 | 16 |
| 30-39 | 14 |
| 40-49 | 19 |
| 50-59 | 20 |
| 60-69 | 6 |
| 70-79 | 0 |

3.5.3 Golf handicap

Players with a range of golf handicaps participated in the study. I established four golf handicap divisions that respect standard golf practices and terminology. In EDGA tournaments, players in the first two groups play the gross and nett format of the game, while the players in groups three and four typically play in the stableford format. Gross scores are those which reflect the exact number of strokes and penalties that a player accumulates throughout the round. Net scores are calculated by taking the gross score and deducting the golfers' handicap. Occasionally an elite level player may have a golf handicap that is preceded by the term plus and in such cases the players golf handicap is added to the gross score. Players competing in the Stableford format have their scores turned into points, using a standardised translation formula. The mix of golfers in the study ensured that I could consider participants' opinions across the board, from highly skilled and experienced, to novice players just starting their journey and, throughout, players with varying degrees of limitations that inevitably impact golf handicaps.

The first group of players (+ to 9) typically are called single figure golfers. These players will likely have played for many years or are highly skilled. Most will have a good understanding of the game's intricacies and the character of the club to which they are a member. The second band between 10-18 tends to have a mix of experienced players who may have played in the first group, [but for some reason, including age, or a loss of performance have experienced a decline in scoring] or established players who are still improving. Typically, players in group three are players whose skills have diminished or players relatively new to golf. The first golf handicap of a beginner player tends to be somewhere at the high end of group three or in group four, which means that these groups are made up, but not exclusively, of players relatively new to the sport or players with significant impairments that affect their ability to play the game. Table 2 below captures the participants' golf handicaps.

Table 2 - Golf handicaps.

| Golf handicap | Participants |
|----------------------|---------------------|
| + to 9 | 43 |
| 10 to 18 | 13 |
| 19 to 35 | 12 |
| 36 + or no handicap | 8 |

3.5.4 Impairment group

The EDGA definitions of impairment identify 11 impairment groups, five of which refer to a partial or complete amputation of a major limb. As this study considers the experience of GwD, rather than functional criteria, I decided to collate these five impairment groups into just two groups and titled them: leg amputation and arm amputation. Another difference between the impairment groups used in this study and those of EDGA is that it recognises limb differences, restricted growth, and orthopaedic impairments in separate groups, whereas EDGA organises them into a single orthopaedic group. Table 3 below captures the participants' impairment groups.

Table 3 - Impairment group.

| Impairment group | Participants |
|-------------------------|---------------------|
| Neurological | 18 |
| Leg amputation | 16 |
| Limb differences | 11 |
| Orthopaedic | 10 |
| Spinal lesion | 9 |
| Arm amputation | 6 |
| Intellectual | 3 |
| Restricted growth | 3 |
| Visual impairment | 1 |

3.5.5 Geographical area

Participants from 25 countries on five continents took part in this study. The EDGA database reveals that 66% of the competitive pass holding players are from Europe. This study has a ratio of 67% of the sample from Europe with the balance of players coming from the four continents of Africa, Australasia, North and South America.

Although golf culture spans the globe, we can note subtle cross-cultural differences in playing formats, expectations of the golf experience, and even terminology. For example, a game called ‘stableford’ is one format that is played more in Europe than in many other countries, whereas the ‘maximum score competition’ format is more prevalent in the Americas. The objectives of both games are similar, which is to compartmentalise each hole during the round into an individual result and avoid a bad hole decimating the player’s overall score. Additionally, either format can help speed up play and is particularly beneficial for golfers with higher golf handicaps (Golf Select, 2020; Congu, 2019). Table 4 below captures the participants’ geographical location by continent.

Table 4 - Location by continent.

| Continent | Participants |
|------------------|---------------------|
| Europe | 52 |
| Australasia | 11 |
| North America | 10 |
| South America | 2 |
| Africa | 2 |

3.6 DATA COLLECTION

My data collection utilised three methods: interview, both formal and informal; observation of participants' practice and behaviour at and around tournaments featured on the EDGA calendar of events; desk research of secondary data which involved fact-checking (e.g., significant dates, places, and results); and a scoping review. The multi-faceted approach allowed further exploration of revelations uncovered in one setting or another. It should be noted that before attending to the primary data collection methods the scoping review methods are discussed not in this chapter but in the next. The rationale for this is that by placing the method details in the scoping review chapter the reader may better contextualise and make sense of the scoping review process.

3.6.1 Interviews

Personal and golf career data had been collected from the EDGA database, and so the interviews were underpinned with reliable numerical data. Although most participants revealed their stories first in a formal interview setting, this was not the case for all. In the early stages of data collection, formal interviews were arranged either through a face-to-face meeting or by using a Voice Over Internet Protocol [VoIP]. As the study progressed, more mobile interviews took place as players became used to seeing me on and around the field of play.

Interviews were exploratory in nature and aimed to seek the participants' views and experiences to provide a qualitative understanding of the issues. The interview can be thought of as a partnership to create an opportunity for the exchange of verbal information between a research participant with a reservoir of personal knowledge and a listener equipped with good listening skills (Miller & Crabtree, 2004). The interview occurs within a specific environment, and in a particular context, which could theoretically be duplicated, but it is unlikely that the social setting can ever be reproduced as partners [research participant and researcher] in the interaction will inevitably change with time. Therefore, the interview should be considered a snapshot of the social interaction between actors likened to a conversational journey.

Since 2007, I had acquired a modicum of knowledge relating to the playing styles and life history of many regular participants in EDGA events. I had been privileged to witness many of the players in competition in my role as President of EDGA. As a self-confessed, insider to golf, but 'outsider to disability', I could not help but view the players' performances through the lens of a coach, yet a lack of disability knowledge soon balanced any thoughts of real understanding. Although background knowledge of future participants can be seen as a threat to impartiality, when recognised, it can also facilitate avenues for exploration that less well-informed researchers on the topic may miss.

The approach was expected to yield rich and meaningful data, as the nature of this interview format allowed for the flexibility to probe any hitherto hidden areas, which is a fundamental criterion for in-depth interviewing (Robson, 2002). Probing questions proved pivotal, as new avenues for exploration opened and

made for deeper insights. Several pre-prepared initial open-ended questions were developed to allow participants the flexibility of response, Appendix 2. There is ebb and flow in any satisfying conversation, and an interview is no different; getting this right takes experience. The first interviews inevitably became a training ground, one on which lessons were there to be learned and built upon. Achieving balance was essential. As each interview was fundamentally about the participant, a subject that I considered each was an expert on, it was necessary to have the time to breathe, to allow for moments of tension and relief. As each interview was exploratory in nature and aimed to seek the participants' views and experiences, the framework provided a 'grounded' qualitative understanding of the issues, and moments of light and shade appeared.

In the interview stage, I had the objective of eliciting a sufficiently rounded narrative to reveal a pool of relevant data to progress the research further. In the collection of life stories, the interviewer is in a position of control, and allows the participants' the freedom to discuss their experiences, raise relevant topics so allowing me to focus on bearing witness, active listening and keeping a thematic focus on how the interview unfolded.

Consistent with the life story methodology, I recorded and/or took field notes of the accounts presented by participants. Atkinson (1998, p. 6) writes of his perspective of "life-as-a-whole", which undoubtedly helped to provide me with a frame to contextualise the participants' lives. Within this frame, the topics of early family life, sporting activities, adolescence, working life, life-changing moments, introduction to golf, social life, what golf stands for, and golf's meaning, were of particular interest. Every sentence was an opportunity for the participant to verbalise their subjective truth, share their experience and observations through the lens of their very being, and justify their actions and opinions. It was evident that some participants were stretching themselves, exploring deep within as uneasy or joyful emotions surfaced from time to time. For example, some relayed anecdotes of difficult or traumatic times and found these particularly difficult to discuss, whilst others found joy in the realisation that the situation could have been worse. For some participants, sharing their truth was cathartic:

(TBE) "I mean, it's always good to talk. It is healthy actually, to talk about your problems, isn't it, as well? Because sometimes, you just don't know if you noticed it, but if you don't talk about even the obvious stuff, then you can neglect it and then it becomes something else. So no, I've loved it today, absolutely loved it. And thank you so much for the opportunity."

"Telling our story enables us to be heard, recognised and acknowledged by others" (Atkinson, 1998, p. 7). It had been my objective from the beginning to encourage GwD to share their stories and learnings, highlighting those moments where life-changing moments intersect with opportunities to choose between a reaction or response. Such moments I believed, may provide insights for others who may find themselves, a

loved one or a friend in a similar situation. I had speculated that through such stories, those who cared to do so could understand that life goes on with whatever affordances and constraints are present. Perhaps these golfers' words could demystify the unfamiliar worlds of disability and golf, making the unknown known. Could such stories help make a difference in the lives of others who lived with similar impairments? I explain how these stories have been shared in a later chapter.

The data collection section describes an unsystematic process that meandered between informal mobile interviews, more formal recorded face-to-face, VoIP conversations, observation, and desk research. With such a fluid system of data collection, the opening passages of dialogue inevitably allowed participants to start their story where they liked and develop an arc for the journey.

In one interview conducted over the internet, my opening question was, "Where have I found you today?", which led to the following exchange:

(ADO) "I work at home. Two weeks at home and two weeks in the office.

(Interviewer) All right, ok. So, you can still go into the office now and then?

(ADO) I work at home. My office is in the same city. I live in Faenza, and my office is very, very beautiful, in the centre of the town, downtown. I work in a bank (La BCC), and I'm in the credit area.

(Interviewer) Ok, and have you worked there for quite a few years?

(ADO) Oh, I'm near to 28 years.

(Interviewer) 28 years?

(ADO) Yes. I studied economics in the Bologna University, and after the university, I went to work in the bank, in the same bank. I've always been there.

(Interviewer) Where were you born? Where did you grow up?

(ADO) I was born and grew up here in Faenza. It's a beautiful town near Bologna in the North of Italy. The city is famous all over the world for the ceramics and pottery. Faenza is my town. "

This exchange opened windows to ADO's family life, her schooling and subsequent study at university, and the commencement of her working life. Soon after, ADO explained how she had hidden her disease until reaching 30 years of age, which opened further discussion. Four topics, early family life, adolescence, working life and life-changing moments, had all been revealed without any change of questioning but rather by simply progressing the flow and direction of ADO's narrative. I was able to return to each, as ADO's opening words had offered each topic as being a permissible subject.

Nine of the first ten interviews took place using Skype, while the remaining interview took place in a closed function room at a golf course during a tournament. As recommended by Johnson (2002), as the research tool was interview, the use of a digital voice recorder [Apple i-phone or Skype Recorder Software] was considered to be important as the use of field notes and memory alone may not accurately be able to recollect the minutia of each encounter. Subsequent interviews used variations of VoIP, [Zoom and Squadcast], with both systems providing separate and combined voice tracks. The separate voice tracks allowed for ease of listening and transcription when crosstalk had taken place. Internet connectivity had been an issue in more than one of the initial ten interviews, and so I added to the interview protocol, a request that the participants also record their voice locally using a smartphone or the like. If necessary, the participant would then have a digital file in MP3 format. Only twice was it necessary to request the file as most interruptions were caught during the interview and an answer or question repeated.

On completion of the interview, each of which lasted between 45 minutes and two hours, the voice recorder was turned off, and a period of general discussion and small talk took place. Copies of the digital files which had been collected were transferred to a file hosting cloud storage service, together with the hard drive of a password protected computer before being wiped from the voice recorder. Verbatim transcripts of voice recordings from each interview ensued.

Mobile interviews were much less formal, but the conversations just as rich. One such interview started on the tee at a course where one player stated that they had felt nervous in a similar situation in a previous tournament.

***Interviewer field notes (GMC):** GMC has been here before. Had a good first round score but felt that he had not done himself justice in the final round.*

***(GMC):** I just want to play well and try to forget about yesterday, concentrate on today's round.*

***Interviewer field notes:** GMC looks a little tense, seems to be clear on his objectives. Obviously playing well today means a lot. Hope he gets off to a good start.*

Such interviews were largely interspersed with periods of quiet and as the player concentrated on playing their game. Several minutes would go by with no conversation as the flow of the round unfolded, occasionally punctuated with a period where play was not possible due to the groups in front. In such moments, a dialogue would recommence. The social interaction commonly found in golf facilitates the telling of stories. It is stereotypical to hear the exaggerated story in the bar after a round is complete, where prodigious drives are recalled, and putts missed are lamented. No doubt such stories are all the better and memorable for the hyperbole. However, stories told away from the bar and when relayed with fellow competitors on the course or informal interview sessions tend to resist such embellishment, especially when easily traceable performance statistics and media can be accessed with a few strokes of a keyboard. The less public passages of the told life story must be considered as the storytellers' version of their truth. Atkinson (1998, p. 9) suggested that even a "conjured, fabricated or strategic story" can provide valuable research when viewed as an opportunity to discover why a participant chooses to tell their story in such a way.

3.6.2 Observation

Smit and Onwuegbuzie (2018, p. 1) when quoting McKechnie (2008, p. 573) advocated that "qualitative research, is one of the oldest and most fundamental research method approaches. This approach involves collecting data using one's senses, especially looking, and listening in a systematic and meaningful way." My position in the community of GwD would morph, from being an outsider to becoming a peripheral insider. As this study is primarily focused on GwD, and even though I was rooted in golf culture, I could not be fully 'inside', as a non-disabled person. According to Asselin (2003, p. 100), "When the researcher begins data collection, it is important to remember that although he or she may be part of the culture under study, he or she may not have knowledge of the subculture or experiences of a particular...group." Adler and Adler (1987) identified three 'membership roles' being available to researchers when in an observational role:

- 1) those who do not participate in the group's activities - peripheral members,
- 2) those who do participate, but are not fully committed to the values and objectives of the group - active members,
- 3) those who fully engage in activities and values, as a new or existing member - complete members.

None of the membership roles encapsulated my position within the group; however, both the participant-as-observer and observer-as-participant roles were appropriate terms. I could not be fully immersed in the playing aspects, although I had become "more involved with the insiders' central activities" (Baker, 2006, p. 177), and had developed relationships with participants over time (Baker, 2006; Jackson, 1983).

Borrowing from the tenets of ethnographic research, where a researcher will observe and or interact with those forming the study's basis, 69 of the player observations took place in over 500 hours in situ at

tournaments on the EDGA golf tournament calendar between 20.11.2017 and 16.12.2019. There was no surprise for the players to see the association's President at tournaments, although perhaps it was more unexpected that I would be on the course, spend time on the range and discuss the game, inherently using golf language and recognising the game's culture in both actions and words. An additional eight observations took place using video due in part to the geographical locations of participants, three in the United States, one in Japan and one in Australia, and in part due to COVID-19 travel restrictions for three players based in Europe.

For the participants who had taken part in formal interviews, my presence in the field was expected. I had developed relationships with the players, based on mutual respect, the shared experience of golf and participation in their story's co-production. The playing format in golf competition commonly groups two or three players together, so it was inevitable to get to know one or two others when observing an interview participant. The transient nature of these encounters made it impractical to reveal my role as a researcher, and as such, any formal observation of these players could be considered covert. Some of these players ultimately became participants in the research and eventually afforded the same transparency as those who had undertaken interviews before observation—instances where observation commenced before the interview highlight the fluidity of data collection in this study. Observation notes taken before the interview had real value, as the covert nature of my observation may have minimised any researcher impact. "The benefit of this approach is that the researcher's presence may not have such an effect on the ways in which participants behave and so behaviour that is more normal" (Strudwick 2018, p. 188).

The advantage of observation in the field is that random events once recorded, transcend the moment to become an account, reconstituted albeit differently, to form a narrative of what took place. The 'difference' is a result of interpretation, which however faithfully recorded can never recreate the exact moment, although the naturalistic setting of the research allowed specific encounters and my understandings to become more meaningful, (Gratton & Jones, 2004). The resulting interpretation, between the observed and the observer, takes on more meaning when the "observer's attitude toward them is one of respect and interest in them as human beings as well as research subjects" (Schwartz & Schwartz, 1955, p. 347).

Charmaz and Mitchell (2002, p. 162) explained that researchers must "be reflexive about what they see and how they see it." Inevitably I became part of the account, implicated in the work by proxy. As I became more familiar with the setting, it was essential to ensure that my eyes remained open, have a beginner's mind, drop expectations, and preconceived ideas. I wanted to embrace confusion and curiosity to see each encounter as an opportunity to learn and discover the space between an outsider view and that of an insider. Knowledge is different, in part due to the positionality; it is that which must be acknowledged by the researcher (Dwyer & Buckle, 2009). Perhaps Sands (2002, p. 15) best illuminates the critical challenge, "the ethnographer must attempt a difficult feat – becoming an insider while simultaneously maintaining an analytical distance to process cultural information."

In my role as National Team Coach for the Federação Portuguesa de Golfe, 1996-2003, taking observational notes in the field had become routine practice. Taking such notes was new at the start of my role, although I took what could perhaps pass as field notes, with thoughts and observations scribbled on a scorecard even during my first coaching assignment to the same body in 1993. The notes became prompts for player debriefs after the game, from which I hoped to change practice and improve performance. More formal notetaking ensued, and together with video recordings taken in training sessions served to build a picture of practice in and out of competition.

Taking field notes for this study was therefore not entirely new, although a more structured format was required. The coaching notes had been a blend of objective quantitative data (e.g., the number of greens missed with the approach shots) and more subjective views that I may have had on how and where performance could improve. This PhD study's field notes also contained objective data: who, when, where, what, and more observational data such as behaviour, interactions, and observations. Cowie (2009) recognised the personal nature of note taking, suggesting that regardless of the format, it must work for the researcher. The critical dimensions of observation as described by Cowie (2009, p. 172) included: space, actors, activities, objectives, acts, events, time, goals, and feelings. Using this model as a template, I fashioned a note-taking model that developed further as the study progressed. I used both written and audio recordings and found the combination more comfortable than relying on one or the other. Initially, I would indicate who, when and where at the start of each note, but soon changed the order as multiple players entered the observation.

For the written notes, I streamlined the template advocated by Cowie (2009) and included only the categories and definitions in Table 5 below.

Table 5 Field notes/observation template

| Category | Definition |
|----------------|---|
| When | The expected date and time of the observation |
| time | The sequence of events observed |
| Where | Where the expected observation would take place |
| environment | The environment (e.g., weather, ground conditions, built environment) |
| Actor/s | The person/s being observed |

| Category | Definition |
|-------------------|--|
| What | What activities are expected to take place (e.g., practice, playing the course, social interaction, personal time) |
| events | Related activities carried out by the actor/s |
| Objectives | What are participants attempting to achieve |
| Feelings | The emotions and feelings expressed by the participants |

Voice recorded notes took on a similar pattern with date, time, location, and observations at the start of each recording. The remaining audio would include what was being observed, together with random thoughts that occupied my mind whilst viewing the scene. Usually, I would take time in the evening to bring the two resources together, laying out the field notes, each with times marked and then play the audio tracks in order. This process presented the opportunity to compare the written text, with what proved to be the more reflective recorded words. Relevant audio notes were transferred into text and added to the written text file and subsequently to the observation's final record. An example in the form of a vignette is provided below.

3.6.2.1 Vignette

This bright November Algarve morning was unlike so many of those I had experienced in the east of England for more than a decade. Gradually the warmth of a slowly rising sun could be felt through the full-length windows which looked out from the hotel dining room over a small pond and onto the driving range.

For the two previous days, I joined a busy breakfast room full of players, family members, and caddies, shooting the breeze, laughing, and joining each other's tables. On this day, the first tournament day, I had been the first to enter the dining room as the lights went on to reveal a breakfast buffet that would soon be devoured by 70 or so players and their guests.

Taking up a place just inside the entrance with my back to the wall, I could see players enter, some of whom would acknowledge me, with a cheery good morning, buenos días, bonjour, or equivalent. With players from twelve countries competing, it was easy to observe different breakfast habits. Players from the southern European countries seemed to fill their plates with bread, while those from the north and Scandinavia would take smaller plates and visit several times. There were noticeably fewer family members than

on the previous days. Perhaps it was the hour; after all, it was just after seven o'clock, and most of these players would go to the driving range before making their way to the first tee for their starting time.

The atmosphere was different, quieter, a toned-down version of 24 hours earlier. Players would often be seated at smaller tables, two or three players together rather than the more social setting that I had previously witnessed. Many players were already dressed for the course, some even wearing a baseball hat that partially obscured their eyes as they leaned forward for the next spoon of cereal. A sense of calm was my overriding feeling of the scene that was unfolding before me. That was until several players from Holland made their entry, together with their team coach. Although the tournament was individual, some countries would send their National Team Coach to accompany the players. This would be the final event of 2017, and as such, for some players, the last time they would see their coach until the spring.

Looking at the start sheet, it was easy to see that the lowest handicap players were the first to tee off in the opening competition, and yet some of the higher handicap Dutch players, who would not tee off for several hours, had also come for early breakfast. The hotel staff quickly rearranged the tables to accommodate the group, and the atmosphere in the room changed, with banter between the players quite obvious. The Dutch had three players in wheelchairs, and it was interesting to see how they navigated the breakfast bar. The hotel staff had clearly been well trained and were attentive, rather than overbearing, supporting anyone who asked for help.

I intended to observe two players who shared the French language, despite being from different countries. Adem Wahbi and Manuel de Los Santos had become good friends, and while Manuel was already an established contender for the top prizes, Adem was on an upward trend that had seen him already muscle into podium finishes. Manuel had left the breakfast room first and gave me a smile as his right leg swung between forearm crutches with the rhythm of a perfectly balanced pendulum. As a high left leg amputee, the smooth motion of his right leg moving backwards and forwards was highlighted. Adem left some minutes later. When he saw me, he lifted the peak of his hat, said, "See you on the course," and carried on. The jerky awkward walking gait of Adem was in stark contrast to Manuel's smooth motion of ease and grace. Adem's bilateral cerebral palsy affects his lower limbs, causing spasticity as the tight, overly toned muscles are willed into movement with the help of a pair of forearm crutches. These two players at very different stages of their careers would compete in the same event in less than an hour, albeit with vastly different impairments.

I stayed in the breakfast room a little longer, taking time over a tea, to record the scene I had witnessed and to remind myself of what I wanted to observe. I would record my observations using both written notes and a voice recorder. I intended to follow Adem and Manuel for five or six holes and then track back to watch another group as they started their bid to win the 2017 Algarve Open.

3.6.3 Field notes and voice recordings

Figure 4 is an example of field notes taken on this particular day of observation relating to Adem and Manuel. The notes provided a memory jogger, although on reflection, included some seemingly useless information. In my attempts to provide a thick description, I was in danger of being too focused on note-taking and so resolved to keep to task in the observation, to better understand how the players went about playing, discover critical moments, and observe behaviour course.

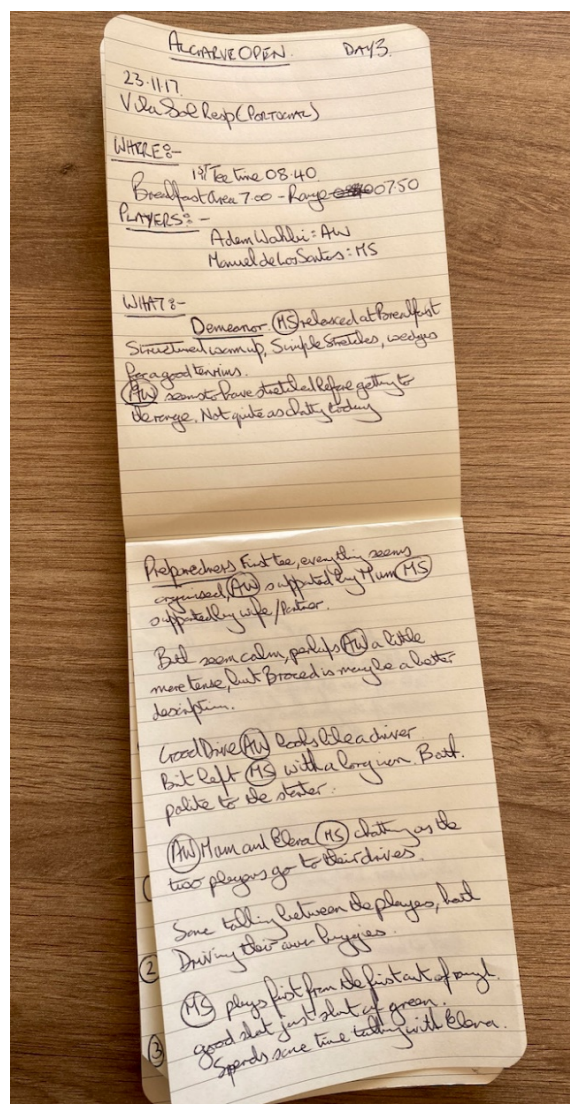


Figure 4: Field notebook example.

For example, my former experience trained me to watch the ball flight, so I needed to divert my attention from the ball to the player, waiting for their reaction post shot. It is these moments that I found much more revealing to get an insight into the inner emotions that were at play. Facial expressions caught on camera were revealing and allowed for later discussion with the players. Figure 5 captured a moment of passion.



Figure 5: A moment of passion.

The use of my i-phone as a voice recorder allowed me to take longer notes or record more expressive thoughts of the scene which was unfolding before me. These recordings allowed me to capture conceptual or abstract thoughts around what I had witnessed or heard. One such example is transcribed below.

[07.21AWA] - Adem said, "When I walk on the grass, I don't feel disabled, I really don't. I know that I am, but on the grass, it doesn't feel like that. I feel like I walk like the others."

After he had told me this on the tee, I hung back and let the players get well ahead. I then went into the trees, away from other players and spoke the note.

3.6.4 Desk research/secondary data

Desk research, sometimes called secondary data research, was my go-to check for facts and figures relating to the research participants. When gaps appeared in interview data or observational field notes, that could not be corroborated or left an uneasy feeling, I would turn to the EDGA database to provide background on personal data, playing record, and impairment category. Although this general data is available elsewhere, this one-stop resource proved very beneficial, even though a trawl through the internet would reveal much of the same data residing in the public domain. Only the EDGA eligibility team can access detailed medical information on players, and so when any medical gap appeared, I would return to the participant to request further details.

In the process of doing desk research on one participant, to corroborate a specific question on the size of the market, I took a detour only to find a lack of information on country disability statistics. Seemingly, nations do not follow a consistent pattern of what is considered a disability, how IwD are recorded and how they present the findings. This revelation led to the development of fact sheets for 147 countries, the process of which is covered in a later chapter.

3.7 DATA ANALYSIS

3.7.1 Reflexive thematic analysis

The qualitative paradigm may be considered a creative process which involves asking rigorous questions of the data. Following the initial data collection from each formal interview had been completed, the transcript became the first stage of analysis. By listening to the audio and transferring the participants' words and inflexion, it was possible to dwell on the data in a reflective manner. The text was arranged at the time of transcription, expanded by 10%, double line spaced and presented in Times Roman font, size 12, with audio file time locator and line numbers. Once transcribed, the data effectively moved from a series of recordings into a working text from which the formal process of data analysis could begin. In reality, an informal process of questioning the data had most certainly been ongoing throughout the recording and transcription process. When combined with extensive notes from the interview, the transcript became more meaningful on what the researcher considered pivotal moments. Unavoidably the interview questions and these initial reflections of responses would contaminate the data. The interview script's very structure and design targeted the type of data for collection, even though I did not fully recognise the specific phenomena to focus on (Peräkylä, 1997). Only after collecting the first few interviews could I formally begin a reasoning process in response to the data. This inductive approach relied heavily on careful examination of the data as the words and phrases used revealed the research participants ideas moving "from thought, through language to themes" (Baker, 1997, p. 130).

This study's objective was to interpret recurring patterns, in the experience of GwD in the game of golf, while recognising the nuance of those experiences. The use of reflexive thematic analysis (RTA) was considered the most appropriate method of generating and subsequently organising themes in the data (Braun & Clarke, 2020). The flexibility of RTA was ideally suited to my interests, allowing the data to be viewed and analysed: deductively - guided by the previous literature; inductively - focussing on new experiences; critically - questioning social norms, and reflexively - considering my position in the study. Braun and Clarke (2019) acknowledge the role of the researcher in knowledge production, recognising that RTA is an iterative (recursive) method of data analysis that involves working back and forth, "The coding process requires a continual bending back on oneself – questioning and querying the assumptions we are making in interpreting and coding the data" (Braun & Clarke, 2019, p. 594).

The various thematic analysis stages are non-linear, as the journey through the data is a recursive and reflexive process. The first of six phases, data familiarisation, involved questioning the data by immersion through attentive listening to the words and silence of the audio recording; diagnostically reading both the text and space between the lines of transcripts to form ideas about patterns in the data. Frequently I enjoyed 'ah-hah' moments when away from my desk engaged in other activities. New insights came to mind, new questions formulated which should be asked of the data. The Apple i-phone was a useful form of memo taking, as any internal dialogue was casual and intermittent. These memos were considered fully, before either being discarded or qualified at a later stage of analysis. The second phase was to identify and distil data segments [words, phrases, and quotes], that appeared relevant, into labels. These labels became the starting point for coding but rather than being restricted by the first used set of labels, they became the basis for more meaningful codes as more data was introduced. This process helped identify which aspects of the data should be tagged, the level of complexity for consideration, and empowered me to adjust the initial labels into a more meaningful set of coding themes. These themes encouraged further lines of investigation to emerge as the labelling process resulted in researcher-derived codes that tended to be more latent.

The next three phases are where the main analytical work took place (Braun et al., 2016). Strauss (1987) advised that the researcher moves beyond the retrieval of data through coding and explores the relationships of specific events with other phenomena so encouraging thorough scrutiny which in turn may lead to new lines of investigation. Secondly Coffey and Atkinson (1996, p. 29) suggested that coding also allows for storage and retrieval from which the process of analysis is facilitated, not only by "data simplification and reduction, but coding can also be conceptualised as data complication". This view allows the researcher to 'play' with the data in such a way that opportunities for the discovery of meaningful concepts increase with a greater in-depth understanding of the data. Strauss (1987) confirms that coding should not be restricted to reduction but rather to assist understanding. The third phase was concerned with clustering the codes that shared meaning to develop themes relating to a central organising concept. These themes, still in the development process, contained much greater substance than that of the dataset's simple pattern, as each speaks to the research question. In the following 'review' and 'refine' stages, critical friends on three continents challenged each theme. "The role of the critical friends is not to 'agree' or achieve consensus but

rather to encourage reflexivity by challenging each other's construction of knowledge" (Cowan & Taylor, 2016, p. 508). Dialogue with critical friends added rigour and quality to the themes as alternative perspectives came to the fore and initiated a further round of reflection (Smith & McGannon, 2018). Each theme's scope, boundary, and soul led to a better understanding of how each would add coherence to the overall "story" of the research and its purpose. The sixth and final phase brought together months of analysis as the writing of results for this PhD thesis took place. This stage's objective was to situate the thematic analysis within the overall project and provide a concise, logical, coherent, non-repetitive and hopefully interesting account of the story (Braun, Clarke & Weate, 2016).

3.8 RIGOUR

Sports and exercise science literature has increasingly examined how rigour in qualitative research can be developed and evidenced. In what is a growing field of study, that of qualitative research in sport, exercise, and health, together with the increasing number of workshops, articles, and books dedicated solely to the subject, there has been much debate on how rigour in qualitative research is developed and evaluated (Smith & McGannon, 2018). Sparkes and Smith (2009) raised the potential problems of standardised templates for judging the quality of qualitative inquiry, recognising that criteria, when used by sport and exercise scientists of different persuasions, can act as a starting point rather than preordained criteria of process and product. Tracy (2010) recognised issues around the application of unvarying universal markers to assess the quality of qualitative research, while Smith and McGannon (2018) and Williams, Smith, and Papathomas (2016) suggested that such a universal approach to judging rigour is far from simple. They argued that when universal criteria are applied, differing qualitative methods and methodologies, underpinned with differing metaphysical assumptions, could be inappropriately judged.

Accordingly, the criteria used must be fit for purpose, and so in this relativist inquiry, defined boundaries formed through strict markers were deemed to inhibit rather than promote quality. According to Haslett (2021, p. 66), "it is becoming increasingly important that criteria to judge quality are appropriate to the form of inquiry undertaking." In this thesis, I have used different criteria to enhance the rigour of the work (Smith & McGannon, 2018). The list of criteria that I composed to help guide rigour and develop, I hope, a quality thesis is as follows:

- **Credibility:** Is the research plausible and persuasive? For example, to develop credibility I strived to stay close to the stories I witnessed through the analytical process and provide descriptions and interpretations that would be credible to not just readers but the many GwD I interacted with.

- Member reflections: Participants were invited throughout to comment on my descriptions and interpretations, it also enhanced credibility in terms of how plausible were my descriptions and interpretations. It also allowed for different ideas to be explored.
- Reflexivity: How has the interpretation of the data been challenged and developed? Throughout, I kept a journal that was used to critically reflect on, for example, the multiple positions I occupied and how as a non-disabled golfer my embodied knowledge shaped descriptions and interpretations.
- Epistemological coherence: Are assumptions stated and consistent with the research processes and conclusions? For example, I strove to ensure my epistemological assumptions remained consistent when analysing data and describing the results. This was helped by the use of critical friends.
- Critical friends: Throughout, my supervisor, a non-golfer but researcher with an interest in disability, would push me to make sense of interpretations, develop richer ones, and explore different ideas. This was often uncomfortable but did, I hope, raise the quality of the academic work presented.
- Significant contribution: I have attempted, modestly, to extend knowledge on golf and disability. Later empirical chapters, I hope, demonstrate this. Chapters that begin to close the thesis deal with how my work has aimed to improve the landscape of golf and disability. There is much to do still. But I hope that this work has made a difference.

3.9 CHAPTER SUMMARY

This chapter sets out the methodological approach taken when conducting this research project. It includes the qualitative design adopted, my underpinning philosophical assumptions, the research process, ethical considerations, and a description of how I have represented my findings. The final section of this chapter addressed how I viewed the evaluation of methodological rigour in this study. The next chapter, the first of three, can be thought of as the main findings of this PhD.

CHAPTER 4: SCOPING REVIEW

4.1 INTRODUCTION

This chapter is a scoping review. Below I provide rationales for doing this kind of research, detail how it was done, and present the results. I present all this in one chapter to aid readers and provide a springboard for subsequent chapters. For example, I could have put the scoping review method in the methods chapter of this thesis. However, through dialogues with my supervisory team the methods were placed in this chapter as it was believed this could aid the reader in better understanding the results. In order to locate the results of this chapter in the interview and observational work I conducted, I will return to the results in later chapters, highlighting for example similarities and differences between what was found in the scoping review of literature and my own fieldwork.

4.1.1 Why a scoping review?

There is a serious need to encourage and support IwD to participate in golf as one possible physical activity (PA) for them to take-up. However, knowledge on how to do this is scarce, representing a significant limitation. Without knowing what is already working and needed to make golf more attractive and approachable, IwD participation rates will be unlikely to increase, and the quality of participation for GwD is restricted. To best promote golf amongst IwD, having a deep knowledge base is critical. Knowledge about the different benefits, barriers, and facilitators for golf participation among IwD may be precious to enhance the promotion of this activity and consequently increase its uptake. Indeed, these factors need to be understood before attempting to improve any PA promotion plan (Williams, Smith & Papathomas, 2014). One way to identify and understand the benefits, barriers, and facilitators of PA for IwD is to review the literature. Some researchers have regarded this research synthesis approach as inferior compared to systematic and scoping reviews, turning other researchers away from using it. However, researchers must use the most suitable strategy for doing their work, and a scoping review was the most appropriate method for achieving the goals of this paper due to several reasons.

First, given my previous knowledge of the field, I was cognisant of the lack of high-quality studies published on golf and disability. In other words, the review topic was still in its infancy, with little strong evidence available, when beginning my research. However, scoping reviews examine emerging areas, produce a broad overview of the available evidence irrespective of study quality, and identification of gaps that might require additional research. Another rationale for using a scoping review is that such a method allows researchers to deviate from standard review methods at multiple points in the review process (Tricco et al., 2017). This includes the possibility of breaking the strict rules of standardised review checklists and guidelines.

One characteristic of my review is that it includes the views and preferences of stakeholders (meaning end users, professionals, and decision-makers) on what kind of information they wanted to get and how they

wanted to get it. In addition, to provide stakeholders with timely evidence and recommendations in terms that are relevant and accessible to them, I wanted to move from the ‘neutral’, theory-free standpoint frequently adopted in academic reviews. Inspired by impactful reviews (e.g., Martin, 2013), my design included the possibility of adding conceptual and provocative notes so that information was made not only available but also compelling to golf workers and policymakers.

4.2 METHODS

This work was oriented by the World Health Organisation (WHO) guidance on scoping reviews (Tricco et al., 2017). It was conducted between February and March 2021 as follows. First, I formulated the review question: ‘What are the benefits, barriers, and facilitators in golf participation amongst IwD?’. Next, I identified evidence items through a literature search, drawing on the bibliographic search databases that follow: Web of Science, SPORTDiscus, Google Scholar, and PsycINFO. To capture all possible papers for the review, I used the following concepts to create my search strategy: ((disability OR disabled OR impairment OR “people with disabilities”) AND (golf)) AND (benefits or barriers for facilitators or enablers). I screened the identified articles by titles and abstracts. Duplicates of studies and any studies that did not meet the eligibility criteria captured in Table 6 were removed. To pursue the desired impact, the inclusion criteria were developed through discussion between the research team and a group of stakeholders with experiential knowledge on golf, health, and disability. These key people were contacted via personal communication and included one IwD thinking about starting to play golf, two golf academics, one sports psychologist, one policymaker, and one golf coach. Each of them was consulted individually. The stakeholders indicated which kind of information they preferred to obtain from the review and how they wanted to receive it. For example, they liked meaningful storied messages with innovative, straightforward, and achievable practical recommendations rather than disembodied statistics. They expressed an interest in acquiring other information about how to help IwD be more active through playing/involvement with golf, how golf agents can gain awareness about their assumptions about disability, and how to make golf more attractive for this collective. Their suggestions were incorporated into the screening process and influenced the rest of the study. As a caveat, stakeholders were not invited so I could call this work ‘co-produced research’. Co-production means and involves much more (see Smith, Williams & Bone, forthcoming). Lest I contribute to misrepresenting this approach, let’s rather describe the stakeholder consultation as a modest attempt to incorporate different views in the study instead of participatory research.

Following the dialogue, articles were assessed for their relevance to the scoping review inclusion criteria by two authors, who later discussed discrepancies and retained relevant articles upon agreement. I reviewed the references of the relevant articles retrieved to identify additional information and analysed the papers to make critical observations about the research as a body of work. The final studies were read and reread to become familiar with the findings in each study and as found in Table 7 – at the end of this chapter).

Table 6 - Inclusion and exclusion criteria

INCLUSION AND EXCLUSION CRITERIA

| Inclusion | Exclusion |
|--|---|
| Texts written in English. | Texts not written in English. |
| Research published since 1995 up until 2020. | Works published outside the time frame of the scoping review. |
| IwD, including people with physical, visual, and intellectual impairment, and people with chronic illnesses that limit movement. | Research that focuses exclusively on other sports. |
| Research focused or mentioning golf participation. | Studies published in books, book chapters, posters, letters, methodological protocols, and law reviews. |
| Work that represents the interests of the stakeholder group. | Work that does not represent the interests of the stakeholder group. |

The process of extracting data was carried out by compiling evidence and reflections about the benefits, barriers, and facilitators to participation in golf, as mentioned within each paper. The benefits referred to the positive responses and any observed advantages from participation in golf. Barriers denoted the factors that prevented or hindered occasional or regular participation in golf or generated negative experiences for IwD. Drawing on the definition provided by the International Classification of Functioning, Disability and Health (WHO, 2002), a factor can be considered a barrier either because of its manifestation (e.g., negative attitudes towards IwD) or its absence (e.g., lack of adapted equipment). Facilitators included factors that enabled or made it easier for IwD to participate in golf and the motivational reasons as to why they started and sustained participation. As Williams, Smith and Papathomas (2014) noted, the difference between a benefit and a facilitator is of importance because “while perceived health benefits may act as a facilitator of continued exercise, it would seem that only the anticipation of such benefits would facilitate initial engagement” (Kehn & Kroll, 2009, p. 175). A set of recommendations based on results of the reviewed research on benefits, barriers and facilitators was also compiled and then organised.

The method of narrative synthesis was used to integrate research findings across studies. This uses a textual instead of a statistical approach for summarising and explaining research findings. Tricco et al. (2017, no

page) reminded that “reviews should prioritise the practical needs of the primary knowledge user over traditional or academic approaches to dissemination, with tailoring of the message and methodological approach to the needs of knowledge users”. In reporting the results, I gave more importance to reaching the right audience than meeting methodological and technical conventions.

4.3 BENEFITS

Golf has been associated with health-enhancing benefits for the general population. These include increased longevity, improved cardiovascular, respiratory, and metabolic profiles, improved muscle strength and balance and improved mental wellbeing (Murray, Daines & Archibald, 2017; Murray, Jenkins & Hawkes, 2018; Golf and Health Report, 2020). Disbenefits include (mostly overuse) injuries (Murray, Daines & Archibald, 2017; Cabri et al., 2009; McCarroll, 1996) and an increased risk of skin damage and potential cancers (Matthews, Preston & Murray, 2018; Hanke et al., 1985). Infographics (see Murray et al., 2017b, 2018b) and multimedia resources included in a recent e-edition of the BJSM called #GolfMedicine highlight the takeaway messages (Wynter Bee & Carmody, 2020).

While many of the benefits are similar for any golfer, achieving them has amplified importance for IwD (Anderson & Heyne, 2010; Rintala, 2006). This statement is grounded “in higher rates of deleterious conditions, such as obesity and diabetes that PA can help ameliorate or prevent” (Martin, 2013, p. 2031). According to the existing literature, particular benefits of golf for this collective may include: enhanced motor control, improved visual imagery ability, reduced cardiovascular risk, enhanced strength and flexibility, increased endurance capacity, and better overall physical abilities and confidence (Fry et al., 2017; Schachten & Jansen, 2015; Shatil, Ivanova & Mochizuki, 2005; Kim, Compton & Robb, 2011; Unverdorben, Kolb & Bauer, 2000). In a Delphi study, experts established 100% agreement that playing golf can improve the overall health of IwD (Murray et al., 2018). Additionally, experts agreed that golf can be associated with mental health benefits for every player, including improving self-esteem, self-efficacy, self-worth and social relationships. Such potential benefits are significant for IwD as they “are often defined solely by their disability”, excluded from participation in society and seen as “incapable and limited in their ability to be independent and successful” (Martin, 2013, p. 2031).

A study illustrated how senses play a crucial role in how older adults with some form of chronic illness and mobility restrictions experience the benefits of golf (Orr & Phoenix, 2015). One participant named Jocelyn (aged 69) said: “watching the putt go in the hole – now that’s satisfying”. Elsewhere, the authors suggested that pleasure might be considered a health-related benefit and that experiences of enjoyment constitute “a central argument for maintaining people’s habit of health behaviours” including but not limited to playing golf (Phoenix & Orr, 2014, p. 94). These and other narrative scholars make the case that the benefits of golf are perceived and shared in embodied ways through narratives and stories (Smith & Sparkes, 2008). One example in action is the story of Monique Kalkman, which has resonated in the Golf and Health Report

(2020) and a recent BJSM blog (Bennett, 2020a). Another example highlighted in #GolfMedicine, is Vivien Hamilton's story. Hamilton, who has experienced cancer and a stroke, told how golf has helped her cope with her health problems and meet her ongoing challenges. The following fragment from her story highlights how golf can facilitate enjoyment within a group activity:

“Golf, physically, has been good for me, as well as the fresh air, with some nice company who share your values. Overall, most of the golfers I’ve ever met have the same principles and are kindred spirits. Golf is a game that is so good for your soul. During my illnesses, the girls were so supportive. I thought I would get better at the sport, but never have! I’m now off a 32 handicap, but I’m just delighted to be enjoying and playing golf. I love it.”

This is just a fraction of the multiple storied evidence on the benefits of golf. Stories told by other people living with diverse impairments can be found in a library of player stories that the European Disabled Golf Association (EDGA) pulled together (Bennett, 2020b, also see Bennett et al., 2020). The documentary Mulligan (broadcasted on Sky Golf) focuses on six of these personal stories (Bennett, 2020c). However, stories can also be collective. A collective story is a commonplace tale that different people tell about the experiences they share, and it has the capacity to link these people into a mutual consciousness (Richardson, 1990). Collective stories of IwD can be helpful to promote and sustain PA in certain spaces and programmes (Richardson, Smith & Papathomas, 2017). One example of this in the context of golf is the case of Golf in Society, a collective that organises golf activities for older adults with Parkinson's disease, dementia, and other conditions to enhance health in later life. Such stories may inspire and compel people to get involved (Wynter Bee & Carmody, 2020).

4.4 BARRIERS

Access to the potential benefits of golf is often limited by material, environmental, and social barriers. A study pointed out that “low levels of [physical activity] PA still persist among stroke survivors due to barriers such as: concerns around balance and falling; lack of services, transport, and support; perceptions about physical activity prerequisites” (Fry et al., 2017, p. 4). Another study signalled that IwD are excluded from participating in golf due to poor accessibility to some parts of a golf course (e.g., greens and tees) and unavailable equipment (e.g., specialised carts) (Barbookles, 2004). One barrier that particularly affects young IwD is that physical educators are unsure how to teach golf to IwD (Fry et al., 2011).

Carless and Douglas (2004) listed a series of specific issues that might have threatened attendance to a golf programme for people with mental health issues. For example, the authors highlighted that one participant dropped out of the programme partly because the bus taking him to the golf course went over a bridge, and he was afraid of bridges. This case example is far from trivial; it reminds us that idiosyncratic factors that

apply to individual circumstances matter. If the person is not considered, generally well-designed programmes to promote golf may not be successful and even turn people away from participation.

One crucial barrier that discourages participation is feeling unwanted and excluded from a golf environment. A study found that IwD felt they have to justify and defend their right to play when going to golf courses, particularly when they go to a course that they have not played before (Robb, 1999). The study concluded that golf course policies and accessibility issues generate specific barriers that make IwD feel unwelcome and out of place, which can have a detrimental effect on their wellbeing. It is suggested that the lack of IwD going to golf courses to play is a prime reason why there are still substantial concerns about them on the part of golf course personnel. Moreover, the lack of available information on assistive technology that enables golfers with mobility impairments to play the game might make IwD feel that golf is out of their reach.

Golf experts agree that a barrier that may hinder interest and participation in golf is the perception that it is less accessible for those from lower socioeconomic groups (Murray et al., 2018a; Robb, 1999). In the UK, many IwD live in conditions of material deprivation (Goodley, 2021), which can be especially affected by this barrier. However, it is not just about money, but what this means. Traditionally, golf clubs have selected, and segregated members to preserve the distinction of powerful groups and maintain class homogeneity. This desire for class exclusivity in golf has been a significant barrier for IwD (Piggott, Leslie & Poller, 2011). From a profoundly ideological perspective, this barrier might be less evident than others, but it is equally, if not more powerful. In this sense, it has been argued that the biggest problem with golf is not the technical requirements but its reputation for being classist, racist, sexist, and ableist; that is, for discriminating people based on their economic or cultural capital, sex, or gender, and physical or mental ability. Such reputation is reinforced, for example, in golf magazines (Maas & Hasbrook, 2001). These glorify the paradigm citizen/golfer (i.e., nondisabled, male, young), which has been historically used as a reference to understand golf (Maas & Hasbrook, 2001). This normative standard might make diverse people feel that golf is not for them and so can negatively affect people's readiness to engage with golf or other sports by way of association.

4.5 FACILITATORS

An optimistic note: barriers subject to social construction are not universal and definitive. Whereas classist, sexist and ableist attitudes have not disappeared from golf, some GwD experiences show positive change. For example, a woman with Dwarfism reflected that “the main thing I like about it [golf] is that you don't get judged. With the golf club that I play at, I'm accepted for who I am” (Bennett, 2020b). It is essential to resist a sensationalist reading of these kinds of ‘feel good’ stories (Robb, 1999) and bear in mind that positive experiences are unlikely to happen in the presence of barriers.

Previous research on golf participation among IwD has privileged the study of barriers over the investigation of enabling factors. Still, some exceptions have identified key facilitators. Broadly speaking, advances in adaptive technology, changes in golf course design, and rules modifications have enabled IwD to play golf (Parziale, 2014). In the US, The Americans with Disabilities Act has improved access for physically challenged golfers (Barbookles, 2004; Parziale, 2014).

Within golf programmes, meeting new people and opportunities to gain independence are perceived as positive. In the context of mental health, key factors encouraging attendance to a golf programme included: support from professionals in the form of phone calls; transport to encourage initial attendance and to help participants make their way to the sessions; starting the course with a directive coaching style to help participants improve their technical skills; transfer responsibility to participants progressively so that they become sufficiently confident to consider continuing to play golf after the programme; creating a non-competitive, caring environment; and having a social get together after play in which stories about the game are shared. Significantly, free of charge golf programmes encourage attendance among individuals with limited disposable income (Carless & Douglas, 2004).

4.6 RECOMMENDATIONS FROM THIS SCOPING REVIEW

Several of the reviewed studies, alongside other related studies, contain recommendations that can help guide practice and decision-making. This section highlights some of them. The numerous practical suggestions for removing barriers and making golf accessible outlined by Drane and Block (2006) are worthy of follow-up. These are summarised by Rintala (2006), who emphasised that while the suggestions are simple, they involve changes and adjustments that may not initially occur to someone who has not worked with IwD. Recommendations are made on how to:

- understand and assess the particular impairments, needs, medical concerns, motivations, and perceptions of IwD
- determine the appropriate instructional method
- modify rules, skills, and equipment
- create a psychologically safe environment and minimise the risk of injury.

Drane and Block (2006) also includes detailed information about organising, developing, and promoting a more inclusive golf programme. On a smaller scale, suggestions for managers to make golf facilities more

inclusive and accessible to IwD include the development of a written plan of how their facility will accommodate IwD (Skorulski, 2018).

Following an extensive list of recommendations, Kim et al. highlighted that there is merit in providing participants with a fitness plan and signposts to local resources where they can become involved in golf (Kim, Compton & Robb, 2011). They also suggested developing a comprehensive strategy to ensure that the golf industry extends more accommodation and inclusiveness to IwD and their families. Engaging young people from urban and working-class backgrounds in clubs is one recommendation to widen participation amongst IwD (Piggott, Leslie & Poller, 2011). Fry et al. (2017) made concrete recommendations that revolve around some broad points:

- promote independence
- use alternative playing formats and activities
- modify equipment
- keep down costs
- improve transport and raise awareness of different impairments.

Robb (1999) suggested raising greater awareness of golf as a viable activity for IwD via mailings to all rehabilitation centres and administration hospitals and conducting instructional tours to introduce the game to IwD. He also suggested sending accomplished IwD to regional locations to show and tell practitioners and potential players about the benefits of the game. These ‘tours’ can also extend to other PA-promoting environments, such as disability associations (Monforte et al., 2021). Robb (1999) further recommended collecting and disseminating case examples of subjective experiences of IwD at golf courses and illustrative examples of how potential confrontational or challenging situations involving golf course workers can be effectively resolved. One effective, memorable, and accessible way of disseminating such case examples is through storytelling (Smith, Papathomas & Martin-Ginis, 2013). Stories also hold great capacities to translate evidence-based knowledge into public health messages, including those encouraging people to do golf (Smith, 2013). Golf stories can also be included in broader informative videos and written sources (Mittelstaedt, 1997). More will be said about this later in the thesis.

Despite information on benefits, adaptative equipment, and accessible golf courses being available, Rimmer et al. (2004, p. 128) reminded that “lack of awareness and information on how to overcome barriers, what different activities to do, where to be active, how much activity to do, and how to stay motivated”, tends to be pervasive among IwD. Accordingly, credible golf messengers are needed who share information and resources with IwD to facilitate golf participation. In the case of young IwD, physical educators are potential

messengers to support students to adopt golf as a lifelong PA and move from school-based golf to community-based golf opportunities (Sandt, Flynn & Turner, 2014). In adults, three key messengers can be identified. First, health care professionals can integrate PA and golf promotion into routine clinical practice. Indeed, The R&A called upon General Practitioners (GPs) to prescribe golf for their patients. Second, evidence about peer mentorship in a golf context is scarce, but peers are cited as one of the most preferred sources of PA information amongst IwD (Letts et al., 2011). Finally, social workers are overlooked but are essential messengers to promote PA amongst IwD (Smith & Wightman, 2019). An ongoing project is developing a training programme for UK social workers on promoting PA to and for IwD, which will ensure that golf is widely promoted (Smith, Monforte & Wightman, 2021).

Importantly, messengers tasked with promoting regular engagement in golf amongst IwD are invited to go beyond the “usual suspects” (e.g., reducing the risk of type II diabetes, heart disease, obesity etc.) and bring the notion of pleasure into the foreground of policymaking (Phoenix & Orr, 2014; Ekkekakis, 2017).

Accordingly, prescribing golf as an enjoyable activity with an all-round effect, should supersede prescriptions based on physiological health. The rationale underpinning this assertion is that golf must be enjoyable if it is to be sustained long-term, a hypothesis that holds particular relevance for IwD who can experience pain when doing PA (Williams et al., 2018). It should be stressed that enjoying golf does not depend entirely on the individual. To facilitate enjoyment, reasonable accommodations are necessary. Barbookles (2003) highlighted the following accommodations: “allowing disabled golfers to use these carts to access greens, tees and bunkers” (p. 72), “permitting them to use their specialised carts on greens and teeing-grounds that are safely accessible” (p. 101), “paving cart paths close enough to greens and teeing-grounds to ensure easy access to these parts of a course” (p. 101), “enacting guidelines for golf course architects and developers” (p. 102).

To make golf courses genuinely accessible, it is not enough to modify the rules of play. In addition, and perhaps more importantly, it is necessary to educate staff and nondisabled members to treat GwD properly. Here, ‘educating properly’ means paying critical attention to ableism: the systematic and often invisible privileging of nondisabled people that results in discrimination and prejudice against IwD. And of course, many people would argue that it is not enough to be non-ableist; we must be anti-ableist, adopt anti-ableist practices and implement an anti-ableist agenda (Davis, 2020). For example, campaigns aimed to promote golf must avoid and challenge ableist messages such as ‘walk the course’, as these favour bodies that can stand or easily avoid sitting whilst excluding wheelchair users or those for which sitting or lying is beneficial for their wellbeing (Smith & Wightman, 2019). Alternative messages have been proposed, including “Be active your way”, “Enjoy moving your body more” and “Unplug and play” (Smith et al., 2021, p. 1). Professionals (e.g., golf coaches) will either welcome or resist this sort of change based on their attitudes and beliefs. Therefore, studying golf professionals’ attitudes towards different pathways of disability inclusion, as done with other sports such as swimming (Hammond et al., 2014, 2019), would be valuable moving forward.

Finally, the inclusion of disabled editors and writers in sports and golf magazines and digital media may change representation in publications (Maas & Hasbrook, 2001). The appropriate representation and recognition of IwD in golf can facilitate the development of a ‘golfer identity’ within this population. Promoting a golfer identity is significant as participation in many golf-related activities is more highly related to ‘being’ than to playing golf (Sachau et al., 2016). Drawing on recent research, I would add that an alignment of the golfer identity with a disability identity or even an activist identity can further facilitate engagement and, in turn, change favourably societal attitudes regarding disability (Haslett & Smith, 2019).

4.7 SUMMARY

This chapter has synthesised key evidence and recommendations about the benefits, barriers, and facilitators to playing golf among IwD. This knowledge has been generated to ensure that golf organisations, health professionals, social care providers, policymakers, public health departments, disability associations, and national disability organisations can confidently recommend golf to IwD for physical and psychosocial benefits. The results of my review suggest that it is necessary to increase the knowledge of golf as a viable sporting option for IwD, promote the availability of inexpensive golf and remove barriers such as lack of services, transport, support, equipment and ableist attitudes and practices. Compared to benefits and barriers, facilitators are under-researched but include appropriate social support and affordable golf. Given the lack of research, it is worth acknowledging that it is somewhat concerning and even dangerous to make any assumptions about what may facilitate golf. However, as Carty et al. (2021) argued, finding gaps in direct evidence is not sufficient justification for delaying the development of specific recommendations to end exclusion and guide action to reduce the harms of physical inactivity. In the future, evidence needs to be expanded and updated to better represent the current state of disability, health, and golf, which in many respects is better than the bygone days thanks to diverse initiatives, laws, and programmes. The different results from this chapter are embedded in the chapters that follow. They inform ideas, are drawn on to show how my interview and observational data supported or was different from what has been said in past research and used when appropriate to help inform recommendations and translation activities in this thesis.

| Research Item | Country | Study Type | Purpose | Participants | Key Messages |
|-----------------------------------|---------|--------------------|--|---|--|
| <i>Mittelstaedt et al. (1997)</i> | USA | Essay | To discuss the development of golf as a game for physically impaired participants. | Not applicable. | Programmes aim to enhance social interaction and independence, increase physical activity and combat depression. Making golf premises more available to players with varying levels of mobility is important. |
| <i>Robb (1999)</i> | USA | Report | To determine current golf operations' experiences with GwD; the perceptions and experiences that GwD have had on the golf course; and the status of golf instruction programmes that are introducing IwD to the game. | Golf course owners, operators, and organisations that provide services for GwD. | There are not enough programmes to provide an introduction to the game for IwD. IwD are apprehensive, intimidated by golf courses, and lack information about the potential of the game of golf in their lives. The major need is more education for golf course staff regarding disabilities. |
| <i>Unverdorben (2000)</i> | Germany | Quantitative study | To determine at which load cardiovascular patients would play a tournament on the links and whether the workload would suffice to exert any positive effects on cardiovascular risk factor management or exercise capacity if performed regularly. | 20 male golfers with cardiac diseases and 8 healthy controls. | Golf is suitable for and, although being competitive, is not particularly harmful to cardiovascular patients. Golf has the potential to positively influence cardiovascular risk factors, to increase endurance capacity, and to reintegrate cardiovascular patients socially. |
| <i>Maas & Hasbrook (2001)</i> | USA | Quantitative study | To examine if and how the ideology of the paradigm/citizen golfer is reinforced, maintained, and challenged by the mass media. | 4 major golf magazines and 1 special golfing supplement. | Golf magazines reinforce hegemonic masculinity, the paradigm citizen/golfer and, in turn, ableism. |

| Research Item | Country | Study Type | Purpose | Participants | Key Messages |
|-------------------------------------|---------|------------------------|--|---|---|
| <i>Barbookles (2003)</i> | USA | Essay | To examine the possible accommodations and structural improvements that golf course owners may be required to provide for GwD to comply with the Americans with Disabilities Act regulations. | Americans with Disabilities Act regulations. | It is essential that golf clubs in the United States evaluate their course accommodations under the Americans with Disabilities Act and make every effort possible to create reasonable accommodations for GwD. |
| <i>Carless & Douglas (2004)</i> | UK | Qualitative case study | To report an experimental golf programme initiated for people with severe and enduring mental health problems partly to promote physical activity and partly as a socially inclusive activity. | Nine men with severe and enduring mental health issues and mental health professionals. | The positive responses from attendants and mental health professionals involved in the project support the need for further exploring golf as a beneficial activity for people with severe and enduring mental health problems. |
| <i>Rintala (2006)</i> | USA | Book review | To review the book “Accessible Golf: Making it a Game For All” (Drane & Block, 2006). | Not applicable. | Many, if not most, of the changes and adjustments one must make to increase accessibility in golf are not difficult to make. |
| <i>Pigott et al. (2011)</i> | UK | Report | To review the academic literature on barriers to participation in golf; survey clubs, members, and nomadic golfers to describe their perceptions of GolfMark and the issues it intends to address; and understand how different club cultures may lead to exclusion. | Multiple data sources. | Golf clubs must work harder to remove socio-economic barriers that exclude disabled people from golf opportunities. |
| <i>Kim et al. (2011)</i> | USA | Quantitative study | To test the hypothesis that there will be significant increases in engagement of golf-related activities over the 5-week period | 327 IwD, and 295 mentors with and without disabilities. | The Project GAIN curriculum successfully contributed to improving participants’ belief that they could play |

| Research Item | Country | Study Type | Purpose | Participants | Key Messages |
|---------------------------------|---------------|-------------------|--|---|---|
| | | | of Project GAIN. Project GAIN: (Golf: Accessible and Inclusive Networks). | | golf, and increased golf-related activities that may lead to increased inclusion and PA. |
| <i>Phoenix & Orr (2014)</i> | UK | Qualitative study | To consider the process and outcomes of using photo elicitation to ‘grasp at’ older adults’ embodied experiences of physical activity. | 51 elderly individuals (M = 23; F = 28) aged 60 years or over and self-identified as exercising on a regular basis. | Sensory interactions with objects and the surrounding environment are central in the enjoyment of golf, which in turn is key for adherence. |
| <i>Parziale (2014)</i> | USA | Narrative review | To review the history of golf’s improvements in accessibility, and to provide clinicians and GwD with information that will facilitate participation in the sport. | Not applicable. | Both amateur and professional golfers should be aware that adaptive equipment and accessible golf courses can be found throughout the United States. |
| <i>Sandt et al. (2014)</i> | USA | Essay | To offer suggestions to physical educators on how to promote golf among young disabled people. | Not applicable. | Young disabled people need support to transition from school-based golf to community-based golf opportunities. |
| <i>Fry et al. (2017)</i> | UK | Qualitative study | To assess the barriers and facilitators to golf participation amongst people who have experienced a disability from a stroke. | 10 individuals recruited from a UK stroke charity. | Social elements might be key in get-into-golf programmes. Considerations regarding independence, format, equipment, cost, access, and overall awareness should be borne in mind in disability golf. |
| <i>Murray et al. (2018)</i> | International | Delphi study | To build a global, cross-sectoral consensus relating to golf and health, in order to support best practice. | An expert panel of 25 persons including public health and golf industry leaders. | 83 items achieved consensus, which are included in the final International Consensus on Golf and Health. |

| Research Item | Country | Study Type | Purpose | Participants | Key Messages |
|--|---------------|----------------------|--|-----------------|--|
| <i>Skorulski (2018)</i> | USA | Commentary | To provide suggestions to make golf facilities more inclusive and accessible to IwD. | Not applicable. | Providing an accessible forward tee is a relatively inexpensive way to accommodate GwD while also making the game more enjoyable for shorter hitters. |
| <i>The R&A Golf and Health Report 2016-2020 (2020)</i> | International | Report | To summarise the scientific research, detailing case studies that consider the impact of the golf and health movement. It also highlights future opportunities, including the possibility of golf on prescription. | Not applicable. | Information on the benefits of golf for health has been used to support the development of G4D in 36 countries, to tackle some negative perceptions about golf and to help make golf more inclusive. |
| <i>Bennett (2020)</i> | UK | Commentary | To comment on the impact of G4D people in different areas, including therapeutic, competitive, recreational, and biographical. | Not applicable. | G4D is growing but is not commonly found on the menu of sporting options offered to the newly disabled. |
| <i>Wynter Bee & Carmody (2020)</i> | International | Online Special Issue | To offer the reader an insight into golf medicine, including changes due to COVID-19, the performance aspects of golf and its health benefits, as well as considering the medical issues and injuries linked to the sport. | Not applicable. | The health benefits for both amateur and professional golf are able to resume safely following the COVID-19 pandemic. |

CHAPTER 5: RESULTS

5.1 THE JOURNEY INTO GOLF

This chapter presents the relevant findings of more than 6,500 rows of coded transcription and field note data from 77 research participants. As explained in the methods chapter, and to put some contextual flesh on the analytic results in this chapter to aid readers, an iterative approach to analysing the data included a cyclic process of review, question, think, write, and repeat. The continual tweaking of what initially were working headlines allowed me to understand the data as a whole and ascribe meaningful titles, which became the final themes and subthemes. Indeed, as life story interviews do not necessarily reveal a chronological life order, to neatly take the listener from birth to the present time, it was essential to identify areas of interest as they came up to grasp what happened in the storytellers' lives. Within the first few lines of text, topics of interest were revealed and noted. By the end of the first reading, I had identified nine topic headings. Following the first cycle of review, I considered the topics independent of the data to arrive at the previously mentioned stages of the participants' stories. Under these headings, several subthemes were generated from the interviews. For example, topics such as the involvement of family and friends in sport generally or golf specifically, the participants' sporting background, limitations or otherwise of their impairment, access to sport, and even parental occupation and socioeconomic status were all revealed to paint a picture of life before golf. With headings noted and three themes identified, I moved into the second cycle of review, where new points were added to the master spreadsheet. Although most points were almost identical, others were sufficiently different to require a unique subtheme.

In each theme, new characters to the story were identified and put at centre stage. Akin to a relay, participants are trusted with the baton before handing it over to another to progress its journey. There are areas of overlap, from which a seamless transition through the three stages is possible. For ease of reading and to tell the story of these GwD, the themes are organised into the following coherent order: 1) life before golf, 2) when and how golf came into participants' lives, 3) the experience of golf and the participants' view of disability. This structure is far removed from the messy way the data was heard, observed, and collected but I hope it allows the reader to better view a life in golf as a GwD. Rather like the first few holes of a golf round, the objective is to create a platform on which to build, which often entails establishing what is possible and what is not on that given day; I have attempted to organise the results in a way that will allow (I hope) the reader to build their understanding and from which they can move into the later work.

5.2 ANTECEDENTS TO GOLF

The data generated several antecedents to golf, and which after further consideration were distilled into four subtheme headings. The four subthemes, coded by number and letter, are described as:

- 1A: the participants' sporting history before golf
- 1B: early perceptions of golf
- 1C: facilitators to sampling golf
- 1D: coming to golf after the acquisition of an impairment.

5.2.1 Sporting history before golf

Many participants offered their previous sporting history without any encouragement and reminisced of school and post-school sporting achievements: even a mere involvement evoked tales of enjoyment, friendships, and success. Although few participants played golf at school age, most were interested, if not immersed, in sports, with several involved in after school activities. This engagement in sport was noteworthy, as it seemed that perhaps an interest in sport would, to use the golfing parlance, in some way 'prequalify' a great many of those who would go on to experiment with golf. The participants who talked about their sporting lives with passion evidenced a deep involvement in one or more sports. Those participants with congenital impairments, which had already manifested into some physical limitations, reported more incidences of interest but without actual participation than those who had acquired an impairment later in life. A historical context of people liking sport, any sport, even without participation, seemed to facilitate the participants' willingness to sample golf.

GNI had sampled several sports early in his childhood, but a congenital condition had limited his further participation. GNI became a keen viewer of sport and would often try his version of the sport in his backyard, away from the prying eyes of his peers:

(GNI) "I'd always hit a cricket ball, threw the ball up against the wall and hit it [with the bat]. I used to love doing that, and I hit [a ball] with a tennis racket into the walls. And then one day I just saw golf on television, and I just went out in the street with a bit of wood and had a go in the street... I used to like rugby league and cricket following the test series with Australia or England. I'd sort of follow every ball, and I loved all that, and I'd sort of cut out things, and you know, I used to love stats and all that sort of thing."

So, but yeah, and then golf comes along. And the reason I liked it so much was because I could actually participate in it myself.” (VoIP interview data)

MCA, who also had a congenital impairment, had been good at tennis, playing with a fully functioning right hand, arm, and shoulder; the effects of his impairment limited to some issues around the service, but his mindset was always to find a way:

(MCA) “...thanks to my parents for making me do a lot of sports and other activities. I couldn’t do everything because of my disability, but the question of how I would succeed in playing tennis or the trumpet, did come up when I was young. But I always found a way to play music or play sports of any kind. So, if I can give an example, I played a few years of trumpet, which was an instrument that anyone can play even without a left hand. So, I did succeed with that, but it was more of a challenge when I started to play the guitar because obviously, you can guess that you need two hands.” (VoIP interview data)

In subsequent discussions MCA articulated that the challenge of finding a way to play sport or music as an opportunity for expression and self-actualisation exists:

(MCA) “... I found a way to have fun. I was not really that good, but what’s more important, I did succeed in playing the guitar and playing golf.” (VoIP interview data)

According to Suits (2018, p. 38) people play games “so that they can realise in themselves capacities not realisable (or not readily so) in the pursuit of their ordinary activities.” For much of its long history, golf has been considered a game. With golf’s reintroduction to the 2016 Rio Olympics, there has been a gradual movement to describe the activity as a sport. The terms game and sport are used interchangeably inside of the golf industry, but the concept of golf as a sport fits well with Suits (2018), who postulates that sports appear to be a game of skill and that its participants should in some way be admired for what they can do.

Challenge, be it against oneself, the golf course, or another player, is an inherent part of the game. Samplers initially battle with themselves to move the club in a way to strike the ball, after which the target soon becomes the objective of their desire. From the training fields, commonly called a practice area or driving

range, the next challenge is to take their game to the golf course and navigate a range of obstacles, such as trees, uneven ground, hazards, and the boundaries of the course, as they attempt to mark a score for each of the holes played. Every participant in this study has experienced these first, often faltering experiments in golf. Some players are comfortable with this level of engagement; they have found their level of challenge. For others, competition against one or more other players becomes the next frontier.

Although defining what constitutes an elite athlete in golf is far from clear, a working description of a competitive golfer is someone who endeavours to compete against themselves or others. Having a golf handicap is one way for a player to compare one's performance and compete against others in various forms of the game. According to the United States Golf Association (2021), approximately 10% of registered golfers in the United States of America carry a USGA recognised golf handicap. All the players in this study's cohort have, or have had, an official golf handicap and, as such, can be considered somewhere on the competitive spectrum of players.

The format of golf allows players to choose their engagement in competition. For some, competition against oneself is enough. Players can strive to develop their games, monitor any improvement through a golf handicap, and so measure levels of success or otherwise in an infinite game. For others, performance in a competitive setting with head-to-head matches or events with multiple competitors is the competitive outlet they seek. MCA had been a good tennis player, especially in training, but he was not so comfortable in competitive tennis when operating in a perceived zero-sum game. In golf, he had represented his country on several occasions and won a catalogue of titles:

(MCA) "I didn't like the [competition] with an opponent ... which I didn't find in golf. So, I guess I'm better in competitive golf because the main thing is to play against yourself first and then play against the course." (VoIP interview data)

The nature of golf allows its players to switch from one challenge to the next relatively seamlessly, and throughout the years, players' engagement will inevitably vary.

The opportunity to sample multiple sports has long been held as a generally positive activity that may lead to the development of a healthy and active lifestyle, a lifelong love of sporting pastimes and physical activity, and perhaps more critically, healthy identity development (Fraser-Thomas & Côté 2009; Thibault 2010; Neely & Holt 2014). For example, Côté et al. (2009, p. 10) proposed that "a diversified approach to sport participation is linked to positive sport and psychosocial outcomes." Moreover, Anderson (2009, p. 443) in a study of girls participating in disabled sport, posited that "as a leisure experience, sport has helped these girls develop an identity that they are proud of".

Some participants had a broad menu of sporting options from which to select, while others had considerably narrower opportunities due to their impairment. Mobility, proprioception, and visual acuity/range of vision are all required for success in mainstream moving ball sports and, almost unanimously, participants did not want to play an adapted version of any sport. The chapter two discussion of inclusion starting with the choice of what that participation might be should be considered here and can be seen in figure [C2-F1]. The analysis of data demonstrated that those living with impairments who did not limit their level of physical activity reported participation in a more diverse range of sports:

(WCL) “I’ve always been a sporty person. When I was eight or nine, I was playing basketball, cricket, swimming, or football. At the time, because of my disability, I was playing with my local football team and other special needs people. I was playing cricket and got selected to be a part of the county team. It was mainly four or five sports I was playing, and as I could only pick one, golf was more my game, really.” (VoIP interview data)

Being part of a team was considered important for some participants, as was the opportunity to compete with others, but not necessarily only those with the same type of impairment. CBE had mobility issues, and although he enjoyed the traditional team sports of soccer and basketball, he was sufficiently impaired to make full inclusion in anything but casual pick-up games with friends almost impossible. Fencing, where the same mobility issues had less of an effect, was a better fit, but CBE found the restricted nature of designated sports classes to be unsatisfactory:

(CBE) “I played soccer and I played basketball, but something not good, because the people ran, and I stay fixed. The people run. Ok, I played fencing. It’s beautiful. But every day, every tournament I play with the same person because in this sport it’s possible to play only with the people that have the same problem.” (In person interview data)

Immersion in sport was not the case for all, and it was LCE who reported a predominantly sedentary lifestyle. LCE struggled through much of her childhood, only learning later in life that she had a congenital condition that was hitherto undiagnosed:

(LCE) “In my childhood, I was always very fragile and often sick, but my condition worsened during adolescence. It was hard for me to do everything my peers could. I was very thin, slight, and silent. I could not practise any sport because my body was always fatigued.” (VoIP interview data)

Although ADO had participated in some school sports where she chose to hide her impairment, it became progressively more difficult as she grew older to do so, and gradually her life became more sedentary:

(ADO) “The big difference came when I turned 30 years of age. It was a big problem for me because I wanted to hide my disease. I started to swim, but I was shy. I didn’t want other people to see me. Sometimes I would watch the eyes of others who looked at me like a stranger. I said to myself no, I don’t want to swim anymore. I stopped doing several things and just worked, and occasionally I would go to the cinema or restaurant.” (Mobile interview data)

In most cases, the participants’ sporting histories provided a foundation for them to be open to the potential of golf as a viable sporting option. However, history and opportunities do not necessarily mean that someone will become a golfer. What is also needed is an interest or desire in the game.

5.2.2 Early perception of golf

A little over 1% of the world’s population are registered golfers, and although various governing bodies make claims that the numbers of golfers who play may well be double that amount, to reach 160 million participants the perception of golf is not set by those golfers but rather often by those who do not play. Therefore, it is fair to assume someone new to golf will have had their initial expectations of golf narrated by someone in the 98% of the world with little or no intimate knowledge of the sport, or else by the media. Earlier in my scoping review, I found a glorification of the model golfer, i.e., nondisabled, male, and young, and that GwD are infrequently, if at all, featured.

CPF was big into T-ball as a youngster; the game is an adaptive development strand of baseball; his dad was the coach, and his brother was on the team. The community feel around T-ball is tangible as the whole family tends to get involved. CPF described it as:

(CPF) "...one of those tight-knit communities that everybody gets involved and kind of roots for everybody." (VoIP interview data)

What CPF saw in golf was very different:

(CPF) "I wasn't really a big fan of golf. Quite honestly, thought it was for older people and more so people that have money. All growing up that wasn't our family, that wasn't me. I remember my grandpa used to hit golf balls out into the field. But he would never let us touch his golf clubs. So, he would pay us, I think it was like a penny or a nickel for every golf ball we pick up on the field. So, he kind of had his own driving range but we never got to hit golf balls." (VoIP interview data)

If CPF was too young to value golf as a sport, then he was not alone. Several participants had failed to be moved by golf in their early years, with more dynamic school curriculum team sports taking precedence over the more individual after school type activities. Portugal, Carmo, and Correia (2020) suggested that the predominantly older demographic of golfers, together with the cost and duration of the sport, compromises the attractiveness of golf for younger people. Although JGR was sports mad and fully engaged in school sports from a young age, and had a love of moving and the outdoors lifestyle, golf just never got onto his radar:

(JGR) "I remember my best friend as a 15-year-old lived actually on a golf course. And every time I went over to hang out with him, I refused to go on the course because I thought it was a waste of time and I thought it was a boring sport." (Mobile interview data)

Even in Scandinavia, where junior golf has been a fundamental strand of golf development by the Swedish, Finnish, and Norwegian Golf Federations for more than five decades, some youngsters had already formed a mental image of what golf is and who it is for. A 2021 survey conducted by the Swedish Golf Federation considered the attitudes of youth beginners and returnees. The survey found that general golf knowledge is low compared to football and tennis and that friends' opinions were a factor in decision-making (Svenska Golfförbundet, 2021). Such validation from friends before making a decision is common, but can be a barrier to entering the game, especially if those friends have no direct connection to the game and a

misplaced perception. In another study of Swedish youth, Jakobsson, Lundvall and Redelius (2014) found that participation in organised sports clubs during adolescence was around 90 per cent; that was before a significant attrition rate in older youths. The study identified the most important of four reasons as being a lack of fun (Jakobsson, Lundvall & Redelius, 2014). Increasingly leisure-time sports participation (LTSP) is required to be more enjoyable, flexible, and informal while 'light sport' growth is evident (Borgers et al., 2016).

(CLA) "I thought that on the golf course, there was only old men playing, and what should an eight-year-old girl do on the golf course?" (VoIP interview data)

Such opinions were not confined to a specific territory; geography seemingly had little to do with an overbearing perception that golf is fundamentally an elitist game played by older men that isn't much fun. Such perceptions were found in equal measures across the data set regardless of gender. CBR couldn't even stand to hear the word golf as for her there were many negative connotations:

(CBR) "I grew up hating golf. I even hated the word golf. I think it was probably because my father absolutely hated golf, and he said, "I'm not retiring. I don't play golf." (VoIP interview data)

Not only was it the youngsters who resisted golf, JBA, who was beginning to make his career in broadcasting, was similarly unappreciative:

(JBA) "I even lived next to a golf course for a few years, but at that time of my life it wasn't really my cup of tea..." (In person interview data)

Despite such early perceptions, CPF, JGR, CLA, CBR and JBA all somehow found their way to sample golf and not only tried the game but eventually fell in love with what the game meant to them:

(CPF) "A lot of the times golf was that answer to negative days. I could go out and just like I said, escape reality and just go out and hit balls." (In person interview data)

(CBR) "All I was doing was just doing chipping shots. A hundred chipping shots per session. But my God, I loved it. I think it couldn't have come at a better time. Because it's sort of like a physical meditation. You're standing there, and you're checking your balance, you're checking your posture, you're checking your head. So, you're developing this self-awareness." (VoIP interview data)

Other participants however had no such revelations as they already believed a different story about golf. Golf had been framed as a fun activity. This view is supported in the scoping review results as both a benefit of and facilitator to the game. Several participants talked about golf playing parents, other family members and friends who had provided a different narrative map. As Phoenix and Sparkes (2006) stated, narrative maps are stories passed on by others and these stories provide information that can help guide how they live and what they do. Indeed, some participants narratives maps inadvertently revealed that their golfing story had roots in family culture which, in turn, helped shape their golf journey:

(RHO) "I started to play at six years old and it was my mother that said to me, play some golf and have some fun. Then I just got into playing golf." (In person interview data)

(PEL) "He [Grandad] wasn't the most fantastic player. I think he might be, you know, high single figures, maybe 10 handicap but he used to enjoy practice...when I used to go down and see them every night we'd be out on the park hitting balls and I used to love that kind of stuff. So that was where I got my early thing of loving to practise and I still to this day I love practise. So that, he instilled that into me." (VoIP interview data)

Participants perceived golf as being something they would like to try, and so did, or something that they would not like and so avoided. Having a negative view of the game did not preclude golf as a sporting option but rather delayed initial sampling until a time when personal motivation was such that an experiment with the game was feasible. Desire alone, however, was not enough as several of the facilitators (e.g., improved access to facilities, support from professionals/coaches and low cost or free golf programmes) found in the scoping review, be they environmental or people, were necessary in order to act.

5.2.3 Facilitators to sampling golf

Although golf is played in 209 countries (The R&A, 2017), it is not universally available to the entire populations of these nations. Access to golf facilities, together with the cost of playing, varies from country to country. The R&A classifies countries on a continuum, starting with markets at the embryonic stage of development, through stages of emerging and developing before arriving at maturity. This study included participants from 26 countries, 17 of which are at a mature stage of development. Although someone born in a country where golf is commonly played had a greater possibility to enter the game than someone from a country where the game was not so available, we can note similarities of experience of all participants. Golf references and the reliability of such provided a significant difference. Those living in mature golf markets generally had multiple references from which to gather information, such as existing players, media including TV and magazines, golf facilities in the locality, and coaches to introduce the game. For those in emerging markets, these references were not as available in most cases:

-LOL had never come across golf, his acquired impairment had resulted in a life lived from a wheelchair. (Observational field notes)

-LOL one day, LOL was with his young son and saw an area of nature with people playing a game he had never previously encountered. His curiosity resulted in him going to the entrance to ask if he could get to know the course. (Observational field notes)

Although MSA knew golf was played in his home country, it was out of his reach and predominantly for the tourists on vacation. It was not until he moved to a country with a mature golfing market that golf became a possibility, but even then, it was the reach and power of the media that initially spiked his attention. The advantage of residing where the golf offer was locally available was that MSA had access, and so eased the opportunity to give the game a try and satisfy his curiosity:

-(MSA) The following morning, he had made his way to the golf club and observed players on the driving range. He summoned some courage and asked to give it a try, and within a few shots was hitting shot after shot past the 200 metre marker. (Mobile, interview notes)

LOL and MSA had what they described as “full lives” before they acquired their impairments, and neither had thought of golf as being a sport in which they might one day engage. It was not the case for CNA, who had designs on the game, even before acquiring his impairment, in a yet to mature golf market. In a small town in Central Europe, CNA yearned to play golf. The only problem was that there were no facilities to practise the sport in his locality. One day that changed when the town approved the building of a course:

(CNA) “I dreamed to play golf. It was a great sport for me, but I never had the option to do it. And then in 1994, a golf course opened near to us. That was a thrill to say, that’s a good option that you can start in the future. And I was one of the first hundred members there.” (VoIP interview data)

Just as aspects beyond our control can affect lifestyle, so too do self-determined factors. In this study life affordances preceded any opportunity to determine lifestyle, and so the advantages or disadvantages gifted at birth were significant. Those participants born into golfing families found entry into the game more straightforward, with the help of a willing guide to navigate their way through the sometimes seemingly endless hurdles required to take up the game as a golf club member. In contrast, those who had no reliable references generally entered golf through self-determined actions.

Likewise, and especially in countries where golf was still at the embryonic stage of development, the cost of golf would be a significant barrier to entry. A limited supply of facilities on which to practise golf often results in higher prices and limits demand to those with a socioeconomic capacity to leverage social or economic capital. In emerging and developing markets, supply increases and prices typically reduce, before eventually, demand accelerates, and two significant entry barriers are dismantled. By the time the market reaches maturity, market equilibrium is achieved with a range of offers that satisfy a more expansive social demographic.

Even so, and against these realities, an unforeseen event, chance meeting, or casual incident have the potential to change one’s life course. Being in the right place at the right time can be a case of randomness or can be a matter of planning for a lucky break. Golfer Harry Pate (pseudonym) could never have known that swinging a club in his back garden would plant the seeds of golf in a surreptitiously observing neighbour who would go on to develop a passion for golf:

-JFA Those repetitive movements proved fascinating to (JFA), who was constructing a picture in his mind of what a golf swing looks like and preparing his individualised pattern of movement that would serve him well. (Observational field notes)

In another case what if the field near to where (MMA) lived had not been the de facto practice area for a keen golfer, who perhaps mistakenly abandoned a club and balls in the grass? What if (MMA) had not found it? And what if the local town had not been building a golf course at the same time he was learning to play?

-MMA had never seen golf, but he soon figured out which end of the club to hold and how to hit the ball. The game he discovered in a field would become his constant companion. (Observational field notes)

Several participants revealed that they had first met golf while on vacation:

(JBA) "During a vacation in southern France with my wife, I stopped in a golf hotel to spend the night. I wanted to drink a beer and I went to the clubhouse nearby. An older Englishman, probably in his eighties, was sitting at a table next to mine, smiling at me. I wasn't sure that telling him I didn't know anything about golf was a good way to break the ice, but it was indeed! The old man bewitched me in just a few minutes revealing the essence of golf: 'The only sport where a rookie can beat the world champion by just playing at his best!'. With or without disability, I added to myself... I was excited, and two days later, I was taking my first golf lesson." (VoIP interview data)

(MCA) "It was a vacation trip with my parents in Scotland. It was in 1998 and we ended up visiting St Andrews, and he said wow, let's try golf, and we saw a golf course - well it was the Old Course. So, we tried golf over there; we went to see the starter, and he explained kindly to us how golf is supposed to be played. We borrowed a - I think it was a nine-iron and a golf ball - and he told us to hit a ball to one another from around 80 metres to be safe." (VoIP interview data)

(AWA) "One day I was on holiday in Morocco, and I saw a range, a golf range. I went to the range, and I hit a couple of balls, and I liked it. I came back home, and I started golf on a Trackman, just down at the hotel. I started to play golf, and it was fun. Then I went to a golf course, and there I started golf." (In person interview data)

Opportunity alone was not enough though to get involved in golf, as was evidenced by GOW, who had family steeped in golf and yet the offer of golf failed to attract:

(GOW) “My Grandfather played and my uncle plays. I used to get pocket money for caddying and ended up just walking around with my grandad and my dad. Then my mum started, and they’ve been members at the golf club. They were captains together in 1979 and ‘80, and so yeah, they played. And my dad was secretary at the golf club for about six, seven years.” (VoIP interview data)

Even a sporting background and ample opportunity were not enough for GOW to change from being around golf to being in golf. GOW only picked up a club properly for the first time when reaching her 40th birthday. A friend bought her some golf lessons, and it was only then she thought about playing the game:

(GOW) “I wish I had tried when I was younger, because our families played loads of sports, but there weren’t really girls who played. It was more boys. So, if there had been another girl who would have played, I would have probably tried, and I enjoy it, but then kids and things. So, I never thought of really having a go.” (VoIP interview data)

The dominant view of golf stakeholders is that most new players will discover golf with the guidance of a family member, friend, or acquaintance; however, this view may constrict the game’s growth as much of the population does not play or have first-hand experience of the game. According to Lundy et al. (2019, p. 87) “parents and guardians are responsible for their child’s experiences and social interactions such as signing up a child for their first sporting activity”. In a broader sporting context, children who had friends already involved in sport were more likely to sample the same sport (Cope et al., 2015). There seems little doubt that the family environment has a significant role in the optimisation or hinderance of athletic development. In a study of elite players, Hayman et al. (2012) found that one motive to start playing golf was that of a father who also played. Toms and Colclough (2012) found in a study of PGA golf professionals that 97% had a family member who played golf.

Life experiences commonly start with immediate family, widen to family friends, and expand to include school or work colleagues and others. Almost all early life experiences come from one or more of these three groups; therefore, a new venture for a youngster will probably be in their company or at their behest.

Like every other sport, golf has a culture that is inherently no better or worse than any other. For some, it feels like a natural fit, one that expresses the person's identity; for others, it is an anathema. Entry into the culture requires either a leap of faith or the hand of someone who has social capital in the culture, which allows access to others in the network. Traditionally, golf club membership was built on a 'friend of a friend' basis, with potential club members being proposed and seconded by existing members to ensure class homogeneity, this was evident in the earlier scoping review. The spread of golf has followed a somewhat predictable curve, characterised as being 'imported' from one country to another by interested and geographically mobile actors. Lowerson (1994) found the English imported golf from their northerly neighbours in Scotland primarily through individuals who saw the game, tried it, and came together with friends to lobby influential individuals to arrange facilities on which to practise the sport. This network effect relies heavily on being connected with those of similar or proximal social capital.

A newcomer can best navigate socialisation into the game and its structure with an insider's guidance, someone who has previously been or currently is a player. Knowledge of how to swing, where to practise, regulations, must-have equipment, and perhaps even joining a club can be facilitated by a fellow player who eases the journey to full participation in the sport. Indeed, a 2012 study of the growth of golf in Norway concluded that Norwegian golfers got their first taste of golf or golf knowledge from family members (32%) and friends (33%) (Tagen & Istad, 2012). Similarly, 54 participants in this study recounted their first experience in golf, relating stories about the first person to put a club into their hands. Almost nine in ten players (88.7%) revealed that a family member or close friend was responsible for their initial sampling of the game, be it either in an informal or structured setting, with more than two out of every three of these sessions (67.9%) being with, or initiated by, a family member:

(SLU) "My Father first introduced me to golf, it was just a social hit type of thing really, so I am very thankful for that." (VoIP interview data)

(BLA) "My Grandad was very much into golf. He wanted his grandchildren to take the sport up, and I was the one who did. Also, my cousin, [he] plays golf off scratch." (Mobile interview data)

Happenstance in the form of birth affordances, family in the game, geographical location, and even simply being in the right place at the right time, had facilitated the sampling of golf, or at least an interest to do so. Those who acquired a life-changing impairment or a condition in later life had learned to adjust and explore different opportunities.

5.2.4 Coming to golf after the acquisition of an impairment

Ouellette and Gough (2002) postulated that congenital or acquired impairments not only alters the life experience of the individuals who are affected, but also those who are closest to them. Other scholars are equally supportive of the view that disability transcends the individual and permeates into the family and the social unit (Cauda-Laufer 2017; Findler 2016; Rea-Amaya, Acle-Tomasini & Ordaz-Villegas 2017; and Farrell & Krahn 2014). This has been echoed multiple times in disability sport research (Wadey, Day, & Howells 2020; Howells & Wadey 2020; Day & Wadey 2016; Martin, 2010; Anderson, Wozencroft & Bedini, 2008). Throughout collection of the data, this ‘truth’ was alluded to on numerous occasions. MJO explained that his participation in scuba diving became more difficult after acquiring a leg impairment, not so much from a physical standpoint, but rather from feelings of inadequacy and restricting the full participation of his diving colleagues, as at least one would be detailed to shadow MJO throughout the dive. Perhaps those early feelings of inadequacy would have diminished over time, but MJO made it clear that he had not wished to ‘burden’ his buddies.

***-MJO** Gradually, MJO’s involvement in scuba diving became less and less due to the feeling that he was holding his peers back. (Observational field notes)*

For someone who acquires an impairment, the menu of sporting options may diminish, as some sports are practically, or at least perceived, as being no longer possible:

***(GNI)** “I would have loved to play in a team, but obviously golf, an individual sport, but it was a game where I could just go, and when I was growing up and learning to play the game, I could just go out and have a practice myself and just sort of organise myself. And that’s why it’s such a great game because you don’t need anyone else to help you along. It’s, if you want to do it, you go and do it yourself.” (VoIP interview data)*

***(RLI)** “At some point, I realised that I had to do something, I needed to try, try to get better, try to train hard and to see how far I could go. I think it was at that time that I realised that cross-country skiing was over for me because I couldn’t do the movements anymore. I then thought I would find a new sport because I was a sportsman. So, then I tried golf.” (In person interview data)*

(KHA) “There were a few options, disabled football with walking sticks, and luckily I saw a poster that read disabled golf.” (In person interview data)

-CPF Golf was the first sport that (CPF) practised after his accident, where he felt he could play with everyone. (Observational field notes)

Participants revealed that the nature of golf allows them and perhaps others with a broad range of impairments to re-establish their sporting identity (Swartz et al., 2018; Lundberg et al., 2011; Huang & Brittain, 2006). Former elite level baseball player MSA had lived on an island where golf was for tourists and far removed from the local population. Life at a baseball academy had meant that MSA knew how to be an athlete and what it took to become one of the best. After acquiring an impairment of the leg, MSA would face a fight for life and a battle to re-establish his athletic identity:

-MSA and his wife were watching the movie ‘The Legend of Bagger Vance’, and it is then they thought golf might be an option. (Observational field notes)

(MSA) “...we looked at each other, stopped the video and, I’m not sure who spoke first, but we were on the same idea, that golf looked a bit like baseball. The following day I went to the golf course to try.” (VoIP interview data)

Restoration of identity and as much as possible lifestyle was critical for participants who had acquired an impairment or life-changing condition. Re-establishing their place in society was considered essential, and although the heavy lifting inevitably was borne by the participant, the importance of family, friends, work colleagues, and a social group cannot be underestimated.

5.3 ENTRY – THE OPENING SHOTS

The data generated seventeen topics related to the participants’ entry into the game. Although some topics could perhaps straddle two or more themes, I took the view that much of the data collected in these topics was best suited to the participants’ entry into golf and to progress the story of successful GwD. Further interrogation of the data resulted in four subthemes described as;

- 2A: people
- 2B: hazards (barriers to the game)
- 2C: teeing the ball up (facilitators to the game)
- 2D: playing the game.

5.3.1 People

Family, friends, colleagues, and even transient strangers featured heavily in almost every life story told when it came to entering golf. It was noticeable that any emotions exhibited by the storyteller were associated with relationships they had with people rather than to a condition or impairment with which they shared life. One of the primary benefits found in the scoping review was the affordance to develop social relationships. Such findings should not be a surprise as it is well documented that human interaction is craved for by the broadest population, correlates with the release of hormones, beneficial and otherwise, and influences self-esteem (Knapp, Hall & Horgan, 2013; Gallotti, Fairhurst & Frith, 2017). Scholl (2013, p. 5) suggested that “humans construct their social world along these three dimensions of socio-emotional perception and action”.

Through human interaction and connection, many of life’s skills are learned, and a sense of well-being and one’s place in the world established. In this subtheme, I present examples of data relevant to the support received from family, friends, the medical profession, and work colleagues.

According to Reichman, Corman, and Noonan (2008, p. 680), “Living with a disabled child can have profound effects on the entire family, parents, siblings, and extended family members. It is a unique shared experience for families and can affect all aspects of family functioning.” Although social support is a multi-dimensional concept, that can come from, and be given to, family, friends, and colleagues, it is the family support in early childhood and adolescence that was most prevalent in the participants’ narratives. Tangible, emotional and esteem support of the family are demonstrably critical factors for many living with an impairment (Rees, Smith & Sparkes 2003; Carless & Douglas 2008; Rees, Hardy, & Evans, 2007). It was only with the passage of time that the participants could recognise the value of having a near normal upbringing:

(BLA) “To be honest, my family was a good factor because they never treated me any differently. I’ve lived my whole life feeling normal and that was the key factor.” (Mobile interview data)

(AST) "I was very, very fortunate to have parents who didn't push me...but they massively encouraged and supported me. I went to a mainstream school for example, and I went to university. I looked into driving a car, which I can do now, and had a decent circle of friends. They just encouraged me to try to have as normal a life as possible and just to have as positive attitude as possible." (VoIP interview data)

(JPO) "I had a sister at the time, and I was the first with a problem. Of course, my parents, it had to be really tough for them to have one child with a big problem...but I have to say that they were really brave that they let me do what the others did at that point. I think that the education that my parents gave me, that is why I am here." (Mobile interview data)

(AWA) "At the age of three they knew I had a leg problem...I think it was really hard for them, because it's hard to have a kid with a handicap, but they just raised me like my brother and my sister, that's the best part of my life." (Mobile interview data)

The love, care, support and challenge of close family members, parents, siblings, spouses, and offspring was the predominant narrative, and although these significant relationships were meaningful in the stories told, they were not exclusive. Several participants also mentioned bonds with their therapists:

-SIV The moment they told SIV that he had paraplegia, he became depressed. He didn't speak with the people for two months, and although he was moved to a new rehabilitation centre, he didn't want to do anything and spoke to almost nobody. (Mobile interview data)

(SIV) "I didn't want to eat even. I was very, very depressed. And suddenly one day she came, one physiotherapist. And she says look, I finish my school now. And this is my first job. If you don't cooperate with me, well they fire me...do something for me. I say, oh, wow they fire her... it's not nice. Well, I say, ok, what do you want me to do? So, she said, 'first come out of the bed.' And slowly, slowly I start to realise that ok, this is my life, and Tammy, the physiotherapist, all the time she pushed me every morning." (In person interview data)

Positive relationships formed with therapists and medical practitioners were a source of motivation, and some participants even struck a deal with their doctors and carers, which provided the spur necessary to endure weeks, months, and years of rehabilitation and to come to terms with a new life:

***-CLA** Former professional athlete CLA had said to the doctor who told her the news that she would need an amputation, ‘why are you joking with me?’ She was not expecting such news, but immediately she drew on an inner strength fuelled by her athletic background. (Mobile interview data)*

***(CLA)** “But when I told him [her consultant] that when you take my leg, you are going to give me life, he said, ‘let’s make a handshake to that.’ So, we decided that, and that felt really good.” (VoIP interview data)*

Dillingham (2002) expounds on the emergence of medical speciality to the innovative military medical officers who opened the field of physical medicine and rehabilitation [PMR] and established it as a medical speciality. Just as the practice of PMR with war merged, the convergence of war and sport took place, as for some veterans an alternative sense of belonging and proxy defending of the country could take place by representation on the sports field (Haiachi et al., 2020). Sport, therefore, can offer a gateway to engagement in the rehabilitation process. On this, Crawford, Gayman and Tracey (2014) studied the influence that the military had on the American Para ice hockey team and identified several ways in which involvement in sport could positively affect the lives of veterans with spinal cord lesions, three of which included finding a new sense of their own body, gaining a new appreciation for life, and investing in health and well-being. Four participants traced their impairments to time served in the military, three of which had come in active service. Each participant had the full support of dedicated medical facilities and practitioners. The vast experience which the military have of dealing with trauma patients was explicitly mentioned, each reporting a well-oiled process and the importance of being around other patients:

***(CPF)** “From the very first minute I got there, it was all positive support. I didn’t have anybody saying you’re never going to walk again or anything like that, it was all positive. As soon as you kind of got there, they would take you down to guys that were further along in the process, and I was able to see guys missing two legs or two legs and an arm. Some similar to me, they were just missing one leg. That was very uplifting for me to see.” (In person interview data)*

(SHA) “The set-up that they have is second to none. We’re spoiled rotten with the facilities and the help from the local community. I’ve got all my limbs, but I walk around, and there were some guys with just a body, an arm and a head. Triple amputees and double amputees. So, I think the case in there really was, there’s always someone worse off than you. And luckily, the staff are great there, and there’s a lot of that military dark humour. I think we all have that sense, oh, it could have been worse.” (VoIP interview data)

Participants also mentioned work colleagues, and on more than one occasion, their fears that established relationships may be adversely affected with the onset of an impairment or life-changing condition:

-TPO enjoyed a boost of confidence courtesy of his employers and work colleagues, to whom he feels deeply indebted. (Observational field notes)

(TPO) “They not only held the job open for me, but they allowed me to go back to the job I had before the stroke. To this day I feel deeply indebted to them because in all honesty, I feel that they took on damaged goods. I’d had a brain injury, and they were prepared to have me come back and step into the same role, which had significant responsibility.” (VoIP interview data)

The people and the roles they took or still take in the lives of the participants proved transformative. Without their emotional, esteem and tangible support, it seems that the participants’ lives would have been much the worse (Gottlieb & Bergen, 2010). However, one other person would prove to be hugely influential in each life story — the participant themselves.

An attitude of ‘glass half full’, self-determination and gratitude, all character traits which participants said were formed throughout life, were casually brought up by them as they shared their life stories. Several participants living with congenital conditions spoke eloquently about their innermost thoughts, their outlook on life, and keeping perspective:

(ABR) “I should be happy for what I have. I definitely am, but [I must] be cognizant of people around me, in the struggles they also face... to appreciate someone else’s

struggles that they've had to go through to get to the same place I am.” (VoIP interview data)

Thalidomide, a drug used in the late fifties and sixties, would impact GRO's life when she was born without fingers on her left hand. She has flipped her early experiences of bullying and being ostracised by her peers for being different into a positive:

(GRO) “I'm very glad for that opportunity and those experiences. Yes, it was hard but now I can build rapport with anybody anytime, anywhere, everywhere in a matter of seconds...that was a skill that I had to learn. It was a survival skill for me.” (VoIP interview data)

Coming into the world without a full complement of limbs, is how AST described himself, yet despite the physical challenges of having just one of the standard issue of four functioning limbs, he developed a 'can-do outlook' that transcends some negative stereotypes of disability:

(AST) “I think it's [because of] what I might lack in limbs, I prospered in other ways. I came from a loving family, and I had a good circle of friends. You see lots of children even now sadly who physically they might not consider themselves disabled at all, but they have a terrible life because of various things that might happen.” (VoIP interview data)

Those who had acquired an impairment were equally articulate with their views on life, some depicting deep troughs and accumulation of dark clouds, before slowly clearing to reveal a different but good life:

(GMC) “I was lucky, and I know it. The day after my accident two brothers from the local town had an accident and were killed, it brought it home to me that I could have been dead or a lot worse off than I was.” (VoIP interview data)

Life changed in a split second for avid sportsman KHA when a slip at work resulted in severe burns to his leg, which eventually led to an elective amputation. The trauma of the accident, dealing with the psychological impact of losing his leg, and the aftermath caused KHA untold stress:

(KHA) "That was the worst time in my life...because of the severity of the burns to my leg I couldn't wear a limb for two years. So that next eighteen months was the hardest part. I was at home in a wheelchair, my wife was at work, my kids were at school, and probably for six or seven hours per day, I was in the house on my own. I had suicidal thoughts in my head, I just didn't want to be here. I started to think I am not going to be any good to anybody, I don't want my wife to be looking after me and things like that."
(In person interview data)

Family support, be it tangible, emotional or both, plays a significant role in the mental health of people who have undergone workplace accidents (Cacciaccaro & Kirsh, 2006). Although KHA had the unconditional emotional support of his wife and family, internal change was necessary. He needed something good to happen, to spark what he described as the inner drive that had fuelled his previous sporting life. That flicker came when finally, he was fitted for a prosthesis:

(KHA) "I just gave myself a mental slap and said to myself 'figure it out, sort yourself out' and it was the best thing I have ever done. As soon as you get negative thoughts, you are away down that slippery slope. It's all about being positive, because [an accident] changes your life, but it can actually make your life better. It's made my life better; I've actually got a better life now than what I had before my accident. I got compensation and a pension, things like that, so my lifestyle now is geared toward doing things differently, but what happened to me is that it made me mentally stronger." *(In person interview data)*

A new life, a different life, a better life? The participants had different opinions and yet none mentioned a worse life:

(TKI) "If I was still being a lorry driver, how could I have competed in three different sports for my country? How could I have travelled the world, playing a sport that I love?"

To an international standard, meet extraordinary people? It's not the end of the world, it's not the end of your life. In many ways it's the beginning. It's just a new chapter. Since I've been in a wheelchair, I have had a ball. I think there are so many opportunities now to do things, and it's not the end of life, it's the beginning." (VoIP interview data)

This study recognises the importance of people in the lives of the participants. Every person, including the participant, brought something, be it love, support, encouragement, motivation, determination, or specific skills to bear on a situation far from that which one could imagine as ideal. But even with such a support system, some participants still found barriers to the game.

5.3.2 Hazards (obstacles to be surmounted)

As this study is fundamentally concerned with current GwD, it is fair to assume that each overcame several obstacles, amongst which entering the game and succeeding to the level of achieving a golf handicap, are certain. In golfing lingo, players talk of hazards to avoid and obstacles to navigate on the course between the teeing ground and the hole. Hazards tend to be obvious; areas of sand and water are there for all to see, whereas dense areas of rough grass, trees, and sloping terrain, tend to blend into the background; less obvious and yet in some cases just as penal. Navigating a life course is in some ways similar, the obvious hazards to avoid and the less than apparent obstacles which impinge on some, but not on others. It is important to remember that G4D is not an adapted or parallel sport; far from it. As evident in the scoping review presented earlier, minor modifications to the rules as written by The R&A and USGA (The R&A, 2021), allows players with a broad range of impairments to compete with any other golfer regardless of ability, and to do so the majority of the time. This cohort reported few barriers to golf, although some mentioned lack of knowledge around golf, an inadequate coaching offer, lack of accessible facilities, and the cost of golf, all themes that were evident in the scoping review. In chapter four, I attempted to balance the views of this cohort with research and literature that included the opinions of others, including lapsed non-golfers and academics. But for now, I present the thoughts of this cohort:

(ABR) "I mean eight years ago I started playing golf, I had no idea that this was even a thing. There are other people that had even a similar [impairment] to me and then I come and find out there's tons of them and it's like, oh that's awesome to be part of a community like that." (VoIP interview data)

Even though ABR was already playing golf, he had not considered there might be organised groups of golfers with an impairment. He was not alone. JBA was similarly surprised:

(JBA) “I didn’t know about the existence of disabled golf associations and their coaching programmes towards handi-golfers.” (VoIP interview data)

Without an adaptive version of golf, it is hard to get a feel for the exact number of golfers playing golf who have an impairment, as many such players are happily embedded in the game [from my experience at least]. Most participants suggested that some players with impairment do not identify as being disabled and, as such, shun events specifically for GwD:

(PEL) “I don’t think that we ask about how many people are actually participating as disabled golfers and how many we’ve got in golf clubs.” (VoIP interview data)

(TLO) “They don’t want to feel disabled. They don’t want to be seen as disabled. So, they won’t go to a group of disabled people and be a member of that.” (VoIP interview data)

(MWL) “Every club in Europe or in the world has people with disabilities, who are not actually knowing that they have the opportunity to go play with others with disabilities.” (VoIP interview data)

As this sample may have already traversed environmental, equipment, or economic barriers to enter the game, they may not have reported such issues as they had forgotten or considered them minimal and not worthy of note.

-MGP had played a modified game of his own making, sitting over the rear wheel of a regular buggy, he was able to go most places on the course, but not onto the greens. He would hit the ball to the greens, and then once on the green, he passed his putter to the caddie who putted for him. MGP has one caddie that is quite a good putter, but another who, according to MGP, often takes three or even four putts. (Mobile interview data)

(MGP) “Man, he can’t putt for anything. Maybe if I can have the ‘Solo Rider’ cart, they allow me to go into the green, because that little car, it’s allowed in America and in

Europe. They are allowed to use those on the green. And in Mexico, they don't even know about them. It's a new thing." (In person interview data)

Just because the participants didn't report accessibility issues for themselves, that did not mean they were not cognisant of the problems which others may face:

(JSR) "Because of the disability, they don't have so much money. Maybe supporting them in paying the entries will help." (VoIP interview data)

Consistent with the findings of the scoping review, ready access to good quality golf coaching was mentioned frequently by the participants. For most, the experience of learning under the watchful eye of a skilled coach had been transformative, but four participants reported poorly prepared coaches, who were undoubtedly experts in the game, but not uncommonly were lacking in disability-specific coaching information (Townsend, Smith & Cushion 2015; McMaster, Culver & Werthner, 2012):

(JBA) "At that time the pro at the driving range was showing me Tiger Woods videos... quite difficult for an almost one-armed player, isn't it?" (VoIP interview data)

(MCA) "They made me change my grip a lot of times and not in the simplest way. So, I tried a lot of things, and that didn't work. So, in a way, I was sticking with my idea of working on my own." (VoIP interview data)

(ADO) "The great difficulty was to find someone, some teacher. Some golf teachers on the golf course said to me, 'I don't know, Paralympic golf, it's impossible. I don't know what you can do with this disease.'" (VoIP interview data)

(ASU) "I first met golf 20 years ago. It was a company event, and our CEO was a big golfer. There was a golf academy [clinic], well let's say a golf academy [clinic] for ordinary people, and the golf professional there had no experience with disabilities. So,

it was not a great experience. I would call it [the experience] no grip no golf, because it was his and even my conclusion, so it is no wonder that I was not amazed.” (VoIP interview data)

Such experiences could well have proven to be insurmountable obstacles. When executed by experts, the golf swing may seem graceful and even simple but it is a series of complex movements. Even so, JBA, MCA, ADO and AST all found a way to swing the club and play the game.

***-For ADO,** who following the discouraging views of her teachers, initially had confined her involvement in golf to “drinking a café in the clubhouse and feeling the tranquillity from the veranda,” before finding a more optimistic prognosis from a different coach.*

(ADO) “Then in the summer, I go to France and there I met a golf teacher, Daniel, and he said to me, ‘Oh, no, you can play golf and you will enjoy yourself playing golf.’ He looked in my eyes and I believed it.” (VoIP interview data)

A second chance was all that was needed for ASU who, albeit fourteen years after his first experience, had the opportunity to try golf once more:

(ASU) “It was six years ago, so it took another fourteen years to start with golf. It was at another golf academy [clinic], at my colleague’s 50th birthday party. I saw a man hardly standing on his legs on the driving range. It was not understandable for me, because he was really, really shaking his body, after a car accident he was very weak. This guy was very supportive and convinced me to try golf. Of course, I was full of doubts because of my grip. It was not a problem for the local professional coach there, he said, ‘Nothing is easier, grip it as you can and swing. Golf is a game, golf is fun, enjoy it,’ he was really emotional, and he encouraged and motivated me enough with his totally positive approach. I even won the longest drive. These few minutes changed my life a lot.” (VoIP interview data)

Words can be used as vessels to transmit messages and feelings, and in the eight words, “These few minutes changed my life a lot” ASU was announcing his reality, a reality that has seen him give back to the game and help introduce hundreds of individuals with an impairment to golf.

Generally, the participants in this study did not perceive insurmountable obstacles to entering the game. But that is not to say that there are no such barriers. Participants here storied their entry into golf as more of a challenge, an opportunity to stretch their limits, apply creative thinking and test their resolve. Synonymous with the literature on sport injury-related growth, participants had experienced adversity and deployed coping strategies which for some had resulted in perceived growth (Wadey & Evans, 2011; Wadey et al., 2011; Wadey et al., 2012; Salim, Wadey & 2016; Roy-Davies, Wadey & Evans, 2017). Through such actions, many realised they had been afforded opportunities to become involved and embed themselves in the game of golf.

5.3.3 Teeing up the game (facilitators to the game)

Ask any average player, and the chances are good from my experience that they will tell you that hitting the ball from off the ground is somewhat more demanding than when the ball is a few millimetres above the grass and resting on a tee. Making the game easier to play would seem to be a good thing for learner golfers and even for the average player. This subtheme considers some of the facilitators mentioned by participants.

Once again, family and friends were central to many participants’ introduction to golf. Starting young seems to have been a common factor:

***-CPO** With a mad keen golfing Father, CPO was around the game very early. To give his mother a break on Sundays, his Father would take CPO to the golf club and put him in the pocket of his bag or the basket in the back of the cart when he was very tiny. A set of plastic clubs soon followed. (Observational field notes after a conversation with CPO’s Mother).*

***(TBE)** “My Father was the first person to get me into golf. He made these golf clubs for me that were super small and got me going in the game. I started picking up a club when I was about five and then later, I actually joined my golf club at the age of seven, not really playing that many holes, but it was more just to get me into the environment, get me part of a club, whereas I couldn’t be a part of a little football club or a rugby club.” (VoIP interview data)*

***-JBJ** It was an uncle that gave JBJ his first taste of golf. He was a keen golfer and found a short seven iron which he thought could be good as a start for his nephew. JBJ needed very little encouragement to start swinging the club and used his uncle as a model.*
(Mobile interview data)

Childhood golf was also a common theme, albeit not exclusively for those who later acquired an impairment:

(DDU) "I was five years old, Dad gave me a nine iron, cut it down, put some electrical tape over the end. I would take a plastic ball, and I'd hit it around my yard. That's when I started learning the golf swing, just watching Dad. At about the age of eight or nine, I got my first junior clubs." (VoIP interview data)

(TPE) "My Father and his brother was the first to play golf and Andrea my cousin started when he was eight years old. I started at 12, and I like immediately and for two years I practise more than I think any other guy in the world. I stay every day in the golf and practise a lot, a lot, a lot. I go only to school normally but when the people go on holiday I say to my father, yes the other one is going on holidays, so I have more time for me for practice." (VoIP interview data)

Learning a new skill, in this case golf, in a group setting seems to have become increasingly popular. With the advent of junior golf programmes, beginner clinics and other such stratified sessions, over the last thirty and in some cases even fifty years, there is a large percentage of current golfers schooled in golf through such a format. The terms group class, golf clinic, golf school, and academy are used interchangeably in golf but share many of the same tenants. Classes are routinely organised to reduce the individual cost of learning and provide a setting for social interaction, with loosely connected individuals coming together and benefiting from being at a similar stage of understanding and skill development. Typically, a trained coach is engaged to deliver the sessions, and in the case of some junior golf programmes, they are offered free of charge or at low cost.

Enrolment in a junior golf programme was mentioned by some participants who came from countries where the golf market was already mature:

-JKA *It was at the local golf club where JKA found his ideal starting coach. It was at this school where the trainers added salt to the already golf thirsty JKA. He went on to become a professional player, and the development of his game is a testimony to the commitment he showed and, as he says, “the technical support I received in those early days.” (In person interview data)*

-GMC *By 15 years of age, GMC had joined the local club, where a thriving junior section was gathering every day in the holidays and playing together. (Mobile interview data)*

(GMC) *“There was a real buzz about the place, with fifty or more lads and lasses enjoying golf, it was an inspiring place to be.” (In person interview data)*

Both EPE and CBI were involved in junior golf programmes and felt cost issues could be negated if newcomers could start in such classes. EPE got involved in golf through a local charity that offered free golf lessons:

(EPE) *“I went down to the first lesson and obviously met the owner of it. And ever since that, I’ve never wanted to stop play golf.” (VoIP interview data)*

-CBI *started to learn golf in the ‘First Tee’ programme and said that money wasn’t an issue. He was able to practise for almost nothing and play pretty much all the time. (Mobile, interview data)*

Some who had come to golf later in life or following the acquisition of an impairment had positive learning experiences. MBR started his journey into golf after seeing a poster in a rehabilitation centre:

(MBR) *“So the On Course Foundation, they’re the ones that’s taught me golf, and have taught me everything that I need to know. About being a professional golfer as well. So, they’ve taught me from basic, to where I am now. The coaches give you the positives about your swing. The biggest thing I take away is they’re so positive and the fact that*

you never do anything wrong, they just say, just try this for a minute. And it just gives you that bit of belief that you can do something, you know?" (VoIP interview data)

With time the bond between players and coaches is formed on a shared voyage of discovery. As with the findings reported in the scoping review, good quality coaching support in a caring environment is a critical enabler. The analysis of data revealed that several participants had forged meaningful and mutually beneficial relationships with their coaches which, again, helped facilitate becoming a golfer:

(TKL) "He [the coach] has developed over the years, and so I have been able to benefit from that, this has been a process over the years." (Mobile interview data)

(JJO) "It took a few months to gel. He [the coach] had to learn about my disability, as I am his first one-handed golfer, and I had to learn how he coached." (VoIP interview data)

(CBI) "I went to see her and she completely like turned my game around. She was one of those type of professionals where you could tell the lesson didn't end after I left the lesson tee. She kept thinking about it all the time, she did whatever she wanted, she watched me playing tournaments, she really...pushed me and didn't want to see me, like settle for anything less than what I could be, I guess...Like, let's get better. Let's figure this out. So, she pushed me to the limit, and that's when I really started getting good." (VoIP interview data)

An array of golf equipment has been used over the last five centuries to play one form or other of golf. However, the first mention of equipment in the rules of golf was not until 1898 when golf ball regulations were described (Thomas & Melvin, 2011). Directives on the design and construction of golf clubs did not appear in the rules until 1908 (Thomas & Melvin, 2011). Why is this important? Golfers of all abilities have been able to adjust their golf equipment within the limits of the rules and, as such, have been able to have their golf equipment made to measure, rather like prescription spectacle lenses. This customisation means that most golfers with an impairment can have a wide range of adjustments made within the existing rules, meaning that it is entirely possible for players with, for example, a visual impairment, one arm, playing from a seated position, or even with the inability to close their hands fully, to use a regular club with only minor adjustments, making the game of golf more inclusive:

(KWI) “Soon after I finished the first lot of golf lessons, I actually bought some clubs. They’ve been good to a point, but now I’ve got these challenges in terms of what I can and can’t do. So, we’re actually looking at getting golf clubs that are more suited to what I actually need now.” (VoIP interview data)

Some impairments are such that the magnitude of adjustment necessary for a player not to be disadvantaged falls outside equipment regulations. In such cases, players can request approval for additional change. This reality seems to conflict with the findings of the scoping review where it was found that a widespread perception exists of there being a lack of adaptive equipment. For example, players with short arms may require a club longer the current limits on the 48 inches length of club permitted:

(ABR) “It took a little while to get the clubs built, engineered and designed, which is, you know, totally understandable because they’d never built these from what I gathered. They had some ideas from other people that they had heard about, but they enjoyed the challenge, and they were up for it. Eric Morales of PING was the main engineer that was doing the designing and work on them.” (VoIP interview data)

(TLL) “I met another golf pro who had her own business, and she took me to ... I can’t even remember the name of the company, somewhere in Birmingham, and they didn’t just do me a couple of clubs, they actually put ten clubs together for me. And it’s like, ‘Wow, this is starting to look like a kit of clubs now, a proper bag of clubs.’ I mean, now, I’m in the seventh or eighth generation of golf club now, Titleist builds them for me. They’re not a shaft in a shaft; they’re all one piece. They’re amazing pieces of kit now; they really are. And it’s enabled me to hit with more consistency and allowed me to play, compete, and reduce that handicap.” (In person interview data)

A broader definition of equipment might extend to the carts that some players use, especially for the seated players who fully participate in the game. Such machines can range from a few thousand to tens of thousands of euros and justifiably are mentioned by some as a barrier to the game for costs reasons. However, several countries have programmes run by charitable organisations that make it possible to have long term use of a suitable device if not ownership without charge. Again, this was another contributing factor for facilitating becoming a golf player:

(TKI) “Dr. Andrew Greasley who started the Handi-Golf Foundation, said ‘these are the buggies. Get on this buggy and just hit some balls.’ I loved it. I was hitting these balls, 120, 130 yards down the fairway. In those days, you’d enter a tournament, turn-up, and then they’d bring the buggy down, and then after a couple of goes, a couple of tournaments, when they knew you were committed and wanted to do it, they would give you the buggy. You took the buggy home with you, and you could play to your heart’s content.” (VoIP interview data)

Even with various mobility vehicles available for seated golfers, the offer is still limited, and investment in ownership can come with a hefty price tag, but according to one participant, the freedom they give can be priceless:

(MTU) “I decided I had to buy, or try a paragolfer, so I decide to try a paragolfer and some guy in Argentina, from Cordoba, six, eight hours from here, has a paragolfer, so I asked him if I can try it, he said, ‘of course.’ I travelled with three friends of mine and this is very, very funny because I went to Cordoba to play golf and nothing else, and when I start, I hit my first ball, the thing that shocked me most was the fact of being able, once again, to share with my friends a sequel on the golf course, to be able to hit the ball and walking all together, that was priceless for me. Today I tell you and it sort of moves me, because you can’t compare that feeling, it has no price. I go alone, play golf with my paragolfer, it’s total independence.” (VoIP interview data)

Although not generally associated with golf equipment, some leg amputees have a prosthesis which they consider to be their daily leg, and another as their sports leg. The development of more functional prosthetics allows switching of modes, resulting in players finding fewer restrictions on the course and in their technique.

-GMC According to GMC his first prosthetic leg was functional but unfit for the demands of swinging a golf club and going around the golf course, whereas the next prosthesis, well that was really a step up. With sensors in the foot and the knee, it was according to GMC “Just like getting my leg back.” (Mobile interview data)

Likewise, some golfers with arm and hand impairments choose to use what frequently are homemade or home designed prosthesis to connect to the club.

***-RLO** has a congenital impairment of the arm and uses a strap to fasten the club to his right arm while gripping the club with his left. RLO has a pre-swing routine that is very distinctive as he adjusts his strap to connect to the club and a movement which by design is unique and yet powerful. His swing and powerful shots draw attention for anyone looking, even from a distance. (Observational field notes)*

***(RLO)** “I don’t see any problems with having half an arm, I don’t want people to feel sorry for me.” (In person interview data)*

5.3.4 Playing the game

The clubhouse is that place where players congregate after several hours on the course and where one can witness storytelling at its finest. Tales of the short, but not so short, missed putt, and the long straight drive, that is neither that straight nor that long, are recounted with good humour and a measure of exaggeration. A serious conversation with the occasional air swing demonstration, without a club of course, is going on in the corner. Swing technique, practice routines, mental game tactics are all discussed in this crucible filled with characters who seemingly are happy to share their anecdotes with anyone willing to listen. It is somewhat surprising then that the participants of this study made few references to how they played or went about getting the ball around the course, and those who did, confined their comments to big picture themes rather than the minutia of the golf swing.

***-MJO** had played golf to a high level before his accident, reaching a handicap of two. MJO now plays with a prosthesis on the left, so his lead leg. Over the last few years, he has had to relearn how to play twice, “My first leg [prosthesis] was a mechanical one and so it was great for walking and that kind of thing,” but for golf, it was difficult to swing on to, and to have the confidence that it would hold him. “With this electronic leg, it is totally different, and I can rotate more and so it is very different in what I can do.” (Observational field notes and mobile interview data)*

(MKO) "When I first became a club champion, I was always thinking about how to play golf without having a bogey. Now I am always thinking about how to get a birdie. Considering course management carefully, I focus on the holes that I can play aggressively, and the holes where I should be playing more conservatively." (Written interview data)

Coaching is best when it answers a problem, and for many participants, this is the strategy they adopted. The golf course presents its players with many challenges. For some, this is an opportunity to try out a new technique, develop previously weak skills, or take some advice. As previously discussed, some players took advice from a coach, while others tried to figure it out for themselves:

(MCA) "I'm kind of, self-taught. I think, I didn't want to take lessons at first because I was improving on my own. And the pros at the golf club, I think they were afraid, a bit, about giving lessons to me. And the only time I asked for their help was when I was in a bad period of time, in my swing and not knowing what I was doing." (VoIP interview data)

(CPF) "I just kind of tinkered with my swing, tried different things, read golf articles. Basically, just watched guys on TV during golf tournaments, to figure out what they were doing to get the ball to do what they wanted. So, I would just try different things and eventually, got to the point where the fade was always there if I wanted. I could just swing hard, and I had that baseball swing. But then I got more finesse shots in and could work the ball right to left. Kind of do different shots and stuff that I wanted to do. Like I said before, you can't really perfect a golf swing. But for me, it was kind of a challenge in itself to be able to get the ball to do what you wanted to." (In person interview data)

Be it relational, business or indeed sporting, a critical time for any venture is when the first flush of excitement, born of newness, gradually becomes more mundane. The participants had relived their entry into golf, vividly explaining their story to reveal obstacles, facilitators and the people who had made such a difference. The next stage was to discover what kept them in the game.

5.4 EXPERIENCE OF GOLF AS AN INDIVIDUAL WITH A DISABILITY

The life story method employed in this study respects the storytellers' narratives. Atkinson (1998) advises that storytellers may clarify and even justify their life experiences by telling the story they want to share. Of all the themes generated, it is theme number three which permits the storyteller to elaborate or simplify their experiences the most. Forensic examination of particular views or experiences is unnecessary when that means examining '*The Truth*' as it is the storyteller's view and so it is meaningful for them. Their stories, in other words, become their experience (Frank, 2010). All participants were generous with their innermost reflections generating voluminous and quality data, subsequently divided into three subthemes as follows:

- 3A: finding a place in the game
- 3B: stickability
- 3C: search, learn, and earn.

5.4.1 Finding a place in the game

Identity offers a sense of who we are, the world we inhabit, and how we fit into society (Frank, 2010; Woodward, 1997). In today's ever more connected world, a flexible construction of identity is perhaps more necessary than ever before, as multiple relationships, practices and positions constantly change. The ordinarily gregarious outgoing centre of attention may exhibit a more passive personality when found in a different setting, switching identity as easily as one might change a hat. For others, this may not be so simple. Beauchamp-Pryor (2011) argued that her impairment forms part of her identity and reflects the person she is today, further suggesting the difficulty she had to adjust to a different position. The use of 'game face' is an accepted norm amongst elite athletes but is just as prevalent in business, teaching, and any other way of life. Taking on a persona that works in specific environments before changing to another identity is common. As suggested in social identity theory (Sheridan, Coffee, & Lavalley, 2014; Lavalley et al., 2019) and narrative theory (Frank, 2010), identities unite people; the footballer supporter donning her team jersey on game night, the sermon giving priest, and the golfer who takes to the course after work, can all be the same person and find community with others in these different environments.

Finding a home, a place where one can feel safe and have a sense of belonging, can for many be fraught with difficulty. Some participants with a congenital impairment found the move from 'outside' the game to 'inside' the game problematic. The first contact with any new endeavour can be challenging and so requires a determined effort:

(JFA) “You just have to go out and do it. If you have a disability and want to try golf, well just get to the course or driving range and start asking questions. I can tell you if you wait for some trained person to come over that only works with disabled players, then you probably will not ever get started in golf.” (VoIP interview data)

(GNI) “I just went along, and I turned up on the first tee and I always remember I had an old set of wooden clubs and I think I had 14 or 15 on my first hole. I just loved it.” (Mobile interview data)

-PFR came to golf after acquiring an impairment and today plays most of his golf with non-disabled players. He appreciates that he can compete with all standards of players on a level playing field. (Observational field notes)

(PFR) “When I first started, some of the players looked down on me, because of my disability, but after a short time, they changed their attitude as I would beat them more and more frequently.” (VoIP, interview data)

All participants had to find their place in golf. Being an insider to golf before acquiring an impairment seemed to make integration somewhat easier:

(MJO) “The guys I’ve played with for 20 years have been amazing in the way they have supported me, and the guys with a disability have been like another level again. For example, Mathieu, a fellow leg amputee, has been a very good friend while finding my way in events, and Ian...has also been so generous with his support.” (VoIP interview data)

Mixing with new people was part of the participants’ socialisation in the game. Dunn and Burcaw (2013) argued that a positive or coherent identity can help manage or even negate the inevitable social and daily stresses of living with a disability. MKO was raised in a respectful, hierarchal, and conservative society which by comparison was much more formal than the culture found in SPR’s country:

(MKO) "At the beginning, I golfed only with friends, but when I started playing in tournaments, I was introduced to people who were competing to reach the top level, and I became a member of the same golf course and started to play with them." (Written interview data)

(SPR) "I was reasonably shy back then; I had a couple of older friends there and played with them most of the time. Eventually, I began playing and socialising at the club with some others, and that group has gradually expanded resulting in some good times, we get together and go on golf trips." (Mobile interview data)

Although identity is formed and sensed internally, the social meanings of their impairment to others and integration into an external landscape can enhance or adversely affect the individual's identity (Forber-Pratt et al., 2017; Watson, 2022). Finding the right course and the right people to play with proved to be a critical factor and was evident in the scoping review, where feeling unwanted and out of place was identified as a limiting barrier. Certainly, in the initial stages of integration into the sport, the attitude of club staff and members can make all the difference:

(ABR) "I've met people who are sceptical and [say], well, why are you on the course? You know, and I feel bad. Just a little while ago, I was playing golf and playing in a fourball, and the course was all backed up, you know how it goes. And the marshal came out and talked to us and told us that we need to hurry up...there was no one on the tee box behind us and we were in the fairway waiting on the guys to get off the green ahead of us. And I'm like, you wouldn't have said that if I wasn't in the group." (VoIP interview data)

(TKI) "I remember driving onto the green on the eighth, and this guy came running out the pro shop. 'What do you think you're doing? You can't take that on there. Get off the bloody thing!' I said no, no I've cleared it with the council. I can only play golf from this buggy, it's all been cleared, I'm allowed to go on the greens, and that's that. He said, 'Oh, right. Fair enough. Fair enough' and walked off." (VoIP interview data)

Sadly, it was not the only time TKI had such issues. A visit to a world top 70 ranked golf course was preceded by the customary phone call to check that it was OK to take the buggy to the course and onto the greens. Conditions agreed, and TKI arrived at the course only to be received with discriminatory attitudes and practices, that is, a form of disablism:

(TKI) “So he said, ‘Oh, right. Yes, you can go out and play, but we’d like you to sign this waiver, so if anything happens to you on the golf course, we’re not going to be held responsible, and if you cause any damage to our greens, we’ll be looking to you for the cost of repair.’ They actually had greens staff following me going round. I actually did write a letter to the course when I got back, saying how disappointed I was at the reception I got, and did they treat their able-bodied patrons the same as me? Did they ask them to sign a waiver if they were going on the golf course? Were they looking for reimbursement from them if they damaged the greens?” (VoIP interview data)

The benefit of being an insider once again is revealed through the experience of MTU. Club team member MTU was involved in a life-changing road traffic accident and on his return to golf found no resistance at his home club, although, at some clubs where he visited, he got some uneasy looks:

(MTU) “There was some resistance. They say they love to see me there, but it was very strange for me to be there. Golf and disability was not what it is now. Now they all know me, and I think they really like me to be there. They always encourage me to go to their places, to their golf clubs, so I think today is very different. Seven or eight years ago it was very strange, I had to ask for permission, lots of things, it was very, very different. Now it’s almost normal and they always say it’s a pleasure to receive me, and when they notice me, they come and say hi and cheers and congratulate me, so I feel really, really good.” (VoIP interview data)

5.4.2 Stickability

Starting the game is one thing; staying in the game is quite another. This subtheme shifts gear as the reasons for staying in the game for this group are presented. Based on what the participants said, stickability can be defined as a person’s ability to stick at a practice, their willingness or indeed eagerness to return time after time. Such engagement in any practice forms over time, and for the participants in this study was the result

of feelings of belonging, community, challenge, enjoyment, health, enhanced quality of life and being in nature:

(TPE) “Golf is all my life because all my life is around golf. My holidays, my work, my wife start to play golf, all my family is playing golf with me, and for me it’s like I am in a family with golf. I go to my club and there is my friend, who was my cousin or similar and it is a little world for me. I live in a spectacular garden that is the golf course, where the people are friendly, there is never a great problem.” (VoIP interview data)

(AST) “Last summer during the pandemic where I just fell in love with golf again to be honest. It became my source of exercise, my source of fresh air. Just so happened that one of my best mates was free jobwise and I was on furlough. We were able to meet up a little bit more regularly, so it became a social thing and a way of keeping in touch with him and seeing him. More than that, because we were playing regularly, both of us got quite a competitive feeling of not wanting to beat each other necessarily, but just wanting to improve our score and get better and better.” (VoIP interview data)

(JJO) “I am very happy that I met this group because when we are out there, we are not a bunch of disabled people playing golf, we are a bunch of people taking the mickey out of each other and having fun, loving the game.” (In person interview data)

(JMO) “And I am considered like a golfer, not as a disabled golfer. That’s very important for me and I am fully included on the associative activity of the club. So that is very important for me. And golf is above all a game. You have to enjoy playing. Don’t take yourself too seriously.” (VoIP interview data)

There was no discernible difference in stickability between participants who lived with congenital or acquired impairments, although it was noticeable that players with congenital impairments specifically mentioned the community of GwD as a source of inspiration and a group to be part of:

(LCE) "There's something special in these events. I think it is because of the unique people I met. When I am at an EDGA event, I feel that I can touch the power of the mind. If you want something, you can do it." (VoIP interview data)

(KDA) "I meet people with the same passion for golf, and we can all play the game together." (VoIP interview data)

(ABR) "Sport has always been something that I wanted to get into, to feel part of the community, to feel part of something like I belonged. And it was cool to get back into, you know. I stepped out of it with team sport and then right back into it with golf, with the adaptive golf community. That has been a pretty cool group to be a part of." (VoIP interview data)

This group of participants has already pre-qualified themselves as fully immersed in the game, competitive to the degree that they had a golf handicap and open enough to share their story. Even so, the findings were somewhat surprising as to the number of participants who mentioned tournaments, rankings, and competitive goals specifically:

(RLI) "Of course I would like to get as far as I can, maybe to be one of the best players in Europe...let's just see how far golf takes me." (In person interview data)

(MBR) "I want to be the best. I do the best I can, and promote the world ranking system, which is coming up. I want to get to be the best I can and so world number one and then yeah, we'll see what happens after that." (VoIP interview data)

(AWA) "It's the competition. And the thing with golf is, you can't say, the other player played too good or the other player did that, it's down to you. There is no excuses. I think that's a good point with golf, and that's why I like golf. I like golf to win competitions and to play, to feel it, and to have fun." (In person, interview data)

(SPR) "It's quite interesting when I come against somebody in a team match, and you can see them thinking, 'how the hell does this guy play off scratch or plus one handicap?' Then I get out and hit the ball, and it can actually freak some people out, which gives me a little mental edge on them." (VoIP interview data)

(TCO) "I didn't go into it hell bent, practise, practise, practise...maybe went out twice a week and had a game, but I loved it. Then it got a bit more competitive, and I sort of thought, well, if I'm going to match it with some of these, I'm going to have to do a little bit of practice at least. Yeah, that's when it sort of got more serious rather than a social aspect." (In person interview data)

The opportunity to socialise and feel part of a community of golfers generally, and GwD specifically, was brought up as adding to the participant's general quality of life and reasons for continuing with golf:

(TCO) "You get into the social aspect of golf, actually playing, you meet so many people, and it gets you back into life, so to speak. Getting around people. Then that sort of got me back playing cricket again, basketball again, squash again, because then I had the confidence, to be around people and it wasn't such a big deal to play sport in front of people." (In person interview data)

(KWI) "My friends...thought that golf is a great game because it's something you can play until you're quite old. Also, it's something that you can get outside, and it's a great way to meet people and socialise. So, we thought it was a great opportunity." (VoIP interview data)

As participants opened their hearts, they also revealed their innermost struggles. Approximately half of the participants had faced the crisis of trauma, and several had encountered suicidal thoughts. Mental wellbeing was frequently illuminated, with dark thoughts, isolation and feelings of worthlessness declared. Little was made of the valleys which undoubtedly are part of such a journey, but appreciation for what a second chance in life had presented was bountiful:

(CYO) “I was in a different world there for a few months, and nothing else really mattered. I think the great thing and the bad thing about being human is that we can get used to anything. So, you can learn to play golf with prosthetic legs, you can learn to deal with discomfort and still be happy. But I think the downside is that we can take things for granted. I think what I actually miss about that time is [the feeling] of just how great it is to be alive. You know, just looking at the tree outside of the window, I could burst into tears with happiness. It’s a really heightened emotional time.” (VoIP interview data)

(DDU) “I had my life habits. I didn’t have the vision of what if I’m ever in a wheelchair? So that was almost like a death blow. Yes. You’re sitting there and figuring out how do I re-insert myself into this world to get satisfaction from life. So having gotten introduced back into golf, it’s like a second lease on life. We appreciate more of those things that most regular folks just take for granted.” (VoIP interview data)

(SHA) “When I am not feeling great, you know, I will come over here and play nine holes, 18 holes with strangers, friends, on my own, and I just feel instantly better. There’s not a care in the world for whatever is going on, all I’m trying to do is to smash the white skin off that ball.” (In person interview data)

(JHO) “I have difficulties with many people coming around and stuff. And sometimes I go out, for example, eight o’clock in the night and play nine holes by myself and this time of day, I walk around completely in silence, and everybody is away and that’s about it.” (In person interview data)

(MRO) “It still to this day excites me to get out there, switch my phone off and be out in nature doing something that I love, with people I enjoy spending time with for five hours. It’s an incredible thing and I definitely credit that with being a big part of my recovery and rehabilitation through the years.” (Mobile interview data)

Belonging, community, challenge, enjoyment, health, enhanced quality of life and being in nature are all good enough reasons to stick in the game, to take time from other commitments and leisure pursuits. Each

participant had created meaning from their involvement in the game and justified why golf was important. The scoping review also reported all the above-mentioned benefits from immersion in the game, specifically mentioning improved self-worth, self-efficacy, and self-esteem. The game had so moved some players that their hobby had become much more. Amongst the cohort, there were volunteers, and advocates, professionals, and coaches, each giving back something to the game and in some cases making it their career. Golf, in short, infused their identity and they thought of themselves identity wise as a golfer.

5.4.3 Search, learn, and earn

Frankl (1963) explains how the daily struggles and experiences can and do affect one's mental state in his seminal book. At the core of Frankl's (1963) claims is that meaning is found through work, suffering, and love. Although set against the backdrop of wartime concentration camps, the search for meaning is just as real in everyday life (Frank, 2010). Couching the 'search' as a struggle predisposes that such a search will be hard. Perhaps it is complex, but the participants in this study seemed to think of it as a journey that involved questions, actions, and reactions. The participants each navigated their journey, during which they asked the questions they wanted and dealt with whatever was presented. There will be many searches during life, some independent from others, yet in some ways, many connected, albeit perhaps loosely.

All but a handful of participants shared reflections about their search, what they had learned about themselves, and about golf. Every recipe needs more than one ingredient, and to use the metaphor of mixing a cocktail, all participants have the base ingredient, that of immersion in golf, while the precise measure of engagement and other ingredients vary from person to person. Some elements, such as family, background, support, and affordances, have already been mentioned. Therefore, the reflections offered on being a GwD are as unique as the cocktails produced by a creative mixologist.

Golf had started for all the participants as something that might be interesting and fun to try; all had become avid golfers, each using the vehicle of golf to enhance their lives, as a form of therapy, a leisure pursuit, a way of giving back, or even a career opportunity.

Some participants mentioned the almost meditational benefits of golf as an immersive experience that, for at least a few hours, took the participants to a different place in their mind and body:

(LCE) "It's not easy to sum up what it represents for me, but golf represents freedom, the freedom to pursue my dream. I don't feel invisible, I feel good and happy, even though the pain and the spontaneous subluxation of the spine I have is ever-present. I can forget the hospital, doctors, therapy, and exams, this is like being in heaven for me." (VoIP interview data)

(JGR) "I think for me golf is a bit like life. I think it's a kind of emotional rollercoaster that happens over 18 holes or nine holes. And I think it teaches you a lot about your temperament, how you deal with pressure, and I think that's probably the most powerful thing, is the psychological side of things. And whether you're playing socially, competitively, or by yourself, just the opportunity to shoot better than you did the time before. It's irreplaceable for me as a recreation. I think when I find myself in daily life getting irate or frustrated whether it's work or family or friends or whatever, as soon as I book a round of golf and go out there, it's like my whole psyche changes. The only thing that changes my head space as much, is probably jumping into salt water, or jumping on a plane to go somewhere exotic." (VoIP interview data)

Almost all participants took the time to mention that they had learned about the game and themselves. Wadey et al. (2013, p. 126) reported that "individuals who encounter a potentially stressful or traumatic event (e.g., car accident, parental divorce, and bereavement) can experience positive changes that propel them to a real or perceived higher level of functioning than that which existed prior to the negative circumstance." Post-traumatic growth is a commonly used phrase in the literature and is part of a growing body of work (Sparkes & Smith, 2013; Tedeschi & Calhoun, 2004; Calhoun & Tedeschi, 2014; Crawford, Gayman & Tracey, 2014). The participants frequently mentioned that through golf, they had experienced a sense of growth:

(GGU) "Golf is the star that rekindled my life and given me the possibility to be born again after a dark period. I think that the most important thing is to overcome your fears to become a better man and I work on this. Golf is a really nice sport because from a psychological point of view it can teach you to know all your emotions in the time it takes to play 18 holes. You can feel happy, frustrated, angry, nervous and excited, and you have to be able to handle them all to arrive at the final green with a good result." (Written interview data)

(MRO) "We all have areas of our lives that no longer serve us. A bad habit, a poor diet, perhaps it's a friendship that is having a negative impact on us. In 2009, I took the drastic step of amputating my troublesome left leg in order to improve my life. It was both the toughest and the best decision I've ever made. I was fed-up with this draining situation and the circumstance I found myself in, so I took drastic action...it still to this day excites me to get out there, switch my phone off and be out in nature doing something

that I love, with people I enjoy spending time with for five hours. It's an incredible thing and I definitely credit that with being a big part of my recovery and rehabilitation through the years." (Mobile interview data)

Giving back frequently came up in conversation. Several participants made mention of adopting advocacy or mentoring roles.

(KBO) *"It works great for me, and it works great for other people. That's what I'm about now. I mean, golf is great. I love it. I'm outside, I'm enjoying it. But my goal now is to kind of pay it forward and help people. It's heart-warming to me. I mean, that's why I do it."* (In person interview data)

(DSM) *"I'm actually a peer mentor for Shirley Ryan Ability Lab and it's quite a privilege. If a patient is in Shirley Ryan and they want to speak to someone else who has a similar impairment, they have a peer mentor program, so they will reach out to someone, so in the case of limb loss, it would be someone like myself who's experienced it, but they also have mentors for other disabilities."* (VoIP interview data)

(CBR) *"I do a lot of advocacy work for visually impaired and deaf-blind people. I'm very much involved with charities right now. I was co-opted back onto the board of Fighting Blindness, and then also, just two years ago, well, at the end of 2018, myself and two other friends with Usher Syndrome set up a charity in the UK. I'm also on the advocacy support group for the Anne Sullivan Foundation, which is the national association for deaf-blind people in Ireland. And then also, naturally, keeping all my passions in my work, I'm on the disability advisory panel for Confederation of Golf in Ireland. I'm really, really excited about disability golf in Ireland as well. I'm glad that I can have an input into shaping disability golf in Ireland."* (VoIP interview data)

Although advocacy was widespread, other ways of giving back to the sport and the wider world were mentioned by a handful of participants:

(JFA) “After I came back to the US from the Disabled British Open, I started to see that the USA hadn’t run a tournament like this, and so that was the beginning of the United States Disabled Golf Association. My intention is to model the tournament on the Disabled British Open, and my goal is to make the championship one of the best in the world.” (VoIP interview data)

(CLA) “I had this idea of financing a school. I’m an ambassador for a project called ‘Star for Life’, which is a foundation from Sweden...and reaches out to over 300,000 kids, teaching them about all of those aspects of HIV, but also about dreams. Having a dream can make it easier to take decisions for yourself or the future, stay out of drugs, stay out of problems, and try to build your path in life. And that was really compelling to me, to build dreams, because it was one of the things that for me, played such a big role, to have a dream for the future to get back out there. At one of the first events, I went up on the stage and I told everybody about my dream, and it was purely from the heart. What happened that night was that we raised money to start and have the school for three years. So right now, there are 430 kids in KwaZulu Natal in South Africa, getting education for three years, which is amazing.” (In person interview data)

Nineteen of the cohort now make their living in or around golf in careers as varied as those of, purchasing manager, administrator, speaker, coach, and professional player. Only three of these professionals in golf were in the golf industry before the onset of an impairment. Golf had therefore transformed, at least for these participants, into a viable career pathway:

(GRO) “And I’m able to actually be an adaptive athlete out there. So, I’m actually walking the talk. I’m hoping that by example a lot of my media appearances have resulted in people reaching out to me going, ‘wow, my daughter saw you on the news’, or ‘we came across your information and we saw you on the local news,’ [and thinks] my husband had a stroke and he’s depressed, I’m losing him because he’s just not with me anymore, mind wise. He used to be a golfer... It’s just been evolving and into something much, much, much greater than I even had any idea that it was going to. So now I’m using my voice to really get out there and say, hey anybody that wants to, no matter what your ability is, you can get out there.” (VoIP interview data)

(CBI) “I’m a teaching professional at the Country Club of Birmingham. So, I teach golf for a living. My daily thing is I run our junior programme, and so I’m out there with the kids and trying to help out the next generation of golfers.” (In person interview data)

All participants have lived the experience of golf as IwD. Therefore, we could perhaps use the phrase “Walk a Mile in my Shoes” borrowed from the title page of a book on the story of Casey Martin, a professional golfer living with a congenital impairment (Cunneff, 1998). But perhaps that phrase has ableist connotations as it suggests walking. In this section, participants shared how they found their place in golf, what made them stick in the game, and how they searched, learned, and earned.

With experience comes insight; it is entirely reasonable to expect that each participant could offer some advice to others who may be facing difficulties, be it living life or simply getting into golf.

5.5 EMBEDDED IN GOLF

The findings of this chapter somewhat echo the types of barriers to sport for people with disabilities found in the broader sporting literature. Participants in this study reported barriers such as cost, lack of suitable transport, accessibility to all necessary facilities, lack of appropriate coaching, and inappropriate attitudes, all of which can be found in other types of sports. However, specific barriers unique to golf identified in this research were the size and typology of the playing field. Although stand-alone golf driving ranges have a standardised approach with hitting bays, mats, and level ground from which to play strokes, conversely, every golf course is unique. Built on natural land and shaped into holes of varying lengths, directions, and undulations that include various hazards, a golf course can be less or more accessible depending on how it was constructed and, to a large extent, when. Additionally, golf has the 'club' at its foundation, where like-minded people gather to share their passion for the game. Access to any club can be intimidating and potentially limiting for someone outside the existing homogeneity.

Golfers with disability do, however, benefit from the range and type of equipment available. Besides players using mobility vehicles, most players can use off-the-shelf equipment with minor modifications. Although further research is necessary, the participants reported physical, mental, and social benefits from playing golf. Many such benefits are found in other sports and activities, yet mainstream golf provides a moderate physical activity that evidently can be played by individuals with a broad spectrum of impairments.

Although the journey so far considers: the participants’ lives pre-golf, when and how the game came into their lives, their experience of golf, and their view of disability, there is still more to come. The next chapter

pulls together some of the advice shared to enlighten and stimulate both individuals and institutions as I revisit the participants' advice about getting into golf and thoughts on how they would like to see golf adjust.

CHAPTER 6: PRACTICAL RECOMMENDATIONS – SO WHAT?

6.1 THE BACK NINE – AN INTRODUCTION

A well-worn phrase in golf is that of the competition only starts on the back nine holes of the championship. The implication being, it is the critical time, when pressure builds, when players must trust themselves the most, focus on the shot in hand, and not be sidetracked by thoughts of lifting the trophy and what it might mean to a future career. Every stroke played during these few holes is granted a value beyond its true worth, as the last putt on Sunday has the same value as the opening drive on Thursday and every other stroke between. Although this chapter is akin to the last few holes, everything that has come before has equal value in the overall study.

This chapter has two interconnected themes which both have practical implications in terms of multiple recommendations, all grounded in the data. The first is titled ‘Advice to Others’, and the second ‘How Golf Can Adjust’. The chapter will present the final nine holes, and if I may extend the metaphor, theme one is covered by holes 10-14 to represent the participants’ views. These views have enormous value as each participant is an insider to both disability and to the game of golf. They have the benefit of their lived experience, an experience which they have shared to make this study possible. Theme two is covered by the holes 15-18 and in these sections each hole starts from the participants’ perspective, is progressed with the addition of my insider’s panorama, links with the literature, and finishes with a set of closing recommendations to provide the reader with a cohesive yet sometimes blurry story from which informed decisions are possible.

The 77 participants in this study generously gave their time, shared their life stories, and illuminated the path they had traversed into golf. During the telling of their individual story, each had disclosed valuable insights into how people with an impairment might experience golf and how golf could consider making the game more accessible and inclusive. As I collected and analysed the ever-growing data over the period of this study, more and more questions were raised and took me down well-worn paths and unfamiliar alleys, some of which proved to be dead ends while others opened refreshing new vistas.

The question of what I intended to do with the plethora of data weighed heavily on my mind. While contemplating the data, which took longer than I had anticipated, I heard a track on the radio by the now defunct British post-rock band, Talk Talk. Although I had heard this track tens if not hundreds of times previously, the words of the simple but evocative verses and chorus took on a different meaning. Perhaps this was part of my learning and development, which took place during the process of this PhD? Although the whole song left an impression on me, it was the final verse and chorus of ‘Life’s what you make it’ that was on constant playback in my head for several days:

Verse 3

“Baby, life’s what you make it

Celebrate it

Anticipate it

Yesterday’s faded

Nothing can change it

Life’s what you make it”

Chorus

“Everything’s all right”

(Talk Talk, 1986)

These 24 words helped me to synthesise some of my thoughts from the data presented. Almost all participants had come to realise that ‘Life’s what you make it’. Despite the presence of an impairment, be it congenital or acquired, many participants had been through struggles or were still contending with difficulties and yet had reached a time and place where they were able to celebrate their life and anticipate yet-to-be written chapters. Most had made peace with their impairment, living with, rather than being defined by them. Of the six lines, the fourth line struck me the most, ‘Yesterday’s faded’. Each participant had reflected, retrieved parts of their story, and shared these in a way that best suited their purpose. Smith (2007, p. 391) suggested that “people understand themselves as selves through the stories they tell and the stories they feel part of”. Whether or not these stories can be considered whole is a moot point, but they are useful to help represent the teller’s configuration of facts and so expresses their reality – their stories shape what counts as experience and become their personal truth (Frank, 2010). Doubtless, there were experiences, events and emotions left in the shadows, memories that had faded or had been intentionally compartmentalised. In a literal sense, the phrase ‘Everything’s all right’ is rarely accurate; however, the hippified connotation of these words, ‘It’s OK’, may be closer to the reality, as participants made it clear that not absolutely everything was all right, but in general, they were happy.

The participants’ stories contained a mix of insight, common sense, and sageness, with the majority expressing their desire to improve access to and the experience of golf for others with a disability.

So back to the analogy, the practical recommendations start at hole number ten and finish on the 18th green. Holes 10-14 concern ‘advice to others’ while holes 15-18 focus on ‘how golf can adjust’.

6.2 ADVICE TO OTHERS

The preceding chapter noted that several participants were involved in advocacy and mentoring roles, suggesting that most desire to give back, using their skills, knowledge, and experience to benefit others. In many respects then, they represented what Beck (2002) termed the altruistic individual. In reliving their stories, participants also often mentioned pivotal moments in their lives, moments when the help or advice of others had changed or at least adjusted the trajectory of their life story. Wanting to give back or indeed pay forward then seems to complete the circle, where participants offer their words of advice or encouragement to those who found themselves in a similar situation to that they had previously faced. There was a sense of obligation, indeed an altruistic need to share what they had lived, and if that should help others, then it's all part of being OK.

With a genuine interest to help others, the advice offered was not limited to golf but could be described as advice on living with an impairment. None were so bold as to suggest that their general thoughts would be life-changing for anyone, but all hoped that perhaps someone, somewhere, would find comfort in their words, or at least through their lived experience they could help to open a small window through which a vision of what a new life might reveal. The practical 'tips' for accepting and living with a disabling impairment are grounded in the players' stories and are as follows.

6.2.1 Hole 10

“Take the time necessary to come to terms with limitations or life changes due to the condition or impairment. Learn to live with it and do not be defined by it. Prepare for a different life, not a worse life”. (Researchers’ synopsis of the findings – Howard Antony Bennett)

Life changed for JHU when he was involved in a near-fatal road traffic accident. After being lost twice on the operating table, JHU finally woke and gave thanks to his maker, realising that there was still work for him to do and offered the following:

(JHU) “Just pause, breathe, breathe that air and be very blessed that you can still breathe that air. Ok? This is how I thought, for what it’s worth, right. I’m not saying what I did was right, but this is me recounting my experience...I think what’s really, really important though because I was asked to go in and see some people who had lost their legs, once I had recovered. I quite happily did it, but I was very conscious of the boundaries. So, I kind of more listened to them, and I was very careful what I asked them...I was balanced in telling them about the challenges that lie ahead, about the pit stops that you maybe just have to take.” (VoIP interview data)

Participants that received a life-changing diagnosis later in life had some parallels to those who acquired their impairment through trauma. Both had the experience of a different life before impairment, and for some, the diagnosis was just as unexpected. PSO was given such a diagnosis in his twenties, his advice to others receiving a similar jolt to life was born of that experience:

(PSO) “When I heard the diagnosis, I remember that my skin was so hot that I could boil an egg on my skin. I was driving home, I need to breathe slow to calm down because I felt like exploding. Remember, it’s not the end of the world. Of course, the disease it’s different from person to person. But the first impact, which is very heavy is, that you have to deal with this. Ok, if you don’t have a solution, then you have to live with it. Life is good.” (In person interview data)

It is not uncommon for patients diagnosed with a life-changing impairment or the acquisition of a trauma-related injury to experience a psychological shock. Nakagoshi and Tanemura (2017, p 12) concluded in their study of spinal cord injury patients recognising that “the disability acceptance process was not uniform and that it involved individual differences.” The paper identified 23 categories, with 100% agreement only found in those relating to shock, effort, adaption, goals, and worry. The category of adaption included thoughts on “thinking positively about living as a person with spinal cord injury” (Nakagoshi & Tanemura, 2017, p 7). Gollwitzer and Keller (2016) found that open-mindedness was one characteristic mentioned when describing the configuration of cognitive procedures related to action phases that benefit goal setting and goal striving. Further, Jeffres and Brown (2017) recognised three benefits from sports participation: increased self-efficacy, improved social capital, and better psychosocial health. The evidenced and perceived benefits are therefore available, but for IwD in this study, it is their self-determination that is a “contributing factor to whether they participate in sport and physical activity” (Saebu, Sørensen & Halvari, 2013). This was also noted in Heo et al. (2008) who contended that self-determination was essential for serious leisure participation. As all participants in this study could be characterised as being seriously involved in golf, it is unsurprising that most participants mentioned the importance of a positive mindset and self-determination.

RSH recounted a story of when he was in the hospital, and a mentor advised him, while JFA was direct when offering his thoughts on taking control of one’s life:

(RSH) “The guy who came to me when I was in hospital, he said to me, ‘Get ready because now your life’s going to start.’ This is the best thing that ever happened to me in my whole life; losing my arm, it doesn’t sound good, but it is. I think if I didn’t lose my arm, I would have had a proper office job just sitting in the office the whole day. Now,

I've got the opportunity to travel the world, and my office is the golf course, so what better office do you want?" (VoIP interview data)

(JFA) "I think people with disabilities have been given the wrong advice for a long time. Mainly I'm talking about off the course, and it saddens me that a lot of people don't yet take control of their own life, but if they don't learn how to, then, when they get older, it can be a real problem. I advise people that they can always do more than they think if they just believe." (VoIP interview data)

6.2.2 Hole 11

Listen to all the advice available and then decide on what is suitable for you. Be true to yourself, to your values and your dreams. (Researchers' synopsis of the findings – Howard Antony Bennett)

The World Health Organisation (WHO) (2021) defined rehabilitation as being the intervention necessary to reduce disability and optimise function in people with health conditions as they interact with their environment. Although this definition and subsequent reading suggest that psychological support is part of the rehabilitation process, and connects with the medical mode, the focus is clearly on physical healing, adaption and learning how to function in the world once again. This premise is supported by the WHO listing a typical rehabilitation workforce with no mention of psychiatrists or psychologists.

Participants in this study communicated the importance of getting the mind right, accepting the situation as it is, adopting a forward-facing mindset and pursuing a life they can envision:

(PSO) "So, accept you've got a mess. So what? Everybody has problems. Yours is this one. That's ok. Accept. You have to say yes to the disease. And if you do that, sometimes we forget that we have this." (In person interview data)

Former Paralympic gold medal-winning athlete MKA acquired an impairment at just 14 years of age. Initially, it was a crushing blow to a girl who had dreamed of being an elite athlete, but the self-determination that had driven her athletic career soon returned:

(MKA) “Don’t put your fate into other people’s hands. Like doctors or... Yes, of course, they’re there to help you and to advise you. By your fate, I mean, think about your goals in life and who you want to be as a person. I knew exactly what I wanted, I wanted to be a top athlete, and I also had the alternative. If I wasn’t going to be a top athlete, I was going to be a sporting teacher. So, for me, that wasn’t too hard, but I think if you don’t have that, then do really think about what you want to be as a person, rather than who and what you want to be with a disability? Don’t let that disability determine your life.” (VoIP interview data)

(MKA) “...In rehab, they also tend to prepare you for an ideal situation, or they over pamper you, whereas I didn’t have that. When I was coming home from the hospital, I had four sisters and two brothers just treating me the same as the day I left to hospital. In rehab centres, they’re trying to get you better, but it’s not about getting better. It’s trying to be yourself and trying to accept your new life.” (VoIP interview data)

6.2.3 Hole 12

Have short term goals. Find small daily or weekly wins and celebrate good moments. The only expectation should be to learn something new. (Researchers’ synopsis of the findings – Howard Antony Bennett)

Whilst there has recently been important challenges to goal setting in the context of physical activity (Swann et al., 2021), the use of short, medium, and long-term goals, be they outcome or process in nature, has long been the staple diet of athletes. Goal setting itself is a complex but multipurpose tool that elite golfers readily accept and, as such, was used by several of the participants in their journey through rehabilitation. Regardless of the nature, a well-defined and appropriate learning goal can motivate patients and staff alike, especially when the individual lacks the skills or tools to perform the task (Locke & Latham, 2015), create a shared objective, ensure that critical stages in the process are not overlooked and allow the monitoring of progress or regression (Wade, 2009; Evans & Krasney-Pacini, 2017). One must remember though that, as Levack (2018) argued, the objective of rehabilitation is not to achieve goals but rather to help maximise the quality of life through setting personal meaningful goals – often learning goals. Going back home was considered a positive stage of the recovery process; DHO was challenged by her medical team to ‘take the test’ and walk some stairs before being released back home. Despite the seven hours she had spent on the operating table and a prognosis of a couple of weeks in hospital, she made stellar progress, advising that simple goals were vital:

(DHO) "I walked the stairs as soon as I could and went home after four days, I think. I just wanted to get home." (Mobile interview data)

After almost a year in hospital, SLU didn't know where to start or what to do, so he asked his father, "I want to do something, what can I do?" His father's response took him a little by surprise when he said, "I don't know? Do you want to go to golf?"

(SLU) "Oh yeah, how am I going to do that? I hopped in there on one leg and just whacked the ball, I had no expectations and didn't fall over, the ball went forward and in the air, and my face lit up, I had a smile that you couldn't wipe off and my whole life changed from that moment. It taught me a lot, my father taught me that you don't know until you try, and I learned that when you do try, you don't know what the result might be." (VoIP interview data)

6.2.4 Hole 13

Do everything possible so that you are not isolated. Get involved in something, sport helps you to move, but any activity where you can feel included is perfect. Build a support network, and do not be afraid to ask for help. (Researchers' synopsis of the findings – Howard Antony Bennett)

Trauma patients often spend weeks or months in hospital. Usually, after the initial few hours, there is a flurry of activity as doctors, therapists, and nurses do what they do best and take care of their latest patient's medical and practical needs. For those lucky enough to have a visiting family, relatives and friends, the first days might be difficult as each attempt to make the other more comfortable. Soon, this gives way to positive reinforcement that they will get through this time and that life will move on.

Such times are challenging for all concerned, and according to KHA, all too often, it is once the patient returns home that the magnitude of what has happened hits:

(KHA) "People forget about you once you are out of the hospital. They come and visit you in the hospital and tell you that you've got to be strong and that you're going to be sorted out...but once you get out of the hospital, I think that people consciously think that he is going to be all right now because he is out of hospital." (In person interview data)

***-KHA** would see his wife go off to work and his kids to school just after eight o'clock in the morning, only to return late in the afternoon. Despite having a loving family, the time between took its toll on KHA, and he had to overcome suicidal thoughts and social isolation. GRO is adamant that social isolation can be a killer.*

***(GRO)** "We're not meant to be isolated. We're not supposed to be home, depressed and left out of everything. We're social creatures, and we need to be out and be around others." (VoIP interview data)*

For three participants, hospitalisation lasted more than two years, during which time medical and rehabilitation procedures had consumed their lives. Getting back into their former lives would take time:

***(TPE)** "When I came back from the hospital after three years... My friend I never see for a long time, which is the life of a guy of my age? What they think? What they speak about? And that was strange for me because I had to start a new life." (VoIP interview data)*

As also illuminated in the literature on the benefits of social support (Nicholson, Brown & Hoye, 2014; Carless & Douglas 2008; Rees, Hardy & Evans, 2007; Rees, Smith & Sparkes, 2003), participants living with a congenital impairment mentioned creating a support system involving friends and family along with medical practitioners:

***(NWE)** "I would say build a professional network as best you can from the NHS [National Health Service] because the help is there. You only have to ask for it, and you will get help. So, if you have a nurse or a doctor or a consultant that you can pick up the phone to call, and say I'm in a desperate situation, I just don't know what to do. I don't know how to cope." (VoIP interview data)*

***(TLO)** "You have to fight for your position in life a little bit more than a non-disabled. It's a perception that probably because you have a disability, you can't do certain things.*

So, you're always one-step behind other people because you have to show first and prove that you can do it before they accept that you can." (VoIP interview data)

Every participant spoke about their entry into golf, but more than simply advocating for golf, every participant confirmed the importance of getting involved in some activity, be it physical or mental, as essential:

(MNE) "Go out and go play and do any sport. Don't go and sit and be inside. You go outside and move as much as you can." (Mobile interview data)

6.2.5 Hole 14

Use living with your impairment as a learning experience for yourself and others. The experience is an opportunity to grow and educate others. (Researchers' synopsis of the findings – Howard Antony Bennett)

Hammer et al. (2019, p. 1) posited that "Para sport may be particularly beneficial for individuals with previous sporting backgrounds and for those with severe initial reactions to their disability." Posttraumatic growth is considered to be about positive psychological change (Tedeschi & Calhoun, 2004), and although closely allied to the benefits accrued from involvement in sport and physical activity, which is well documented (Martin, 2013; Smith & Sparkes, 2012), posttraumatic growth is relatively under-researched. One key study is by Hammer et al. (2019) in which they identified five domains where participation in sport can provide the fertile ground where posttraumatic growth can emerge as being opportunities for "meaningful social experiences, to overcome challenges, to become empowered, to develop one's identity, and it served a general coping mechanism" (p. 23). Moreover, the wider literature on growth following adversity, and sports injury recovery and return, focuses on different aspects of growth but generally includes and points to changes that can be observed in behaviour, cognition, and emotions (Wadey, Evans, et al., 2012; Hammer, Podlog, et al., 2019; Podlog et al., 2013). In this study, participants similarly identified the importance of being open to this type of growth and using it to educate others without being overly romantic about the challenges that come with disability. Almost every participant used their experience to explain how they coped with an impairment that fundamentally affected their lives. These experiences became words of advice, a set of fundamental beliefs, which had become their guiding principles:

(CNA) "I can tell the people, open your mind. Try to enjoy your life, enjoy the moment. And look what are the good things in your life. What can you expect in your situation? What can you expect on good things? Don't look for the bad things. Don't look in the moment when you are in the bath or whatever when you can't go on the bus, or you must ask in the supermarket. What can you do? Enjoy the moment when the sun goes up, and

you are anywhere in a good place. It's warm so enjoy this single second, this moment, to say, 'Ok, now this is one second of happiness, of luck.' When you see the sun when you sit there in that moment, nothing hurts, for example. And then, put it in your brain. That was a good moment." (VoIP interview data)

(SIV) "And that's what I said to everybody. I wake up in the morning; I watch in the mirror, I shave my face. I smile to myself, and I say, from this moment onwards, every person that I meet, I will smile to them." (Mobile interview data)

Givers of advice could be tempted to think that the words offered are sound and valuable, but it is how the receiver accepts, or otherwise, the advice provided that is critically important. Participants were quick to point out that dispensing such advice is fraught with danger, especially to someone they did not know. Communicating any advice is a skill and is dependent on the receiver, as every individual is different, bringing with them a lifetime of beliefs and experiences of the world in which they reside. MTU has the final say in the theme of 'advice to others':

(MTU) "I always say that I have a backpack, a heavy one, but the difference between me and another guy is that mine you can see it. Because we all have different problems, and the problems that happen to one are always big, if you can take advantage of those problems, not just learning about them, use the disability to teach you to enjoy other parts of life." (VoIP interview data)

6.3 HOW GOLF CAN ADJUST

This theme is again driven by the participants' interview data, is supported by my many years of being an insider to the game, first as a player, an industry golf professional, national coach, and administrator, and respects the growing body of literature around providing a quality experience of participation. These perspectives come together to create a Venn-like diagram and produce a set of existing commonalities and additional sets that, although different, may still offer future opportunities for exploration of relationships currently not formed. Unlike the traditionally clean relationships found in a Venn diagram, the commonalities are blurry, as participants' stories have no doubt soaked into my insider knowledge. Conversely, my insider knowledge has likely informed my understanding of the data and framed subsequent observations.

Commonalities far exceed differences, yet these very differences, although few, prompted me to ask how one experience could be so different from another and provided my most profound learning. Understandably everyone has their narrative truth, so any attempt to construct a story to represent an all-encompassing set of observations and suggestions is futile. Therefore, my role is to present a cohesive story to the reader, with harmonious parts of the data delivered to represent the cohort faithfully. I also highlight data that stood alone, rarely mentioned, and yet is just as valuable.

In progressing the chapter, the following practical suggestions may interest international ruling bodies, and National Federations who provide the overall vision of golf. These bodies are often in close collaboration with other organisations involved in specific delivery areas, such as professional tournaments, golf handicaps, rankings, coaching, management, and golf for the disabled [G4D]. It is, however, the clubs and courses where golf takes place, where the decisions are taken at a Macro level that affect the rollout of the game and meet the end-user, the golfer.

The cohort in this study had views on how golf might adapt to make the game more attractive and inclusive for IwD to get involved. It is not my role to judge these views as relevant, irrelevant, valuable, or meaningless. The participants offer their views in this final theme rather like a fly-half; the rugby version of a midfielder in soccer or a quarterback in American Football who might hoist a ball forward. As are the following suggestions, the ball is available to anyone who wants to be on the receiving end. Those who do so will risk oncoming tackles from the so-called 'status quo', determined to keep things as they are. Without a receiver, then any progress will be laborious at best. The high kick is merely analogous but makes the point that regardless of how well placed the intent is, someone must be prepared to receive and carry forward the progress.

The participants expressed no finger-pointing as they shared their stories, no blame was apportioned, and so the reader can glimpse into the participants' world, guilt free, as they take the words offered and do with them what they will. Learning best occurs when the mind and heart are open to different opportunities. The reader is encouraged to consider the participants' views, as each uses their experiences to form a way to cope and deal with the stressors they face, such as access, physical and mental health, burden of care, social interaction and in the case of those who acquired an impairment change in the above. It is incumbent on the reader to navigate the range of emotions these stories evoke, their place in this world, how they connect with it and how these suggestions may adjust or otherwise their understanding of G4D. The stories presented provide a snapshot of their lives and thoughts, illustrating opportunities for growth for individuals with an impairment and the game.

6.3.1 Hole 15

***Implement more inclusive practices and reach out to more women and youngsters with disability.
(Researchers' synopsis of the findings – Howard Antony Bennett)***

Starting golf in a group with others of a similar level of knowledge and skill was popular. EDGA (2021) promotes a player pathway that begins with the sampling stage, progress to the participant stage and ends with the competitor stage. EDGA (2021) also suggests that someone known to the sampler is often the gateway to the game as an informal setting for such an introduction is common for younger samplers. Those who start later are more likely to begin in a formal or semi-formal setting, such as a structured activity with friends or colleagues. Therefore, appropriately trained coaches at every part of the player pathway must be readily available to ensure that the experience for individuals with an impairment is equal to that experienced by a non-disabled player. A handful of participants mentioned specific groups for GwD, but the general sense was that although some had started in such groups, being part of a mixed ability group was advantageous. The polar opposite opinions of TLO and CBI demonstrate that a flexible approach to coaching GwD is necessary:

(TLO) “You have to make special lessons, because you can’t put them in a group of people where you have maybe eight people learning to play golf. You need only three or four in that same group because they need more attention, and it takes a little bit longer to show certain things to them. So, you need more time to teach these people, so the lessons should be smaller, and by doing that you need funding. And not because I don’t want these disabled people to pay for it, because they have to pay for it like every other person, but they have to pay the same price for the lesson as the other person. We [might] have six lessons for 99 Euros... [then you] can’t ask 200 from someone who is disabled because he’s not with eight in the group but with three in a group.” (VoIP interview data)

(CBI) “I want to make it as inclusive as it was for me when I first started, but even maybe better. So, when I first started in the First Tee programme, [I was] playing with all types of golfers. So, I was the only one that was disabled in my particular group, but I didn’t need any equipment. I don’t want to have separate organisations that are just focused on disabled golfers. I’m going to try to blend them together at least in the junior area so that they can all just be a part of the same golfing experience that I went through.” (VoIP interview data)

Golf as a total experience includes playing the sport and membership of a community of practice, whether formally as a club member or informally with friends. The cohort had embedded themselves in the game but advocated changes to make the game more user-friendly, and not only for GwD. ABU and TLO had different opinions, but both agreed that change was underway:

(ABU) "I think golf is beginning to change in the last few years. I think golf clubs need to be more user-friendly and less stuffy, I suppose, about etiquette, what you wear and all those sorts of things." (Mobile interview data)

(TLO) "You see a lot of problems here as you see in other countries as well... People don't want to be a member of one club anymore they want to be able to play on different places. People want more freedom, and we should change the whole golf business to that, people don't want to be a member of one club anymore. They want to play everywhere." (VoIP, interview data)

Women players showed great concern about the numbers of women in the game in general, specifically in G4D. Golf has made determined efforts over the last decade to make the game more user-friendly for women and get more women involved, which is replicated in the desire to get more women with an impairment engaged in golf:

-MKA had carved out a successful career in tennis, where the numbers for participation are closer to parity with a 41% female, 59% male balance (ITF, 2019 www.itftennis.com/en/about-us/organisation/publications-and-resources/publications). (Observational field notes and desk research)

(MKA) "We have two statistics not in our favour, first of all women golfers versus male golfers, and then females with disabilities versus males with disabilities. So that's two. I was thinking about a third one in terms of age, because we're trying to get young golfers involved, but as a youth sport, period. [Golf] is having a hard time to compete with a lot of other sports as well. That's the third challenge that we have." (VoIP interview data)

-ABU had been involved in volunteering in golf, before telling her story and since has increased her involvement. At first, ABU had been helping her local golf club with administrative tasks before taking a course offered by a respected golf organisation to develop her leadership skills. Today she is more involved in development activity, (Mobile interview notes)

(ABU) “In golf for the disabled there’s still this very big gap between the number of female golfers and the number of male golfers... I think some of it comes down to awareness... they just don’t know it exists. I think it’s traditionally been a male sport. There’s some barriers to golf in some ways, in terms of cost of equipment and time, and those sorts of things. But I think more women are getting interested in golf. It’s definitely, I believe, the biggest growing area for golf participation at the moment.” (VoIP interview data)

(JSR) “It’s a pity that women’s golf there is not so big a demand in this society. Also, especially when there are women with disabilities, it’s really a bit pity. I think why women with disability do not play, is just the fact that they don’t know that there are some tournaments for disabled people. Because in my case, it was when I was 16, then I heard for the first time about these tournaments. Maybe if golf can publish it more or spread the news around it would be good.” (VoIP interview data)

Golf traditionally is accused, and rightly so, of being a game dominated by males. McGinnis et al. (2005, p. 313) stated, “Golf does not inherently privilege men or women physically, yet men are much more likely to participate in golf.” The facts are there for everyone to see, the ratio of male to female players, coaches, and officials in 2021 is proof that women, who account for broadly half of the general population, are in the minority when it comes to the world’s golfing population, even though some countries are closer to gender balance than others.

Golf has moved on from a ‘wives of members approach’, typically found in its own and other sporting organisations such as The Edinburgh Ladies Archery Club, which allowed only the wives and daughters of members to join back in the late 19th century. The prevailing attitude in golf was that “Women could accompany men round the links and some were known to do so, but their presence was regarded as a distraction for the serious male golfer” (George, 2010 p. 290).

Initially, golf equipment for women and children was little more than shortened men's clubs, which were inadequate for many. Likewise, even golf clothing fell into the unisex category with the addition of extra small men's pullovers, which were ill-fitting at best and masculine in design. Even when I was growing up, opportunities for women and children to access the course were limited, with some clubs barring women at weekends and restricting children to specific times at which they could play and only then with an adult.

The 'ladies' locker room was typically a mirror image of the male version, with the occasional nod to gender difference with the addition of a flower arrangement. Decades passed before a more enlightened view that what women want from the game and how they approach it may differ.

In the second half of the 20th-century, junior programmes, which initially were for the children of members, gradually opened to outsiders, but only then with an introduction from a member. Somewhat later, programmes to specifically attract more women to the game began to emerge, but all too often with tea and scones attached to the offer. Although golf's initial attempts to entice women and children to the game may have been somewhat ham-fisted, a growing body of research is beginning to educate the golf industry that more women and children involved in golf is good for the game and that their needs and wants must be respected.

Women and children with disabilities face dual barriers as members of two underrepresented demographics in golf. Positive action is required to help remove these unnecessary hurdles to participation. Making the game more relatable to women and children with an impairment is vital, and what follows are simple recommendations, easily applied that respect the needs of each:

- Raise awareness that golf is available to IwD
- Develop positive action programmes with outreach programmes that attract women and children to sample golf
- Challenge the broadly held perception that golf is exclusive by showcasing ordinary women and children that play the game and what it means to them personally, their family life and social connection
- Make golf more welcoming to players of all abilities, with suitably trained reception staff, coaches, and managers to receive newcomers and facilitate their entry into golf
- Adopt a buddy system to help embrace new players into the club environment
- Make learning golf an enjoyable experience, be it alone or with other like-minded people
- Create barrier-free access to golf.

6.3.2 Hole 16

Fun should be the gateway drug to golf. (Researchers' synopsis of the findings – Howard Antony Bennett)

Getting golf on the menu of sporting options for IwD is vital. Golf is rarely promoted as a sport for all within rehabilitation, medical and community centres, and when it is, it is all too often poorly presented as a skill led game. Golf must be presented in a way that stimulates people to give it a try:

(MNE) “When you go to a rehabilitation centre and there’s young guys and they can choose [a sport], if they’re in a wheelchair and they can choose between tennis, basketball or golf, I think they always will choose basketball or baseball or dance...because I think golf is still kind of boring for the youngsters. There is this misconception about golf, that it is boring, and it is slow.” (VoIP interview data)

Full participation in any activity, including sport, can be understood as “the quantity and quality of participation” (Shirazipour et al., 2017 p. 40). The meaning that IwD attribute to sports participation is insightful and can provide an opportunity for the sporting offer to be enhanced to reflect the needs and wants of existing and prospective participants (Allan et al., 2018; Evans et al., 2018). The Canadian Disability Participation Project (2018, p. 6) identified belonging, autonomy, mastery, challenge, engagement and meaning as the six building blocks of “quality experience and participation.” Recognising a quality experience will ultimately be a personal blend of one or more of the six building blocks, placing the participant at the very heart of their involvement with golf is necessary. It should also be noted that defining what ‘fun’ in a sports participation context means is a relatively elusive concept, and there is little by way of consensus (Visek et al., 2015; Bengoechea, Streat, & Williams., 2004; Green, 2005). In this regard, participants’ subjective experiences filtered and composed through stories are considered valuable in exploring the components of a quality experience (Martin-Ginis et al., 2017; Hammel et al., 2008). The participant’s stage of development will also contribute to the blend and will likely change as their engagement in the sport changes along the player pathway. Therefore, this study is a snapshot in time, not only of the overall subject matter but also the participants’ views. Even so, the literature identifies fun as a fundamental element to initial participation in sport and its absence as being a contributing cause of defection (Visek et al., 2015; Heritage, 2013; Skille, & Østerås, 2011). This was also crucial in this study.

An Erasmus+ project, ‘GoGolf Europe’, backed by the European Union in 2016, considered how golf could become more attractive to youngsters and how it could retain them for longer in a sport that once tried was all too often dropped in favour of other activities. Chief amongst the recommendations in GoGolf’s innovative coaching methodology is, “learning and retention of skills is fundamental, but which begins with

the sport and not the skills, focuses on problem-solving tasks, not skill repetition” EOSE (2017). Samplers should therefore start with the game, fall in love with the activity and then progress in the learning of the necessary skills to perform better will become needs based rather than externally prescriptive. Although the project focused on young people, many of the report’s practical recommendations are equally valuable to make golf attractive to IwD. The GoGolf Europe report highlighted access to the physical environment, suitable equipment, appropriate coaching/programmes that are student driven, and a supportive social environment that would address attitudinal concerns around cost, exclusion, and the golf. The report emphasised the need for structural change and interventions to promote golf to underrepresented demographic groups; and the need for courses and clubs to be more welcoming (EOSE, 2017).

One of the six building blocks of quality participation is belonging, and however a sense of belonging is felt, it will likely include a feeling of security and support, acceptance, and inclusion. This sense can result from involvement in a social group, a community of interest or even the wearing of an identity that feels comfortable. In a study of adolescent girls’ participation in sport, it was found that “participation in sport often led the girls to a community that alternately allowed them a sense of comfort, belonging, normality, and at times, uniqueness; each of which is entwined with identity development” (Anderson, 2009 p. 442). The general perception of golf is that the opportunity to ‘belong’ seems far away even though golf is trying hard to bring more inclusiveness to the industry. Although the physical components of an inclusive environment can be achieved with what can be thought of as minor adaptations, as suggested in this study, the social environment potentially may take longer to accomplish, and so may adhere to George Simmel’s contention that “the social inclusion of people with disabilities in our society is ‘spatially proximal yet socially distant’ (as cited in Milner & Kelly 2009, p. 48).

Competition has been a cornerstone of organised golf for more than a century with clubs and National Federations organising local and national events for a broad range of subgroups with their respective congregations. Junior, women, senior, and more recently mid-amateur golf events are played annually and in some cases with even smaller subsets in an age range. G4D has not had the same benefit afforded to it by all but a minority of National Federations. MNE highlights that without local events on which to cut one’s teeth, the jump to national and international tournaments can be intimidating:

(MNE) “I think we have to make it easier for them. I think there are more ladies with a disability, but the thing is that they might think that it’s a bridge too far to go and play international tournaments or start with national tournaments because they think they’re not good enough.” (VoIP interview data)

For athletes who come to golf from another sport or former non-disabled golfers, the opportunity to compete can be a driver for future success and the fulfilment of athletic identity. Douglas and Carless (2006) identified ‘performance narrative’ as the dominant story amongst elite women golfers. For people who subsequently play golf as an IwD, the transfer of performance narrative can serve a purpose, as both Crossley (2000) and McLeod (1997) stressed the importance of weaving personal experiences into a story form, creating a sense of self that may then bring coherence to the lived experience. A word of caution is that adopting such a narrative can unwittingly place the individual at odds with their everyday embodied experience, especially if time has reshaped their story. As Smith and Sparkes (2008) suggested, when a person’s experiences no longer fit their current narrative framework, identity problems can emerge.

What then for those who express a different narrative? A narrative is not the story but rather a story constructed with events, some of which are highlighted and brought to light, while other happenings fade into the shadows. The chosen narrative allows the storyteller to express themselves and make meaning of their reality (Clandinin & Caine, 2008). The very mention of the word competition is enough to make some players uneasy as most people sample the game for fun, perhaps for health or social reasons, and yes, for some, for a competitive outlet, but underpinning every decision to try golf is the opportunity for enjoyment. Competition against others or even against oneself to gain and lower a golf handicap has already been mentioned, and a common question amongst golfers is ‘what is your handicap,’ the seemingly innocent question helping to establish a golfing hierarchy:

(CLA) “...it’s somehow the picture that as soon as competition comes in, the word is directly attached to pressure. I believe somehow the picture about it needs to maybe change.” (VoIP interview data)

Competition is not bad per se, but it is not the only game in town. Martin-Ginis et al. (2017, p 395) contended that “the individual’s subjective perceptions of autonomy, belongingness, challenge, engagement, mastery, and meaning” be considered and incorporated into the construction of activities to deliver quality experiences. Allan et al. (2018, p. 170) “An individual is fully and effectively participating when he or she engages in an activity to the extent to which he or she pleases (quantity) and has a positive subjective experience (quality).” When viewed through a purely performance-based lens, this may leave the individual confronting increased tension as their authenticity is internally challenged, raising the question:

(MJO) “.... who am I, and what does this mean.” (Mobile interview data)

There is no faster route to raise awareness than through high profile competition. The opportunities are enormous for media coverage of national and international tournaments where typically 50-80 players are competing. Conversely, a visit to a rehabilitation centre, a workshop, education seminar or even a

demonstration event does not seemingly capture the media's attention, despite the value of development activities to grow the number of golfers with an impairment. When competitive and development activities align, then the sweet spot of an attentive media and vital message align:

***-JDE** had been two years in rehabilitation. The time at the unit had helped him forge a good network of contacts. One day he wanted to find out about playing golf.*

***(JDE)** "I rang around and got hold of one of my old therapists and she said why don't I contact Royal Talbot, which was the rehab I was in for so long. But I'd sort of avoided Royal Talbot because it was that part of my life that I wanted to just move past and not think about, which in hindsight wasn't the right way of doing it. But anyway, I rang the sports bloke there at Royal Talbot. And he goes, 'Oh, funny you rang, can you get over here next Wednesday?' I said, no, not a chance. And he goes, 'Oh, shame, the Presidents Cup is on next week, and the disability people play before it, and they're doing a little clinic at the rehab. Geez, it would've been perfect for you to come over and meet some of the people there. 'Anyway, I hang up, and I was thinking about it for about a minute. I went, no, fuck it, I'm going over.'" (VoIP interview data)*

***-JDE** The experience that day would help JDE get back into golf, meet others with a disability who were successfully competing on the international stage and has resulted in him becoming a member of a club with a golf handicap of fifteen. It seems that this would be a good story that should be press-worthy, but generally, such reports do not capture the attention in the same way that a shiny tournament at a prestigious venue might.*

The opportunity to have fun seemingly never gets old. Even highly competitive players enjoy the sense of competition against themselves or others. So, if the desire to have fun straddles all levels of players, from samplers, through participants and to competitors, it would seem reasonable to frame the game as being an enjoyable experience:

(JSR) "My parents started to golf earlier when my sister and I were young, and then they took us both to the golf course. At first it was a little bit boring because only putting. Then we were also on a golf course which didn't see young people or children on the green. It was boring. But we got more and more practice, and on the occasion my sister and I also drove the car, and that made it fun." (VoIP interview data)

- JDE and JSR offered a relational narrative, speaking their truth, depicting the significance of intergenerational, family and peer relationships, and in doing so said the unsaid, as they invite us to experience their world and their relationship with it from where they reside.

Positioning golf as a fun activity that is welcoming for all will require concentrated and consistent messaging. Every year, TV carries the professional tournaments from the PGA Tour, the DP World Tour, Ladies Professional Golf Association (LPGA), Ladies European Tour, and other notable Tours for more than forty weeks. Every month hundreds of thousands of golf magazines are distributed covering subjects such as tournament results, the leading professional players, reviews of equipment that will help the reader play better, and if not, they only need to view the instruction section and millions of similar articles which flood the internet. The sheer volume of tournament and performance focused coverage drowns articles that position golf as a health-enhancing physical activity, as a recreational activity, as a game to bring people together cross-culturally, intergenerational, and from across the gender continuum. Golf in the media is all about competition, who won, how far they hit the ball, how many birdies. But golf could also be seen as a postmodern sport, one where it is the experience, not the outcome, that is all-important. While one can compete in golf at every level, to a greater or lesser extent, one can also simply play. Similarly, many runners, swimmers, ice skaters, skiers, and sailors never or rarely actually compete in their sport. For them, it is just about participating, often as a shared experience. So, while golf, like almost every sport, has elements of competition, a means to compete, to demonstrate prowess in a 'safe' environment, it is for many just a good sport with a bit extra. Coverage of how golf is helping the broader community and the people in it through charitable work and participation opportunities are all too often relegated to the inside covers of local news outlets or scheduled at off-peak broadcast times.

There is little new in the following recommendations, which merely add to those above, and those already in the public domain, but as I have found to my cost, a message can traverse the world in seconds and yet take years to penetrate the last six inches between the ears:

- Development of a clear and consistent message around golf as a fun activity
- Increase messaging about the health-enhancing benefits of golf
- Position golf as accessible to all
- Design a quality participation framework
- Link development activities to competitive events.

6.3.3 Hole 17

Improve accessibility to courses, clubs, and coaching. (Researchers' synopsis of the findings – Howard Antony Bennett)

Even though international conventions such as The UN Convention on Rights of Persons with Disabilities (2008) and national legislation such as the UK Equality Act (2010) have identified the human rights of people living with a disability, too many examples of poor accessibility still exist. Indeed, illuminating the significance still of the social model, several participants felt that too little was being done in new facilities to ensure that they were not prevented from exercising their human rights and fundamental freedoms due to barriers of attitude and environment. This view was not limited to golf facilities:

(KWI) “I’m doing Japanese lessons through a place in the city. I asked did they have a lift? Normally in the city most buildings would actually have a lift, but it didn’t actually have a lift. Now, it’s on the first floor, but it has three flights of stairs. Now, that’s not really very user-friendly for someone with a disability.” (VoIP interview data)

The overarching tenet of ‘Universal Design’ (UD) is to create a world that is accessible for the most diverse user population. The first of seven principles, related to both the construction of products and the built environment, is that of equitable use “designs should appeal to diverse populations and offer everyone a comparable and non-stigmatising way to participate” (Story, 2001, p. 62):

(KWI) “One of the things that I find very difficult is access. For example, the golf course that I’ve played at is actually quite difficult to get down to the first hole. I’ve actually got a remote buggy, so it is a little bit easier, but my coach often takes it because if you don’t get hold of the remote or press the right button, it can just go whoosh. But yeah. Then, for example, where I’m having lessons, there’s a huge step. So, it’s actually quite difficult. I would say access is also quite difficult.” (VoIP interview data)

Although much UD discussion is focused on the built environment and products, accessible services to all are just as important. The EDGA.tv YouTube channel has multiple videos that serve as an introduction to golfers with a variety of impairments and which are part of their coach education programme, (EDGA, 2021). Several PGAs have set up inclusive coaching programmes, which have helped get more professionals become aware of how to approach coaching a GwD, providing at least a starting point for what to do, what to ask and how to approach a player with impairment. Although this is a move in the right direction, the training is at best basic and brushes the surface. TKI recognises that there is much to do to help coaches get comfortable:

(TKI) “The majority won’t have had much dealings with disabled people anyway. They don’t want to be seen as too politically correct. They want to be able to talk to them like they would anybody else. But they’re worried in case they offend maybe.” (VoIP interview data)

Several players had instances where a lack of regard for their disability has resulted in practices that disadvantage their full inclusion in the sport. In 1998 PGA Tour Professional Casey Martin successfully sued the PGA Tour for the right to use a cart in Tour competitions (PGATour 2001 www.law.cornell.edu/supct/html/00-24.ZS.html 01.07.21), and yet TPE had a similar barrier to deal with:

(TPE) “I play with the crutch also for one year then I came back to practise with the crutch I play three tournaments. People see me with the crutch, they say, why you not walk, I broken my leg I cannot walk normally, they don’t give me the car. But it’s not important if you play golf, they say.” (VoIP interview data)

Martin had cited the Americans with Disabilities Act (1990) for the right to use a cart when he played in events, and it was not until TPE also turned to the law that a cart was made available:

(TPE) "I write with the advocate [lawyer] and in three days they give me the car and then I start to play with the car." (VoIP interview data)

Improved accessibility to courses, clubs, and coaching requires golf to take positive action to ensure that it is not left behind when it comes to the game's inclusion credentials. Course, practice, and clubhouse facilities require a mix of enlightened architecture that incorporates UD principles and guidelines for retrofitting existing facilities to appeal to diverse populations. With hundreds of golf courses more than a century old, golf is challenged to bring these facilities up to speed. Adjustments which offer consideration to GwD without structurally changing the experience and challenge of the game for others are eminently possible. All but a few golf courses undergo regular redevelopment programmes with green complexes, bunkers and teeing grounds regularly remodelled. So, with a set of practical guidelines, courses can take a previously inaccessible course attribute, such as a teeing ground with steps, and retrofit to ensure a gentle slope is also included. There are too many examples for the scope of this study, but suffice to say, with consideration of the needs of people with a physical, sensory, or intellectual impairment, golf course layouts and practice facilities can be easily and inconspicuously upgraded.

The clubhouse is not only where players congregate but is often the spiritual home of the golf club, whilst housing the general office, reception, bar and catering facilities, and the club or professional's shop. Likewise, clubhouse facilities that include lower counter areas, more generous accessibility, multi-sensory spaces with tactile surfaces, colour, lighting, and improved acoustics, together with appropriate furniture, ensure that all users can equally enjoy the facility. Accessible websites, together with online course/club information will enhance the experience of visually impaired players. Adequately trained staff, able to attend to people of all abilities with an understanding of the needs of those they serve, is equally important. Traditionally golf clubs have a mix of paid employees and volunteers, with volunteers often those in decision making roles at Board or committee level. Club policies and practices are often decided at such levels before passed to employees for implementation; therefore, everyone involved in the club must be made fully aware of policies and procedures that may overtly, covertly, or unwittingly affect the enjoyment and full participation of specific demographics. Legislation may prompt changes that golf clubs may willingly or even reluctantly make, but it is also the culture of golf clubs that the game must address. As clubs started to emerge, the sport was dominated by the idea of like-minded individuals associating together and believing that they had the right to associate with only their type of people. So, the clubs became a point where the game became segregated into those who were members and those who weren't. Blackballing, sometimes used by clubs as a simple means of keeping out undesirables, was common, and these undesirables could be

anyone who was different. While there may now be a majority of forward-thinking national and international organisations at the top of the sport [this is a relative term for golf], the clubs themselves remain the gatekeepers. However, clubs are the sum of their members and all too often, these members are allergic to their recreation being affected by those who don't or can't play the game as they do.

Evans et al. (2018) pointed to the delivery of specifically designed sports programmes for IwD to provide access and enact inclusion policies, suggesting that coaches have a pivotal role and the responsibility to deliver high quality experiences. While golf has well established professional education programmes, coaches lack access to structured, disability-specific coach education opportunities and resources. For golf to grow the number of GwD and importantly meet the requirements of the UN Convention on the Rights of Persons with Disabilities (2008), its member organisations must recognise that it must further develop the current offer to ensure a more inclusive experience. Therefore, it is reasonable to assume that appropriately skilled coaches will reduce the barriers to golf access which is a fundamental building block of an inclusive sport.

The following recommendations, supported by the preceding text, offer a headline view of how golf can better improve accessibility to courses, clubs, and coaching:

- Review and adjust where necessary the physical environment, with accessibility, transportation, safe spaces and equipment at the forefront of decision-making
- Reduce artificial barriers to engagement
- Promote and implement game-based learning
- Coach the game before teaching the skills to play golf
- Where possible design universal programmes accessible to golfers of all abilities
- Embed escalating levels of challenge into coaching programmes and increase opportunities for task specific mastery.

6.3.4 Hole 18

Modify the general perception of G4D through raised awareness. (Researchers' synopsis of the findings – Howard Antony Bennett)

Since the beginning of golf, the people who play or administer the game have set a golf culture. That culture is perhaps something that has no meaning to anyone other than existing or prospective golfers. The golf

culture for many outsiders has an air of exclusivity, with insiders shaping the practice and culture of golf. Right or wrong, respecting tradition while recognising more contemporary desires has proven to be a difficult task for the game. Some deride golf for its culture, yet every sport, business, profession, or even social group has its own culture. It's hard to imagine a member of the Campaign for Real Ale sipping wine at home, a member of the Hells Angels riding a 100cc scooter or an agnostic member of the Mothers Union. Often slow to change, yet occasionally ahead of the times, golf must respect its past, yet navigate the present, and future.

Public perception is little more than the expression of beliefs on a topic which many people hold. Although perception is not always factual, it is at least the truth to a person who has such views. Therefore, public perception is real; it shapes the dominant narrative, it can strengthen or weaken trust and allow people to interact with the world. Public perception can quickly change, as diesel engine makers have seen. The diesel car engine has gone from being the more environmentally friendly choice, with lower CO2 emissions and a cleaner burn than their petrol-based counterparts, to an environmental hazard in just twenty years. In two decades, the owners of such vehicles have gone from being socially and environmentally conscious to being part of the global climate change problem. The reality is that the dominant narrative did not change over those twenty years but in a considerably shorter time frame, one where public perception tipped. Golf must be aware of how quickly public opinion can swing from one extreme to the other.

Although attracting significantly more individuals with an impairment to the game has proven challenging, GwD are now playing practically everywhere that the game has a recognised National Golf Federation. Even so, golf must cross the chasm to change perception and turn golf into an attractive game for IwD:

(MWL) "Even when we talk about golf for people with disabilities, I think most of them are thinking that because they have a disability they cannot play. We have to turn it around and let them know that everybody, with every disability, can play." (In person interview data)

(MKA) "In other sports, there's not that misbalance that we see in disabled golf...it's a really, really low threshold sport so it's fairly easy to start, you already have success when you hit a putt of two metres, or you had a chip from 10 metres and you play one or two holes. You can have really, really elements of joy and you can have a really nice afternoon." (Written interview data)

It seems fear of the unknown is hard-wired into some people, and it is only when the unknown becomes the known does that fear diminish. Carlton (2016, p. 5) stated that fear of the unknown can be defined as being “an individual’s propensity to experience fear caused by the perceived absence of information at any level of consciousness or point of processing.” The majority of participants reported that once people could see GwD playing, their view of disability changed. I have first-hand experiences of golf club directors, staff and members adjusting their view of GwD, and more than once have purposefully paired a GwD together with a sceptic. The participants overwhelmingly had been well accepted into club life, although a handful who did not want to be identified when stating that initially, they had to overcome prejudice and preconceptions:

***-PFR** plays most of his golf with non-disabled players, and he appreciates that he can compete with all standards of players on a level playing field.*

***(PFR)** “When I first started, some of the players looked down on me because of my disability. But after a short time, they changed their attitude when I would beat them more often.” (VoIP interview data)*

***-TBE** would love to see golf played on an even more global platform, while TLO recognises that exposure at big tournaments can raise awareness for others with an impairment and can open people’s minds, even those of the participants themselves:*

***(TBE)** “I mean, it’s global now, don’t get me wrong. I mean, it’s coming on leaps and bounds every year. It seems like more and more companies, and more and more foundations and the likes of The R&A and the European Tour, the likes of those guys are getting behind it even more. So, to be starting now, there are some events that are on that level playing in these tournaments with the professionals. That gives me such joy and gives me that extra passion to better myself, to be able to one day play with those professionals.” (VoIP interview data)*

***(TLO)** “...they see people with disabilities, and they will see golf that they never thought was possible for people with those disabilities. You need the role models for that, you need the elite for that, and we need to see disabled people in tournaments like that.” (VoIP interview data)*

Several participants raised the Paralympics in their discourse. Most suggested that golf in the Paralympics would gain profile for the sport and the athletes, while one player said, “off the record, I hope that they do not glorify us”. The heroic narrative commonly reported when referring to people with an impairment overcoming ‘disability, disadvantage, or condition’ or even managing ‘despite’ their disability has taken on the vernacular of ‘inspiration porn’. The issue around the super humanising of Paralympians is reported frequently and grates with some IwD. The Five Rings Podcast (2021, time stamp 35:59-36:07) discusses the subject of objectifying a group of people and advocates that the performance can be thought of inspirational, but not for the fact that “the person has a set of running blades on, or because they deliver that performance in spite of their disability.” Notwithstanding the concern of how the players may be presented, most of the sample thought that having golf as a Paralympic sport would raise the profile and get more ‘eyeballs’ on the game:

(JHU) “I do think that we all would love the Paralympics. It’s a great profiler. It’s watched by millions of people on TV. I know it is a work in progress that would also help with introducing, I think, more disabled people to the game of golf. That’s the point I’m trying to make there because you’re always somewhat limited in profiling golf if you’re not getting into the Paralympic arena.” (VoIP interview data)

The conflict for golf, is that as a sport, it can be played by a broad cross-section of society, with young and old, male, and female, disabled and non-disabled, and amateur and professionals all playing the same game together using the golf handicap system for much of the time. The Paralympics has a different ethos with athletes divided into sports classes. Bridging the divide in culture is just one of golf’s challenges.

The collective opinion of society has and will always be a force for change. Educating the public on the values and benefits of golf is therefore essential if the game wishes to thrive. Hot topics around diversity and inclusion provide golf with an opportunity to strengthen their credentials in both areas, promoting golf as a viable sporting option for individuals with a broad range of impairments. If golf has any desire to change public perception, the game must mirror the community in which it resides; this may vary from country to country, town to town, and even club to club. If it wants, golf can implement more inclusive practices and advocate improved accessibility to courses, clubs, and coaching for IwD. Golf can reach out to more women, youngsters, and minorities with a disability, modify public perception through raised awareness, and perhaps most importantly, golf can position ‘fun’ as the gateway drug to the game. This ultimately is a decision for golf to make, one that it will have to live with.

A supportive and inclusive social environment is a fundamental requirement for GwD to feel respected and included in a group. The opportunity for full participation in golf exists as all golfers play the same game with minor modifications to the rules. Ensuring that existing players, staff, and coaches are well versed in the needs of golfers with disabilities [GwD] is necessary as it is their actions that will provide the social environment for what is currently an underrepresented group of players:

- Educate existing players, staff, and coaches on how to receive and service IwD
- Link community stories to competitive events
- Modernise membership models to better align with user needs and wants for flexible arrangements.

6.4 THE FINAL STROKE – A CONCLUSION

The story told in chapters five and six, heard from all seventy-seven participants; this was not by desire with some ulterior motive to include everyone, but rather a result of every participant having something to say in a unique and meaningful way. With over 150 quotes used, a golfer's journey with an impairment is told. Almost every quote could have been replaced by more than one other; selecting the most representative quote became my challenge while faithfully representing the participants' sentiments. I am confident that if I were to change every quote, the story told would be different, perhaps subtly, although just as relevant. Throughout the process, I realised that every participant had contributed to my understanding of G4D. I had effectively had a master class on golf, which has left an indelible impression, and for which I am truly grateful.

Throughout this chapter I have used the participants' views and presented them in the form of a golfing metaphor, that of the final nine holes of a round, to illuminate the practical implications of advice to others, and how golf can adjust. This chapter shares the thoughts and experiences of GwD, providing a map of sorts from which IwD can navigate their way through the myriad limitations, be they internal or external, the social-relational barriers to inclusion and the development of coping strategies from which to build quality and full participation in the sport of golf. The findings demystify a world that, for some, is 'alien', a world where unwitting discrimination is rife due in part to lack of knowledge. By 'giving' a voice to the participants of G4D, honestly and faithfully reporting their lived experiences, the chapter attempts to extend the available knowledge and develop a greater understanding of industry professionals active in golf. If it listens, the golf industry will be better prepared to welcome GwD to the game by familiarising the unfamiliar, taking away the fear of the unknown and ensuring that an inclusive environment becomes the goal. Recognising that golf, like other sports, has a way to go to achieve the utopia of full inclusion,

unwitting discrimination will become less of a barrier, and future advancements can be made in tackling overt and covert inequality.

The next chapter moves beyond recommendations and focuses on how these, and the various knowledge that underpins them, were applied in action.

CHAPTER 7: Integrated Knowledge Translation

This chapter provides a background and understanding of how the conceptual framework that is known as Integrated Knowledge Translation [iKT] was utilised to support moving knowledge into action. It then provides a broad-brush approach to showing how I have attempted to use the knowledge to raise awareness of G4D. To ensure depth, I next provide a case study of two of the assets developed and deployed, from conception, to construction, and subsequent dissemination that goes some way of showing knowledge into action.

7.1 INTEGRATED KNOWLEDGE TRANSLATION

Initially inspired by Becerra et al. (2008) and the tenets of Knowledge Transfer [KT], early in my PhD research I explored the definitions of tacit and explicit knowledge and how to translate such forms of knowledge to help develop tactics for disseminating learning gained throughout the period of this study. I wanted to do more than produce knowledge. With the opportunities that come with my role in EDGA, I also wanted to translate this knowledge as best as possible within a PhD into action. Indeed, I soon realised that KT could not wait until the end of producing a thesis, as might be typical in some academic-led research. Elsewhere in this thesis, I noted a dearth of relevant literature, and gaps between what was available and avenues for inquiry started to appear. Despite the lack of explicit knowledge, some of what was available were tenuous at best, and with a nod to abstract tacit knowledge gathered through experience, practice, and qualitative data capture, there was sufficient evidence to suggest that IwD are underrepresented on the course, at the clubhouse and in the committee rooms. There was also available literature to help guide how I might help move knowledge into action. This began with knowledge translation literature.

Knowledge translation is a term increasingly used in health-care fields [and recently in sport and physical activity] to represent a process of moving what was learned through research to the actual applications of such knowledge in a variety of practice settings and circumstances. It was introduced by the aian Institutes for Health Research (CIHR) in 2000 partly to help close the ‘knowledge-to-action gap’ (Graham et al., 2006). The CIHR ideas were later modified by the WHO and knowledge translation in 2005 subsequently was defined as the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health. In recent years there has been a shift to consider knowledge production as creating—or contributing—to the gap (Jull, Giles & Graham, 2017). Part of this shift is based on the argument that the knowledge-to-action gap is more complicated than the result of a knowledge transfer problem.

According to Crompton (2004), for more than five centuries, printing, defined as the duplication of written material, has been available, yet the democratisation of such materials has taken much longer. Perhaps we can go back to those early days in medieval China, Japan and Korea and see that even though texts were available, few could access the knowledge that had the power to transform their practice and behaviour. A more recent view of knowledge transfer is offered by Graham et al. (2006, p. 15) when citing the UK Particle Physics and Astronomy Research Council “successful knowledge transfer involves much more than a one-way, linear diffusion of knowledge and skills from a university to industry; it depends on access to people, information and infrastructure.”

In other words, the knowledge-to-action gap is more complicated than the result of a knowledge transfer problem. Indeed, Bowen and Graham (2013) argued that although knowledge may be sufficient, the process of translation can be inadequate. Reliance on researcher ‘push’ to promote the use of findings in the literature or indeed hoping users will ‘pull’ such work is fraught with difficulty, especially if the work does not address the priority questions of practitioners and knowledge users. As Leggat, Wadey, Day, Winter and Sanders (2021, p. 2) put it, “contemporary perspectives have evolved to consider the know-do gap as a problem of knowledge production, whereby knowledge created does not address real-world problems and priorities faced in practice settings and by those ‘on the ground’ so to speak.” What then for a study that does not in some way answer the needs of intended knowledge users? End of project dissemination which hopes to transfer knowledge, may unwittingly miss the mark by some distance without the participation of the intended users.

With such arguments in place, knowledge translation has developed. One such development is known as iKT. iKT is a research innovation originating primarily from within the context of research in Canadian health systems (Jull et al., 2017). It has been defined as “a model of collaborative research, where researchers work with knowledge users who identify a problem and have the authority to implement the research recommendations” (Kothari, McCutcheon, and Graham for the IKT Research Network, 2017, p. 299). What is important here for my work is working with knowledge users to help move knowledge into action. In iKT intended knowledge users are often trained professionals working in policy, industry, and practice. Although not essential in iKT, knowledge users may also be people with lived experience. The rationale for working with knowledge, and thus iKT, is that by working with, rather than on people, research is more likely to be relevant, meaningful, useful, and used by those who can benefit from the research. As Leggat et al. (2021, p. 3) put it, “the use of iKT can ensure knowledge and research has greater relevance, and is shaped into practical, accessible, knowledge products for users.” It can be said then that whilst behaviour change is important in iKT, the main aim of iKT is to enhance knowledge uptake in practice through active collaboration between researchers and knowledge users (Graham & Tetroe, 2007; Leggat et al., 2021).

In terms of how to do iKT, and given the description of it above, relationships with appropriate knowledge users are vital. As Leggat et al. (2021) said, to initiate and maintain iKT researchers need to identify and

work closely with knowledge users by carefully building and maintaining appropriate relationships with them over time. That is, partnerships between those who create the knowledge and those who use it, researchers and research users are considered an effective way to bridge the know-do gap and optimise how research translates to practice and policy (Straus et al., 2009; Zych et al., 2019). In the case of this study, I worked with the game's leading stakeholders, coaches, club officials and players. Access to these was gained as a result of decades of being embedded in the sport. More is said about this below, but further consideration of the history of golf is necessary to appreciate its own long-standing relationships.

Kothari et al. (2017, p. 299) recognised that “issues of power, politics and perceptions that require careful attention if an iKT approach is to be successful”. It is therefore essential to offer the reader a summary of the existing modus operandi of golf and the pipeline through which ideas and policies flow both up and downstream through historically created relationships. The genesis of formal golf adopted a somewhat informal hierarchal system with first or second movers taking the dominant positions, which have rarely been challenged. The first rules of golf were formed in 1744 by what would later become the Honourable Company of Edinburgh Golfers (Lewis 2016). However, The R&A took the lead role in rules a decade later, and today is still responsible, together with the USGA, and with the approval of their membership, which allows them to set and manage the rules. Some of the oldest National Golf Federations emerged in the late 19th century, and commonly the origins of these Federations were also laid by being the first mover. Today, most National Federations operate with a mandate from their respective governments and are affiliated with the IGF and The R&A.

The sport's governance has largely been unaffected by more modern models as for much of the 20th-century, golf has been a non-Olympic sport. Therefore, the game developed a somewhat unusual and decentralised structure different from that found in many sports. Beneath this organisational structure resides the clubs, who are generally responsible for providing golf at the local level. The clubs are a conduit, receiving downstream policies and upstream real-time user feedback. It was essential then to work with such knowledge users, which I did.

But to create meaningful change through iKT in this study the working knowledge base within golf needed to include G4D. That is, that research should be carried out with the intended audience and respond to the movement of ‘*nothing about us - without us*’ (Chu et al., 2016; Charlton 1998). As suggested, the collaborative nature of iKT engages users in the research, with “the primary purpose of bridging the know-do gap and working with those who can authorise knowledge use in practice” (Leggat et al., 2021, p. 3). The community of GwD could be considered robust, and it was they who provided a source of innate knowledge from which the tactics of dissemination developed primarily. The golfers simultaneously added to the knowledge bank, co-created the most relevant research questions, formed the dissemination plan, and fed back on the outcomes and how these could improve.

7.1.1 Who was involved and how was it created

Set against this background, the following knowledge users were specifically engaged with over several years to facilitate moving knowledge into action. These were:

- Organisations: The IGF, The R&A, the European Tour, the European Golf Association, World Amateur Golf Rankings, the Ladies European Tour, the PGA, EDGA and more than 50 National Golf Federations, on five continents
- Multiple C-level and executive directors working in governing bodies, corporate sponsors, and the golf industry
- 25 professional coaches who had on average five years of experience in coaching GwD, and who had more than 20 years of professional practice coaching golfers in general.
- More than 50 clubs/courses spanning three operating models, privately owned member clubs, proprietary owned pay as you play facilities and publicly owned (municipal) facilities
- 500+ players, disabled and non-disabled.

But how did I develop these relationships? Over a lifetime of working in golf, I have built relationships with these knowledge users. Some of the people I collaborated with on small projects early in my career are still involved many years later and often have more executive and decision-making responsibilities. Even so, I had to develop relationships with others in positions of power that hitherto were unknown to me. The social capital I had accumulated over time and existing institutional relationships [relational capital] with golf's leading bodies proved advantageous and allowed me to get 'my foot in the door'. Even so, it was necessary to provide something of value once inside. The literature suggests that being connected with relevant others through a positive back catalogue of collaboration and building trust over time is beneficial for an individual's personal network and can facilitate the creation of intellectual capital (Coleman, 1994; Nahapiet and Ghoshal, 1998; Adler and Kwon, 2002). Leggat et al. (2021) promote the development of new, and maintenance of, existing meaningful relationships as crucial to any knowledge translation, especially to an iKT approach. As I found, taking the time to cultivate and nurture quality relationships is good practice (Leggat et al., 2021).

Taking decision-makers on a journey is easier when a working relationship based on trust and respect exists. Such relationships take time to develop, but in return, they offer time; time to tell the story, time to listen for reactions and needs in response to that story, and time to ask probing questions. From these questions, it is possible to establish misconceptions or gaps in knowledge about the subject of G4D. Such discussions guided my thoughts and helped me understand the questions to be addressed, potential barriers to implementing any findings and get a feel for the appetite of golf's leading bodies to make a change.

Regarding developing and sustaining relationships, I also benefited from a perspective that came from being a practitioner of sorts. Although many practitioners may be the touchpoint with a consumer, such as a doctor, coach, teacher, others have responsibility at the management level and can prove to be agents of change, linking the field with the boardroom. Ad hoc conversations with such colleagues often started with something similar to, ‘how is the PhD coming along?’ and would result in an exchange that led to new thoughts, new questions and a period of reflection. Such exchanges must be considered carefully as the opportunity to get too close to the problem and lose academic distance is real. The valuable real-world questioning from interested and potential future research users illustrated areas of possible disconnect between my words and their needs. Kieser and Leiner (2012, p. 21) stated, “researchers’ and practitioners’ knowledge bases are different”, and explain, “one person transmits information that makes sense from his perspective, and the partner decodes it in a way that makes sense on the basis of his or her frame of reference.” Throughout the study, it has been necessary to exchange positions between researcher and practitioner, depending on the audience, frequently straddling the gap between evidence and practice. Keiser and Leiner (2012) recognise the challenges that bilingual facilitators face as they attempt to transmit meaning from the language of science to the language of practice or vice-versa. Although academic knowledge may well be both relevant and sufficient, it must be translated in a way that allows practitioners to understand and apply it to solve real-world problems (Bowen & Graham, 2013). Conversely, the messy issues facing practitioners at the coalface must be framed in a way to lead to scholarly inquiry.

I took the view that a minor modification to Grandma’s age-old maxim, you can take a horse to water, but you can’t make it drink, [but you can put salt in its oats to make it thirsty] was one way to turn a few heads. A knowledge-practice or perhaps better framed as the know-do gap of G4D exists. In golf, the know-do gap is not confined to the more commonly noted gap between academics and practitioners but extends and perhaps starts with the institutions. The provision of relevant knowledge is critical to capturing the attention of decision-makers who must buy into the concept that GwD are good for the game. Golf then may see benefits in economic impact, a more diverse player profile, enhanced public perception, and realise that G4D contributes to the industry. Likewise, golf may realise that if the sport does not mirror the community in which it resides, it will continue to garner support for those wishing to restrict the growth of facilities and preserve natural resources and public land.

7.1.2 iKT – the use of theory

Although the development and maintenance of relationships is essential to successful iKT, this section explains how iKT was used in this thesis by drawing on the ‘Knowledge to Action Framework’ (KTA) (Leggat et al., 2021; Straus, Tetroe, & Graham, 2013). This framework involves collaborating with different communities, those named above, to produce knowledge that is useful and relevant to and for them. A collaborative process of those who produce the research and those who will likely use it is deemed beneficial

to the implementation of the resulting knowledge in practice. As each community brings their unique expertise into play, they add richness to the process of closing the know-how gap.

The KTA framework, is one commonly cited in the knowledge transfer process and is recognised by the Canadian Institute of Health Research [CIHR] 2016; Straus, Tetroe, & Graham 2013). The KTA framework may be described as a guide for knowledge translation between academics, knowledge users, and decision-makers (Esmail et al., 2020). An explanation of what, why and how of iKT, concluded that “the use of iKT as an impactful approach to doing research, could enhance the lives of those who participate [e.g. athletes, coaches, medical staff], and govern sport and exercise [e.g. policy makers, national governing bodies]” (Leggat et al., 2021, p. 10). Graham et al. (2006) described the KTA framework as having two components, the first known as the knowledge creation funnel, composed of three phases that addresses the specific needs and issues of knowledge users, while the second component is related more to the application of knowledge and is called the action cycle and includes seven phases. Graham et al. (2006); Straus, Tetroe and Graham (2013) suggested that the KTA framework must be thought of as having fluid boundaries. The two components may dance together, changing order in response to the research needs, occasionally weaving together stages of the knowledge funnel and action cycle.

Inspired by Graham et, al (2006), Table 8 is split into two sections, the knowledge funnel and the action cycle, and includes a description of what has been done and where the evidence can be found within this thesis. The table is my attempt to represent what was a messy process in coherent manner. It aims to capture what went on in my research to help me put what I was ‘finding’ into action in a modest and humble effort to make change over time. I claim that the KTA framework was applied in a rigid or formulaic manner and provided a guide to help me understand how using my research I could better support change.

Table 8 - Knowledge funnel & action cycle

| PHASE | DESCRIPTION |
|---------------------------------|---|
| Knowledge Funnel | |
| <i>Knowledge Inquiry</i> | Chapter 4 - scoping review, chapter 5 results, and chapter 6 practical implications- identified how available knowledge relevant to the subject was gathered. |
| <i>Knowledge Synthesis</i> | Chapter 4 - scoping review brought together the available forms of knowledge relating to the subject, from which knowledge synthesis further focused my grasp of the issues and highlighted gaps in the evidence. |
| <i>Knowledge Products/Tools</i> | Creating guidelines, website, fact sheets, multi-media player profiles [video-audio-image-text], film and posters. Chapter 3 |

| PHASE | DESCRIPTION |
|--|---|
| | details the creative process for the player profiles, while chapter 7 outlines the genesis and practical stages of creating the film. See appendices for further relevant details. |
| | |
| Action Cycle | |
| <i>Identify Practice Problem/Determine the Knowledge Gap/Select & Review Knowledge</i> | The relationships formed with power brokers, gatekeepers, practitioners, and end-users provided a richness of knowledge and experience to identify gaps in knowledge and understanding (see chapter 7). One characteristic of my scoping review is that it includes the views and preferences of stakeholders (meaning end-users, professionals, and decision-makers) on what kind of information they wanted to get and how they wanted to get it (see chapter 4). |
| <i>Adapt Knowledge to Local Context</i> | Chapter 2 distils the literature from the broad field of disability, through sport, to golf, and finally, the specific domain of G4D. Chapter 6 includes recommendations inspired by, yet contextually different from, the knowledge found in chapter 2 and moulded to fit G4D. |
| <i>Assess Barriers and Facilitators to Knowledge Use</i> | In the knowledge gathering stages, study participants' disclosed a range of barriers and facilitators they had experienced (see chapters 5 and 6). The scoping review (chapter 4) found that previous research on golf participation among IwD had privileged the study of barriers over the investigation of enabling factors. Compared to benefits and barriers, facilitators were found to be under-researched. |
| <i>Select, Tailor & Implement Intervention/s</i> | Chapter 7 (iKT) provides the backdrop and justification for how I selected the type of knowledge and how interventions to promote the uptake of the knowledge in practice were developed and executed. The chapter explains the implemented board brush tactics and provides two case studies of how assets were developed and deployed, from conception to construction, and subsequent |

| PHASE | DESCRIPTION |
|------------------------------|---|
| | dissemination, showing my attempt to transfer knowledge into action. |
| <i>Monitor Knowledge Use</i> | Some organisational change is evident, with G4D and more general inclusive practice being mentioned explicitly in National Federation development programmes. Anecdotally these changes have resulted from a mix of upward and downward pressure from end-users, public pressure, and a greater sense of social responsibility. Opportunities for further research exist, revisiting the games power brokers and gatekeepers to determine what level of knowledge uptake has occurred. |
| <i>Evaluate Outcomes</i> | At this stage of the PhD, there is no evidence of unintended outcomes of knowledge uptake in practice. One positive and intended effect, changed behaviour, can be seen through more media engagement and a willingness to change from golf's leading bodies. It is hard to attribute change directly to growing awareness, but it is possible to evidence that initiatives that positively affect the experience of GwD are more commonly available over the last three years. This is future work |
| <i>Sustain Knowledge Use</i> | In the future I aim to build upon desirable intervention outcomes experienced by power brokers, gatekeepers, practitioners, and end-users, ongoing monitoring of knowledge use at every level takes place. Particular focus will be on policy and programme changes and daily practice. |

With the above in mind, several points need stressing at this stage. In stark contrast to navigating the labyrinth of complex relationships, the simplicity of what knowledge needed to be translated, to who, and why had to be addressed. At every stage of this study, I reflected on what knowledge would likely be helpful to the various actors. I wanted to affect change at the delivery level, with clubs, directors, and coaches firmly in my sights, but to do so, I had also to engage the gatekeepers at the policy and programme writing level and inspire the power brokers above them to buy into the long-term benefits for the sport.

The overriding dilemma was to think of what knowledge packages would be helpful to guide and support the game's transformation. Packages that 'speak' to the consumer, answer the question on the tip of their tongue before being verbalised have the potential to be transformative and create a significant shift in attitude,

understanding or practice. At the start of this study, golf's idea of inclusion was almost entirely focused on extending opportunities for women and girls in the game. It was necessary to widen such thoughts. Knowledge, therefore, needed to be packaged appropriately and relevant for the intended user. Powell et al. (2018) advised that purposeful creation and dissemination is a way to move knowledge to where it can be best used. For the power brokers, packages of assets that included information on national and international legislation and possible implications for brand positioning and economic growth were essential. I considered that gatekeepers would also be swayed by similar information but may also have concerns around implementation and logistics. It was then necessary to create a resource that would answer some general questions without the need for interested parties to reveal a lack of knowledge or understanding. I reasoned that coaches and public-facing staff would be more interested in practical how-to guides as they are commonly the first touchpoints for all existing and future players. Therefore, the assets had to be constructed in a modular format, with the opportunity to provide a standard pack optimised for specific consumers. Based on the processes and outcomes of this research, assets included a video library (EDGA 2022 www.edgagolf.tv), fact sheets Appendix 3, photo gallery example at Appendix 4, poster campaign (EDGA 2022 www.edgagolf.com/online/www/page9.html), player profiles, (EDGA 2022 www.edgagolf.com/online/userse/profiles.php) and good practice recommendations. Each module would have three levels, interest, involvement, and commitment, allowing the consumer to engage in the materials in the way they thought best. For example, an interested coach might watch a short video of a golfer who plays from the trail leg. An involved coach may work with or want to work with a similar golfer and so delve into the key coaching considerations for this type of player. The committed coach may request further professional development or learning materials to enhance their coaching skills. Such an approach to dissemination that is context specific has its merits and can create greater user engagement (Jackson & Greenhalgh, 2015).

So, if relevant data and knowledge were available, how would I get this information into the hands, heads, and hearts of an appropriate audience? It was possible to target the decision-makers. However, such a narrow focus was deemed to be risky, especially when every one of those I was attempting to attract is in close contact with each other. 'One in - all in' was the possible upside of such an approach. 'One out – all out' was the all too possible downside. A safer but slower process would be by broad-brushing the institutions with media and tools that may catch their attention in different ways. For example, the European Tour is interested in high-level performance; The R&A, amongst other considerations, may be interested in the development of the game and the rules that govern its play. The IGF organise the World Team Championship and are responsible for golf at the Olympic Games and any future Paralympic inclusion while the European Golf Association (EGA) runs the European championships. Almost 150 National Golf Federations are responsible for organising and popularising golf in their respective territories, and PGAs across the world supply practically all the coaching workforces. If the created media could offer each an opportunity to engage with G4D in their own way, then perhaps it would become a topic of conversation amongst executives and eventually at the boardroom table. Talks with representatives of each of these institutions revealed very different needs that included the production of case studies, estimates of market

potential, the geographical spread of GwD together with the number of players and gender spread, gaps in the current offer, needs of players, and limiting factors in the rules or current practice found in operations at clubs and golf facilities.

7.2 THE BROAD-BRUSH APPROACH

Although the world in 2022 seems to be gravitating to the smallest possible viable audience with targeted marketing and segmentation, the decision to use a blanket approach/mass marketing in the initial dissemination stages was based on limited working capital. It seems obvious, but it is futile to segment a market until one knows what it is, and it knows you exist. In 2014, G4D was at best a micro-niche segment of a sport that was itself a niche sport. With 500 or so golfers registered to EDGA, there were no discernible common trends in the areas of demographics, psychographics, geographics or behavioural traits, with the obvious exception that everyone played golf and had an impairment deemed to have a significant effect on their ability to play the game. Therefore, golf could not simply target and leverage look-alike audiences to maximise growth.

The last decade has witnessed considerable change in marketing and the tools available to target new consumers. Sharp (2010) advocated that successful growth brands are the ones that enjoy a universal appeal and have the most extensive customer base while warning against limiting communications to a small, segmented audience. Although a decade in the fast-moving world of marketing is a lifetime, it is still relevant to build upon Sharp's (2010) premise, and I recognised that active GwD were loyal and had advocacy. I realised the need for quality assets that could initially permeate into the broader golf, sport, and ultimately disability markets. It was already clear that some players embedded in the mainstream game did not identify as being disabled even though they may be willing to promote the benefits of golf to family, friends or colleagues who were disabled. The broader sports market had the potential to reach others who had not yet viewed golf as a sporting option, while for some with an impairment, perhaps they would also be open to experimenting with a second or even third sport. G4D could potentially grow by creating bridges between an established interest or identity and that of golf.

After creating interest with broadcasters who had golf on their menus, such as Sky Sports and the Golf Channel, and mass media platforms with disability consciousness, including the newspapers Telegraph, Independent, Metro, and magazine Forbes, I believed that G4D would reach more households and consumers. To borrow from the urban myth of six degrees of separation, perhaps a non-disabled golfer was only one degree separated from G4D. An IwD who plays another sport may also be just one degree away from G4D. While consumers of golf-specific communications may not necessarily have been disabled, with a ratio of one in seven of the world's population identifying as being disabled, there is a good chance that they would know one or more IwD and so, therefore, could introduce the topic. Initially, the content focus for these platforms aimed to surprise; a golfer with short arms who hits the ball 250 yards, a player on one

leg driving 300 yards. These moments captured in images were easy for such platforms to absorb into their coverage and would potentially create an emotional connection with viewers to ensure such moments became memorable/top of mind. Gradually, and with recognition of the importance of being present, available, and consistent, it was deemed necessary to move to another level of content, be it performance, grassroots initiatives, giving back or contribution, as ‘surprise’ content has a limited lifespan. Three core beliefs guided the decision to gather and share players stories.

7.2.1 Core belief 1 – hidden assets

Firstly, there is a significant and untapped asset amongst the golfers who participate and compete in G4D. By capturing and sharing their stories, I felt it would challenge the dominant narrative around IwD. Hänninen (2004) explored three modes of narrative, the told narrative; the story that people tell about their lives, the inner narrative; the story we tell to ourselves, and the lived narrative, the enacted life. The told narrative often carries the story chronologically forwards from A-Z or in reverse from Z-A. Occasionally, chronology is sidestepped, and themes move the story along, but the meaning comes from the inner and lived narratives to create a compelling account that can reside comfortably in, or clash with, a social construct the listener understands. According to Smith and Sparkes (2008, p. 218), “Personal stories, therefore, are both personal and social at the same time”. Herman and Vervaeck (2019, p. 277), state “it seems that telling stories is a conscious and goal-directed effort to order life and to balance relations with others.” Indeed, if it is so, then to tell a story to another, one must first tell a story to oneself; this inner narrative about the past, the present, or the future shapes tacit knowledge and frees the inner voice to share things that are meaningful to the storyteller (D’Cruz et al., 2019). Therefore, the inner narrative results from a personal catalogue of stories; some inherited from early childhood, some experienced through life, and others lived vicariously. Stories connect the storyteller, and the story listener/viewer as transformative events are subjectively recounted, once again bringing the past into the present. Such stories provide a window for outsiders to view the storyteller’s life, heart, and mind and are a valuable contribution to understanding. Stories are accessible also, thereby expanding the possible audiences.

7.2.2 Core belief 2 – what’s in a name?

The second belief is that inconsistent terminology confuses an emerging market and must be addressed by promoting a consistent language that can carry the subject without ambiguity. Several terminology versions exist to describe golf when played by IwD. Multiple names can confuse and dilute a consistent and coherent message in any industry, and if an emerging market is to get hold, then a comprehensible language is necessary. Language is the predominant tool used for the communication of one’s ideas, thoughts, needs and wants and yet the lack of precise and understood terminology makes messaging more challenging and effective marketing impossible. Longmore (1985, p. 421) identified that “perhaps the interesting and

significant aspect of the language of disability is the continuing debate and discussion amongst persons with disabilities themselves regarding preferable terms of identification”. Still, the debate continues between the use of ‘person first’ or ‘identity first’ language (Dajani, 2001; Dunn et al., 2015). Some of the terms used in golf when referring to the sector or players who have a disability are presented below, first in bullet point form before a more descriptive text:

- ‘Paragolf’ - a term owned by the IPC. The word Paralympics means ‘parallel’ with the Olympics, with the para prefix coming from the Greek word meaning ‘alongside’. The name was chosen to embody the spirit of the two movements existing side-by-side. This term does not signify inclusion specifically and is considered by some athletes as meaning excluded from the mainstream sport
- ‘Disabled Golf’ - both ‘disabled’ and ‘golf’ are nouns. In this structure, the first noun is the focus of attention, modified by the second to provide context
- ‘Golfer with a Disability’ - in this designation, the noun, ‘golfer’ is qualified or complemented with another noun ‘disability’. The second noun ‘disability’ becomes a modifier noun to describe the first, so the primary attention is therefore on the first noun. It is evident in this terminology that a golfer is later described as being disabled
- ‘Handigolf’ and ‘Adaptive Golf’ - both suggest a different format to the mainstream game, rather like pitch and putt golf or short tennis
- ‘Differently Abled Golf’, ‘All Abilities Golf’ and ‘Golfers with Determination’ - suggests cultural difference, or political correctness and an unwillingness to use more accurate terminology
- ‘Inclusive Golf’ - suggests the activity is open to everyone.

The term ‘Disabled Golf,’ is a misnomer as golf is not disabled, but rather some of the game’s participants are, and many more are impaired, but golf, the game, is not disabled per-se. Golf is played on a broadly level playing field by a full range of players who may or may not have a physical, intellectual, neurodevelopment or sensory impairment. The players play the same game over the same course and require minimal modifications to the rules and equipment to make this possible. It is, therefore, more accurate to state golf for the disabled [G4D]. To continue this train of thought, golfers do not play an adapted version of the game, although some players use adapted equipment. Likewise, they do not play a parallel version of the sport, as no significant adjustments are made, and the players are all required to complete the same tasks of striking the ball. The term ‘para’ is often thought of as meaning, alongside, almost, resembling, or nearby. All players in golf play the same game, so the notion of para-golf is challenging. Two examples are

‘Paralegals’ who are not qualified solicitors or lawyers, and ‘Paramedics’ are trained medical technicians and have a range of skills suited to the role of first responders, but they do not generally have a medical licence to practice as a doctor. Each of these uses the term ‘Para’ to signify difference, different roles, and yet in golf, the role descriptor of a golfer does not vary regardless of ability. Golf requires a culture shift backed with education to establish consistent terminology that is culturally nuanced.

Perhaps the most accurate terminology would be to use the word impairment rather than disability, as both the Equality Act (2010) states, “you’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.” The United Nations Convention on the Rights of Persons with Disabilities (2006) states, “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” So, it is fair to say that a disabled person has an impairment and experiences disability. The term impairment suggests that it is impossible to be disabled unless the person lives with an impairment and that disability results from negative interactions between a person with an impairment and the environment. Disabling environments are more than simply physical constraints. “Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives” (Australian Institute of Health and Welfare, 2003, p. 332). These environments affect the activities undertaken and the parts of life to be embraced or rejected. It is, therefore, possible across the environments of the clubhouse, golf course, and the game itself that some individuals with impairments are disabled in one or more of these environments and so require accommodations to enable access to the facilities, the course, and the game. The modifications to play the game and access the course, may be less than the modifications to access the clubhouse. One example of the difference between impairment and disability may be in the case of a person with a spinal cord lesion who uses a wheelchair. If the person does not need to navigate stairs, can traverse the terrain, enter through doorways, and access counters and other material effects in the built environment, this person could be considered impaired but not disabled in this specific interaction. A few minutes later, the same person could be disabled in a different environment. The player is not the impairment, but they live with it. The impairment does not define the player, but it can disable them if the physical, social, and attitudinal environment is not accessible and supportive.

Disability is the most common term used in today’s world to describe someone with a physical, intellectual/neurodevelopment or sensory impairment. Yet, as I have alluded to, this is not a proper use of language in the context of golf. Disability as a term is understood, but even then, only at a superficial level. The international symbol for disability is the wheelchair, yet this is not even the most common impairment group. More terms are used to skirt around the description of a golfer with an impairment, differently abled golfers, golfers with determination and golfers of all abilities. Culturally pleasant, descriptively poor. It is not the role of golf to change the world’s concept of disability and the words used in popular language, but golf must determine the language used within and about its sport. Golf needs to agree on the terms used and what they mean. If golf uses a common language, even if it needs translation, it is on the road to better

understanding and, more importantly, consistency of delivery and interpretation. It is not enough for a few people to know the difference between impairment and disability, so golf should be consistent in its terminology and where possible meet cultural norms. Prescribing a group, a title, often created by people outside of the domain, is fraught with danger. Linguistics and resultant discourse analysis help us understand how “different words are used to shape impressions of the same thing and identify how some things come into being because of the words we use” (Dunn & Andrews, 2015, p. iv). Words, therefore, have the power to prefigure thoughts and feelings and so are far more than an insignificant label (Dajani 2001). The general use of the following phrases, G4D as an umbrella term, individuals with a disability [IwD] for those yet to enter the game and golfers with a disability [GwD] for those who play, will be advantageous to the game. Golf’s job is to ensure that people with an impairment have the most enabling environment possible to sample, participate, and compete in the game in a way that meets their wants and needs.

7.2.3 Core belief 3 – a menu of sporting options

The third belief is that golf must find its way onto the menu of sporting options for IwD. If the available sporting offer does not include golf, it is hard for someone to ask about its availability. Raising awareness that golf is open and perhaps more so that golf is welcoming to IwD is a fundamental requirement. It is not only IwD whom golf must reach, but also their family, friends, and associates, some of whom may be easier to reach through previous or current exposure to the game.

Maas and Hasbook (2001) contend that golf is able-bodiedist/ableist and that golf magazines perpetuate the hegemony of predominantly white male middle-aged golfers. Even though GwD are underrepresented in magazines, on websites and TV, a subtle shift over the last two years has so far eluded formal research. Appendix 5 illustrates that G4D is being covered and finding its place in media that is not merely golf specific. Golf must, however, promote the inclusion of individuals with a broader range of impairments in the press. Although it is good to have golfers with obvious impairments featured, too many of the images used today show images that portray a stereotypical representation of what most people would consider being an IwD, someone in a wheelchair or missing a limb. Ironically this unwitting deficit in the media provides golf with an opportunity to encourage the same media outlets to include more individuals with less obvious impairments.

7.3 NARRATIVE: HEARTS AND MINDS

The very process of appealing to hearts and minds is amorphous by nature. Even the concept of winning hearts and minds is different when taking the perspective of a military strategist or that of a marketing director. My chosen application of a so-called ‘hearts and minds’ strategy was based on appealing to the

emotional heart and ostensible ‘rational mind’, hoping that one or the other would prove to be the key to unlocking a previously closed door.

Influential marketers have long used stories to sell their products and services (Spiller 2018; Caaar 2019; Peterson, 2019). Such marketers paint pictures to create emotional bonds that keep consumers coming back for more. Helping consumers engage with images, text, audio, [the sight and sound] may help penetrate the heart and change behaviour. Regardless of the medium, stories, even in just a few seconds, can move people emotionally to such an extent that even physiology can be affected.

For some, a more effective route is through the rational mind; evidence based on data, sound logic and testimony of others can turn a resistant naysayer into a passionate supporter. Facts, figures, case studies and reports would be necessary to attract the attention of those with a rational mind.

The following two cases studies take two of several created assets and dissect how they were developed and deployed, from conception, to construction, and subsequent dissemination.

7.4 A FILM CALLED MULLIGAN

This section relies heavily on conversations and written testimony in 2020/21 with Mike Birch and Jay Duke, who together with myself are the two people who more than anyone used their skills to construct and deliver a 44-minute film that has been broadcast to 138 million homes and counting across ten countries.

In 2015 EDGA started the process of developing quality media assets, to strengthen our broad brush/mass marketing approach. It was at that time that I met Mike Birch who today is the producer at Big Bounce. I commissioned Mike to produce a programme from the EDGA European Team Championship which was to be played in Malaga and distributed through European Tour Productions, the company that he then worked for. Although I had an appetite to make the film, we didn’t have the funding.

On speaking with Mike, sharing the EDGA story and objectives, it was clear that he not only understood our aims on a professional level, but also on a deeper, personal level. Mike and I set about getting enough funding to make a 24-minute programme and tapped into our contacts.

The championship was filmed by Jay Duke, produced by Mike and distributed by European Tour Productions to more than 50 countries. In the four days of practice and tournament play, the relationship between Mike and Jay, the players and the EDGA team grew, as they started to appreciate the personalities of the players, they were filming.

7.4.1 The genesis

Between 2015 and 2017, Mike, Jay and I stayed in touch and built a relationship that was built on trust and a shared vision that we needed to do more to disseminate the message and story of G4D. My interest in the players and their stories had reached new heights during that period. I was formally interviewing or informally chatting with players every week, from which I was developing a greater sense of what it meant to be a GwD, the challenges they faced and how the golf industry could make simple adjustments to make their experience of golf better. Over those two years the kindling was laid for a collaboration and all it needed was a spark. Mike says, “Having filmed and met the players of EDGA I realised that their stories weren’t confined to the golf course. In June 2017 I was fortunate enough to film in Portugal at the European Team Championship. On the final evening myself and Jay, were invited to attend the closing dinner. It was then that the stories of these people became more apparent.”

At the prize giving, Mike and Jay, my wife Sue, and a friend Nick Middleton, sat together and a conversation around how to tell these stories started. The EDGA Profiles had already started, and were receiving some positive feedback, but how could we reach a bigger audience? Someone then had the spark, no one can take individual credit as it was the result of a shared brainstorm, a team idea. Based on my evidence-based research from formal interviews, we developed four objectives:

- 1 To tell the stories of the players
- 2 Produce a film interweaving the stories of multiple players
- 3 Create individual stories
- 4 Deliver the vision of G4D.

7.4.2 The journey commences - who to film?

With no available budget, and simply an idea that we thought was good, we had to be nimble. At this stage decision-making was easy. Let’s find someone who has a great story, where the costs to film would be minimal, and see what we could ‘get in the can’. At worst we felt that with minimal costs and some time, we would have a single player story that we could use even if we could not fund the rest of the film. A decision was made to approach Mike Gays, as his story was deemed to be powerful, and the journey time by road to meet him in England was under two hours.

7.4.3 The plan and its execution

We approached Mike Gays and explained what we wanted to cover. Mike was open wanted his story to be told, so we arranged to meet at his golf club before going on to his home. The elements filmed included:

- Full Swing: Captured the power and orthodoxy of Mikes golf swing technique
- Movement around the golf course: Captured a visual representation through observance of the storytelling nature of Mikes body as he traversed the course
- Life at home: Portrayed a normative family unit, free from impairment or disability narratives
- Close-up of leg: Captured the finality of Mikes decision to have an elective amputation
- Close-up of prosthetic: Portrayed an everyday sight within Mikes home
- An in-depth interview.

7.4.4 Mike Gays video shoot - May 2018

Mike Birch:

“We arranged to meet Mike at his home [golf] course. I arrived beforehand to recce the course, practice facilities and first tee. I showed Jay where the filming needed to take place and he was all set-up and ready for Mike. We filmed general shots of the course, Mike hitting several balls from the first tee and then moving around the course. We then went back to Mike’s house. The location for any interview is crucial and being able to control the environment is key. The team had discussed the look that we aimed to achieve, which can be summarised as, ‘simple and powerful’, straight down the lens with a black background. Mike’s garage was ideal for the interview and by 4.30pm we were filming. The interview process was a simple one, Tony and I knew Mike’s story and so I just led him from childhood to present day. He offered so much and managed to talk to the lens rather than me throughout the interview. Once complete we de-rigged and filmed Mike at home with his wife, setting up some shots, for example, taking off and putting on his prosthetic leg, showing us his trophies and preparing dinner. By 7.00pm the filming was complete.”

The process of understanding whether we had captured Mike’s story in a way that could not only inform the research but connect with practitioners would take much longer. We circled back from Mike’s narrative of his lived experience by transcribing his filmed interview, so decoupling the visual from the words to extract recurring patterns in the experience of GwD as outlined in chapter three.

7.4.4.1 Post production

As normal, the first stage is to transfer the footage from the camera memory card to a hard drive. Two copies now existed. The next stage is to view and log the footage, attaching time stamps and notes. Within a week Mike had cut a short film for our team viewing. Mike, Jay, and I reviewed the film, offered comment, made suggestions for minimal tweaks, and realised that we had found a template for further development.

7.4.5 The journey continues – who, when and how much?

The first stage in producing the film was to identify who the contributors should be. The three of us had built a great relationship with shared values and a sense of the story we wanted to tell. By now Mike and Jay had filmed at multiple EDGA Championships and so the players’ stories were well known to them. Mike suggested a couple of stories that resonated with him, and I delved into the back catalogue of interviews to try to get a representative spread of contributors [players of different disabilities and backgrounds]. We compiled a list of first choice names for the initial shoots with an open-ended deadline due in part to a lack of funding. This proved to be beneficial as we could spend time to reflect, review our work and make sure we were on track before proceeding.

The Mike Gays shoot had exceeded our expectations, cost very little and portrayed the story and life of a GwD perfectly. At this stage it is important to reveal that neither Mike nor Jay wanted any payment for their work in this project as they felt they could not only see the bigger picture, but also had formed a bond with EDGA and the players. The only costs to film Mike Gays were simply petrol and a few cups of coffee. If we were going to realise the ambition of creating a meaningful film and given that some of the players identified for inclusion in the film lived outside the UK, it meant that I had to find funding to cover the costs.

After a couple of months of searching and some hard financial decisions, I managed to raise a pot of £13,000 which was enough to get Mike and Jay to and from the shoot locations. Overnight Mike's role changed from producer to producer/production manager.

7.4.6 Getting to the halfway point – the front nine

With funding in place and two more shoots arranged, the end of 2018 and early 2019 seemed promising. We would have half of our subjects in the can and so it was with great excitement that we all eagerly awaited what would be captured through the lens and microphone from the next two young players.

7.4.7 Adem Wahbi video shoot – October 2018

We employed the same principles to this video shoot as to our first experiment. Mike Birch:

“I talked to Adem pre-shoot, identified what we needed to cover and then confirmed all the bookings. Jay and I travelled to Belgium via Eurotunnel and road and stayed in a hotel close to Adem's home. We met Adem at his golf course the following morning and got very lucky with the autumn weather. We spent two hours filming all things golf and before lunch we were in Adem's home setting up for his interview. Again, the location was key, and the family home had a large living room. We had to black out a couple of windows which helped with the lighting. Jay set-up the shoot, and just an hour later we were done. The next stop was the gym.”

Without working on his stretching exercises Adem would struggle to play golf and so this was an essential clip. Approval was requested and granted from David Lloyd Leisure in Waterloo. Mike Birch:

“We filmed Adem for half an hour doing his exercises and then returned to his home to film him having dinner with his family. The benefit of doing the interview earlier meant that we could get specific shots during our trip to the gym and at home. One of the challenges is to get relevant shots to highlight each part of the interviewee's story. All media was viewed, logged, time stamped and archived.”

7.4.8 Juan Postigo Arce video shoot – June 2019

Juan lives in Northern Spain and so the filming necessitated flights to Bilbao, car hire, hotel for two nights and a tight schedule. Mike Birch:

“Juan organised for us to film at his golf club, along with the gym before visiting his home. The pattern was pretty much the same as we had used previously. We arrived at Pedrena Golf Club an hour or so before Juan, introductions made to the professional and a golf cart was arranged, all before Juan arrived with his coach and sister. The footage at Pedrena was excellent, his hero is Seve Ballesteros and so we took him down to the beach where Seve used to practise as a child. We filmed at the course, the gym, and his home over two days. Again, the transfer and logging of footage was completed as soon as possible.”

7.4.9 The turn – the story so far

With a simple accounting procedure established, all costs logged and a running balance, we could easily see where we were in terms of the initial funding. Mike and Jay were paid only for expenses, and these were approved before being incurred.

With three stories filmed, the shape of what could be achieved was beginning to emerge. Each of the players interviewed had introduced the challenges they faced, explained the support of family and friends, described how they dealt with the problems and how they had come through them. The main theme throughout was golf and how it had given them so much. Jay’s camera skills and ability to film their swings beautifully in slow-motion would have a huge impact. Highlighting skill, strength, and technique the images were powerful. Mike’s storytelling was perceptive and strong.

7.4.10 Naming the film

In May 2018 we had used the working title of “In Search of the Sweetspot”, which everyone liked and was slated as the production title. That was until early in 2019. The message we wanted to deliver was that a second chance at life is possible, and despite adversity these players had overcome conditions of birth, or trauma. In November 2018 I had written a book titled ‘Mulligan – tough love and second chances,’ with the help from a small team which was made up of journalist Ben Evans, who not only contributed but also edited, my wife Sue who took many of the photographs and proof-read the text, and my son Scott and the team at LUV brands who created the design and layout. The self-published book exceeded our expectations with over 3,000 sales, and so we shifted the film title to MULLIGAN.

7.4.11 Starting the back nine – the way home

The next player would take us on a different and deeper journey into the soul.

7.4.12 Stewart Harris video shoot – August 2019

I had identified Stewart as a candidate for the film after having had the honour of interviewing him the previous year. I found his journey powerful, moving, and inspirational and the way which he delivered his story was authentic, insightful, dramatic, and yet at times humorous. Mike Birch:

“I spoke with Stewart, read his story, and then travelled to Rhyl on the train. Jay drove across country. A hotel was found for one night and again we arrived an hour or so before the interviewee. This time we were at Rhyl Golf Club where Stewart had already marked their card about us filming. I went in and introduced myself, got a golf cart for the afternoon and did a recce of the club. The locker room was old school, very small and incredibly atmospheric. It proved a great location to film an opening. We then went out onto the course and filmed Stewart in action. Central to Stewart’s story was when he tried to take his own life and the very same beach where he had walked to the shore was empty. It took over an hour to shoot but the sequence of Stewart walking to the sea was very important. Stewart was patient and did what we asked. We then went back to the clubhouse and decided to interview him there. Once again, a suitable room was found, and we created an environment conducive for an interview. Stewart was great and talked for over an hour. The following day we visited his home where we filmed his army memorabilia.”

7.4.13 Marcus Malo video shoot – September 2019

As one of the best single arm players in the world, with an incredible back story and wicked sense of humour, Marcus was an essential piece in our original planning. Mike Birch:

“Marcus was one of the first disabled golfers I met. He was and remains an amazing and entertaining character. This time myself and Jay went to Gothenburg. We filmed over two days and on the first day we met Marcus at his golf club. A room was made available at the clubhouse and with a bit of work with drapes to get the environment we wanted, we had Marcus in front of the lens. Marcus spoke very well which made things easier and by early evening we were at his home filming with his family which proved to be wonderful footage.”

Filming in Gothenburg University where Marcus is a scientist required the appropriate approvals which were granted and removed any fuss on the day. Mike:

“The next day we had an early start to film Marcus arriving and working in the university before our final stop in the woods next to the golf club. A buggy was organised to get us out to Marcus’ running route where we got some wonderful pictures. A lot had been captured but the pre-planning made it a straightforward process. No wasting time on site, costs, or missed opportunities.”

7.4.14 Monique Kalkman video shoot – September 2019

With just one more player to capture and a tight work schedule to observe (not forgetting that Mike and Jay were taking time away from their work and families with no payment for the film), soon I had them on a ferry from Harwich to the Hook of Holland. The ferry was the chosen transport as Jay could take all his kit. Ferry and hotels were booked well in advance and the following morning they were ready to film Monique Kalkman as she collaborated at a local golf day.

Mike Birch:

“The golf club were ready for us, provided a room for an interview and gave us a golf buggy. We prepped the room before Monique turned up. We had filmed her arrival and check-in and set about recording the interview. After lunch we followed her out onto the course where she spoke to and watched the golfers, and then following the round there was a BBQ at which we filmed, along with the presentation of a cheque to Monique for her foundation. An early start at Monique’s house started the following day.” Given her standing in Dutch para sport and her haul of Paralympic tennis and table-tennis medals, it was important for Monique to paint a story of success through adversity and her journey to help others via her foundation. The B-roll shots covered all aspects of her life.

Mike Birch:

“The one thing we couldn’t do was film her on the course, as her paragolfer had not been allowed on a KLM flight out of Glasgow airport two days before, where she had been competing in the Diversity Cup at the Solheim Cup.” This unexpected additional cost was a blow to both the schedule and to the budget, and so we decided to send Jay alone on the next occasion to get the necessary golf course shots. We could have done without the additional £800 extra costs, but there was no alternative.”

7.4.15 Post production

Mike managed all the media, had logged the footage, and archived, so with two copies of the rushes along with Jay’s copy, it was time to start the edits. Mike had produced a couple of short films and we had distributed these to EDGA Member Countries and select others as teases/guides for what was about to come.

EDGA used these assets as did the European Tour. The feedback was positive and so we felt confident that we were on the right track. Ideally the edit would have taken place in a broadcast craft suite, the habitual post-production home of Mike, but with ever tightening budgets we opted for four days in an edit pod (a watered-down craft suite). Mike was hoping for some “mates’ rates” but even those were significant.

7.4.16 The assets: A 24-minute film – November 2019

A new member of the team was on board in the shape of experienced VT editor Dave Hill. Dave and Mike began the editing process and Mike explains:

“Prior to Dave arriving, I had logged and written a cutting order. Whilst flexible it was tight in the storytelling. There were elements which needed to be included. The idea is not to rush the storytelling. Sometimes the hardest part as a producer is, ‘what to leave out’ rather than what to include. We had 24 minutes in which to tell the story of six amazing people. The introduction used our strongest image. Marcus stripped to the waist explaining how he could still feel his right arm. Then we introduced each of the contributors. Their first clips were short and powerful. Each quote established what challenge they had faced. Once established it was time to go deeper into their stories. Stewart’s was particularly intense and powerful. Balance is key to any film. A bit of light relief every now and then must be included. Each theme was punctuated with images and thoughts on their swings, successes, and heroes. The support of family and their optimism for the future shone out as did their need for respect and not pity. The end sequence brought it back to golf and what it had done for them. Marcus bookended the film. The film was circulated to the EDGA board and film sponsor RSM.”

Just over £11,000 of the initial £13,000 had been spent. In January 2020 the individual stories were made available. Thankfully, positive feedback again.

7.4.17 Mulligan: the film – May 2020

To make the full-length (44 minute) film required some additional footage, which our initial budget could not accommodate, and we identified some storytelling elements which would enhance the film that we had not initially thought of. We had to re-visit Mike to complete the story of his first-born child. One of Mike’s worries was that his child could be born with a disability. The arrival of a healthy baby boy Fraser made these worries redundant and extra footage was gathered of Mike with his son to round off his story.

To deliver a longer film at broadcast quality, extra finances were required. The original idea of completing the film in a craft suite was prohibitively expensive, and eventually impossible due to Covid-19. Mike Birch:

“Editor Dave and I decided to finish the film via Zoom. We could not be in the same room and so Dave was in the editing suite, and I produced him remotely to create the final show. The audio was polished and completed by a colleague and so for an extra £5,000 a crafted, mixed, and graded film was delivered.”

In addition, multiple shorter pieces have been cut and we have 20 complete pieces with times of anything between 1-44 minutes in duration. The content is ready for broadcast, digital and social platforms, and have the appropriate end slates to thank the funders.

7.4.18 Placing the film

Of course, the Mulligan team thought that together we had created a product worthy of multiple broadcasts around the world. The challenge was to convince commissioning editors that they needed to air the film and hopefully commission a second edition. We had months of discussions with broadcasters and learned that there are many ways of saying ‘no thank you’. It seems that generally the staff liked the film and understand what we were trying to achieve, but corporate strategy dictates in today’s world. Getting to the right person on the right day is important. Mulligan was launched on the 28th of September 2020 on Sky Sports and in North America through the Golf Channel on the 1st of December. The 44 minutes Mulligan film can be found at: www.edgagolf.com/online/media

7.4.19 Coda

Mike Birch summarises:

“I enjoyed the process. In my former life I would have a team to book travel and hotels, organise car hire and edit suites and manage the budget. This is by no means a big production but being on top of every aspect of it is time consuming and absolutely necessary. We did not have the benefit of a contingency. The return trip to Holland hurt us financially but thankfully not terminally. Arriving in the right place at the right time sounds straightforward but needs to be nailed down. Not wasting the time of the contributor and painting a professional image of the production team is imperative. They put their trust in us. The minimum is to be professional. Allowing them into the editorial process is also key. I believe each person we visited enjoyed the process and the end product. That was also the objective of Tony, who had a vision of what they wanted. I hope we have realised that.”

7.4.20 Feedback

The journey, although four years from inception, took two years from the first frame shot to the last edit. It has required personal growth, team building, selling the concept to raise funding, critical thinking to select contributors who have the potential to reach the viewer, management of expectations, and learning the ins and outs of the TV world. It was a blessing to have two incredible professionals who shot and told a wonderful story, and to have players, who were generous with their time, authentic in their storytelling and patient in waiting for the completed film. The acid test of whether we had made a film worthy of screening across media channels while hitting the sweet spot of representing the players' true stories in a non-patronising way would rest in the comments of its viewers. We gave the players final edit control to minimise any potential accusations of objectifying their disability. This tactic also is in accordance with iKT and extends this by infusing iKT with the practical task of minimising power relations. The completed film became their testimony and respected the tenants of the life story method in which the story they want to tell is honestly and faithfully represented. Feedback from prelaunch screenings at G4D tournaments and conferences was overwhelmingly positive but raised points about graphic/disturbing images, about the darkness of the first few minutes. This feedback was taken on board and used to improve the final version. Any future film will carry a content warning. We gave the most credence to feedback from GwD as, ultimately, we wanted a representation of not only the six featured players but the body of GwD striving to be seen and heard. The feedback essentially came from players, industry insiders and media professionals and can be found in Appendix 6. Examples of the feedback follow:

Player - William Henessey:

"I watched New Mulligan last night, great piece of work, most impressive, showed us in a non-patronising way, often something that happens with these sorts of programmes, very positive indeed and well put together."

Industry insider Jamie Blair:

"It is a clean well-presented film that is brave, open, and stark but keeps golf at the heart of the film. It made me quite emotional, but also made me laugh and connect with the people who are golfers."

CBS Sports Broadcaster Jim Nantz:

"Epic achievement! Watched every second and it was stunning. Amazing story telling."

7.5 THE CARROT AND STICK

With a nod to the idiom of ‘carrot and stick’ where those wishing to stimulate change in others deploy the promise of reward or threat of punishment to at least capture attention, I explored ways to apply such an approach to golf. Although extrinsic in nature, a carrot and stick approach to presenting G4D was one way it might be possible to make a change. If the Mulligan film was a play to the heart, then the next task was to find something that would resonate with the minds of the golf industry.

Reasons for the know-do gap commonly include a sense that there is a lack of research evidence (Jones et al., 2019). The power brokers and gatekeepers who direct and manage the game and espouse the need for continuing professional development in their workforce must themselves engage in activities and learning that keeps their knowledge and practice current. Staying ahead of the curve with what may be thought of in business terms as having a competitive advantage is increasingly relevant in the golf industry. On the face of it, the leading organisations who work in harmony are frequently jockeying for positions, so relevant and applicable knowledge can be considered competitive intelligence. This competitive nature would prove to be just the stick necessary. The fear of being left behind in the race to the front would be enough to stimulate action. Hall and Bensoussan (2007, p. 1) contended that “good competitive decisions come from managers having access to the information and intelligence they need to make the decision when they need it.” The premise of iKT is to ensure that relevant knowledge is available to make informed decisions (Leggat et al., 2021). This is what I sought to achieve. For example, no country-specific data on the market’s existing/potential size and value for GwD was readily available. What would happen if I presented a so-called ‘fact sheet’ to a country which contained an estimate of market potential and current or impending international or national legislation? Could this be both a carrot and a stick? The fact sheet would merely be the opening shot, an attention grabber with several points to which a reader may gravitate. For those who were sufficiently interested to know more, a short 20-30 minutes follow up call would be arranged where a discussion on local facts and figures could ensue, and a more nuanced report could be presented.

7.5.1 Economic impact

Golf may have started as a pastime in which its players took a stick to hit an object towards a target. Over time that simple game has morphed into an industry that the latest reports from the U.S. market alone valued at \$84.1 billion (TEconomy, 2018). That industry has touched every part of golf, with rules governing play, the equipment used, where the game is played, the time it takes and even the playing surface. These and many other considerations add to the cost of swinging a club to hit a small ball and playing the game of golf. Golf is not alone in the accumulation of costs; even the most accessible sports have some costs associated with its practice. Committed runners and basketball players will likely have appropriate footwear and clothing, and even swimmers will have suitable swimwear and perhaps a pair of goggles. It is not the

purpose of this study to delve into the economic practices of the golf industry, but it is sufficient to recognise that the game of golf and its counterpart, the industry of golf, are forever joined.

The golf industry is well versed in understanding that revenue growth is fundamental to the sports continued success. Developing more players is one way to increase revenue, whilst encouraging increased spending from the current market is another. A third possible revenue stream is positioning the sport so that people and commerce are attracted to golf for reasons that have little to do with the game but are centred on its users, values, and perceived social status.

Having worked in golf development for the best part of 20 years, I could easily recognise that every new golfer who commits to the game has an annual and lifetime economic value to the golf industry. New golfers need equipment, a place to play or membership, and a handful of golf lessons would be helpful in most cases. What if the golf market was missing out on a dormant but potentially valuable market? What if that market wanted more sport or physical activity in their lives?

England was the first country I analysed to gather some meaningful data. The first dataset was to establish golf's penetration into the general population. According to Statista (2020), the population of England was 56.29 million, and England golf had reported 692,500 registered golfers (The IGF, 2021). Therefore, we can calculate the penetration percentage at 1.23% from these two numbers. Research into disability prevalence reveals that 11.5 million people in England are disabled, equating to 20.43% of the total population (Gov.UK, 2020). With more than four centuries of golf history, it is fair to categorise the English golf market as mature. Making headway in England for the market of GwD would require a different application of iKT than in a country at an embryonic, emerging or developing stage. Even so, I contend that it would not be unreasonable to vision that golf could achieve a penetration rate of 50% of that found in the overall population, so equating to 0.62% of 11.5 million people. An explanation of the methodology and assumptions made can be found in Appendix 7.

If this is a fair analysis, then England could estimate a market of 70,739 GwD, but not all of these golfers will be new to the game. It is fair to assume some GwD are embedded in the game and participate in clubs throughout the country. A representative of one of the four home nation Golf Federations, who preferred not to be named, explained that over half of their registered members were 60 years of age or older. When correlated with figures from a Gov.UK survey (2020) which suggests that as many as 46% of pension age adults are disabled, one can assume that golf is already accommodating many GwD.

The next stage was to attach an economic value to each player. According to Sports Marketing Surveys (2019), the average annual spend of a golfer in the U.K. can vary between £740 for a nomad golfer and £1,700 for a member golfer. Estimated annual revenues for the golf industry from GwD in England are significant, with a yearly total of between £52-£120 million.

From this simple idea, I wanted to explore the results that would be delivered using the same methodology with data from an embryonic, emerging and developing golf market. I selected The Ukraine, Costa Rica, and Portugal for analysis, and the results, together with that of England, can be found in Appendices 8, 9, 10, 11.

These first few tentative experiments helped me to gain confidence in the methodology. I had informal conversations with several National Federations and presented them with the idea. Each conversation was similar in that I would ask non-threatening questions of which I was confident that my data was reliable, starting with something along the lines of my research tells me that:

- The population of country X is Y
- You have Z number of registered golfers
- That equals a penetration of Y divided by Z

At this stage, I would move to more information-based comments, based on what my research had revealed, followed by a 'do you think it is a fair question'. Such questions included:

- I found a paper/article/survey by [author] in [date] revealed that X% of the population of [country name] identify as being disabled, do you think that is an accurate number?
- Do you think it fair that we estimate that if we apply 50% of the penetration that golf has in the general population and apply that percentage to the disabled population that it would be a reasonable target for the projected numbers of GwD within the next 20-50 years?

The answers were mostly positive and with little discussion except for asking why it had taken so long.

The final stage was to ask for their feedback on the expected economic value of a golfer. The two values of £740 and £1,700 used previously became a 'starter for ten' from which to stimulate discussion. These numbers would likely differ in an emerging market where golf would probably be more expensive or in a larger mature market where costs may be similar or lower. This collaborative approach would help each National Federation to take ownership of the report.

Initially, I had thought to have a dozen or so 'fact sheets', but this soon turned into all 28 of the EDGA Member Countries and finally to all 147 of the IGF member countries. The data can be found in Appendix 12.

As I started to present the ‘fact sheets’ to countries around the world, it was possible to feel the interest or otherwise of the recipient within a few minutes. Although I collected no results from these mostly online meetings, my overall impression was that it seemed that three distinct market segments emerged, each with a different focus:

- Countries with mature markets would be aware of the opportunity to demonstrate inclusivity, satisfy their governance mandate, and enhance their corporate social responsibility credentials with existing and potential sponsors
- Countries with developing markets would often be surprised with the potential economic impact and opportunity to position golf as a game for everyone
- Countries with embryonic or emerging markets would see the opportunity to achieve the market potential and grow a game in balance with the community.

Although international legislation was rarely mentioned, I sensed that most conversations were underpinned with the need to ensure that governmental legislation was observed.

7.6 FINAL THOUGHTS

This chapter expresses how I chose to close, as best as possible, with a PhD the know-do gap by drawing on the conceptual framework known as iKT. The results chapters revealed the views of GwD from which practical recommendations and tacit knowledge were created. Respecting the tenets of iKT and providing a justification for initially using a broad-brush approach, the chapter closed with case studies of two of several assets developed and deployed, taking the reader through the stages of conception, construction, and dissemination.

The use of iKT in physical activity is common, but little work in the context of sport is available. Likewise, little exists in sports science, yet the value of an iKT approach is partly evidenced through this research's findings. One leading National Golf Federations expressed a concern that the lack of appropriate coaching hampered their aspirations to make golf available to more IwD. However, a training programme was already available based on the findings of this study and the experiences of GwD. The successful implementation of the training programme was possible partly because the National Federation gained knowledge that the programme was available and because existing GwD and appropriately qualified coaches had coproduced the programme. The programme has since evolved as findings from that implementation were used to develop the content and delivery further, ensuring that those trained had the opportunity to feedback and enhance the programme for others. A virtuous cycle of research, create, implement, gather user data, adjust, re-build and

repeat ensued. As part of advancing my iKT journey, the next chapter will demonstrate the reach of asset dissemination and provide insight into its impact.

CHAPTER 8: IMPACT

According to Smith et al. (2020 p. 22), impact is defined as “an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia”.

Such a definition suggests that results or outcomes must be based on evidence. If that is the case, then it is fair to assume that the effects of research impact can take time to funnel into results, which in turn can be evidenced, be they positive, negative, or somewhat mixed. Although the writing of this PhD has taken longer than I had initially planned, it has benefitted from this increased time. The time between collecting the data and submitting the work made it possible to see the first changes in terms of golf for IwD. In part, the study duration was longer than anticipated due to a change in my career path into the disability and inclusion space and my expanding volunteer role as President of EDGA. Both roles facilitated the opportunity to implement actions informed by the research process.

In the introduction to this thesis, I mentioned that a phone call had changed the direction of my career. That call had an impact. Perhaps not directly, it took some months to make a change, but an almost imperceptible adjustment had taken place without question. Ultimately, that call, and the follow-up calls resulted in a job change, a massive redistribution of time in my leisure, and this PhD.

8.1 THE SUBJECTIVE NATURE OF IMPACT

A change had happened in my life, causal or otherwise. How to measure such change is fascinating but beyond the scope of this study. It is possible to measure some changes in quantitative terms, but as many actions are not wholly independent of others, it can be challenging to assign definitive reasons. This chapter shows data on the growth of players, the increase in the number of Federations actively involved in G4D, the number of tournaments per annum and the like. But what follows is less tangible, more a view of how the landscape has changed over the period of this PhD. As I set no targets for measuring impact at the outset of this study, it is difficult to say whether success or even change has resulted in quantifiable causal terms. I suggest that this is refreshing as I leave that up to the reader to decide. It is practically impossible to disassociate my actions in the leadership of EDGA with my research for this PhD. The two are inextricably linked. Likewise, my work in disability and inclusion will have most likely affected the landscape.

The broad areas of awareness, competition and development offer a simple way to consider the impact of this PhD. These three complementary topics provide a scaffold on which to hang multiple actions from which the reader can take a view of whether there has been progress in the sector.

8.2 RAISING AWARENESS

My closing remarks in chapter nine explain that despite being active in the golf profession for more than 40 years and an avid learner, I was not aware of G4D. It seemed that if this part of the game had passed me by then could it be the same for others? Building awareness would require a compelling story. A story that would bring the subject to the minds and the hearts of those I would tell - a story built on commonalities before introducing differences. Raised awareness would get G4D onto the agenda at Boardroom tables and onto the menu of dinner time conversations. Finally, raising awareness would be an opportunity to inform and educate the golfing public about G4D before spreading out to a broader community, those involved in disability and those involved in sport. The suite of tools available included:

- Digital media - social media/websites/online magazines/blogs/webinars /
- Traditional media - TV/film/radio
- Hard media - books/magazines and newspapers
- In-person contact - seminars/in-house company CSR projects to train their workforce.

These tools were explored, each within the limits of human and financial resources. In terms of public engagement, I have attempted to report the media generated in two years between January 2019 and December 2021. However, Appendix 5 data cannot be considered a complete list. During its completion, I found that articles about GwD had permeated as far as internationally recognised publications such as the BBC, Telegraph, Fox News, together with national mediums such as Publico in Portugal, Dagens Nyheter in Sweden, and even regional publications such as Over the Mountain Journal in Hoover, North Shelby Country. A veritable smorgasbord of coverage inside and outside golf has been achieved and continues to expand as a result of both this research and my role as EDGA President.

The ‘Mulligan’ film project recounted in chapter seven was borne out of the library of player profile blogs and podcasts that I was creating, producing, and publishing to tell the stories of these men and women. These stories first led to writing a 2019 self-published book under the name of ‘Mulligan - tough love and second chances’, which was distributed to more than 3,000 people over two printings. These books are still requested, and every new order results in another book being given free of charge to a hospital, rehabilitation/medical centre, or an association concerned with IwD. The profile stories have continued to grow to more than 100 stories spanning 29 nationalities, and for the most part available in text, audio, and video formats. The stories are prepared in a white label format and are used by entities such as The IGF, European Tour Group, The Confederation of Professional Golfers and media outlets such as Open Media (Portugal), Golf Australia (Magazine) and Golf Time (Germany) to raise awareness about golf as a possible sport for people with disabilities. Today Mulligan is available in four different languages in digital download versions.

The film, which eventually went under the name Mulligan, started life with the working title of ‘In Search of the Sweet spot’, and eventually reached 138 million homes in ten countries. These profiles effectively have provided the background detail that reporters in the commentary booths for Sky Sports and the BBC radio use before inviting players to the commentary booths in Sky Sports studios, the BBC radio onsite studios, and other countries’ equivalents. The connections and relationships built with the commentators have been hugely beneficial as through the TV medium, people can find out about G4D and its benefits. Anchor hosts and commentators such as Nick Dougherty and Tony Johnstone have gone even further and joined the EDGA Ambassador team, which includes current Tour professionals from the men’s and women’s games, Andy Sullivan, Paul Waring, Alice Hewson, and Carly Booth. See [Golf Business News - Nick Dougherty becomes EDGA ambassador](#)

Central to the profiles are good quality photographs, and EDGA now holds a library of more than 12,000 player photos which cover a broad spectrum of GwD. Almost every week, a request comes in from a publication, website, or journalist to provide player X or player Y photographs for an article. Occasionally it will be a more generic request, for example, a golfer in a wheelchair. Substantially these photos have been taken by my wife Sue Bennett, who has spent countless hours capturing, collating, editing, and curating the library, but she is not alone as others who have contributed their work as photographers who are now happy to have their photographs distributed freely to amplify the message that G4D is a possibility and part of the game. Again, knowledge gained from doing this research – from listening to people’s life stories and many hours observing – has helped effect what has gone into the library.

Overall, the above media, this research, and my role as EDGA President has provided the oxygen necessary to fuel discussions and create a gravitational pull to bring together organisations that had previously never or rarely had constructive conversations about G4D.

8.3 DEVELOPMENT

The most important part of the scaffold and yet the least interesting to the media, from my experience, is development. With 20 years of operational and management experience in golf development, the tenets of building a game in a new country or for a new demographic were not new to me. Development is fundamentally about research, creating an offer, building capacity, education, and training, and providing an integrated pathway for every stage of the journey. With such experience, I realised that not everything could be ready before starting; this would require too much preparation time, too many resources, and could be blown off track at the first hurdle. I would adopt more of a lean start-up approach; research the area, hypothesise, build a prototype, implement, gather user data, adjust, re-build and repeat. This approach is in stark contrast to the processes used by most of golf, which tend to be slower and safer. G4D did not have that much time. G4D had to be nimble and test as we went along, use educated guesses, and listen. But educated guesses are typically grounded in industry knowledge and research.

Over the last 70-80 years, the golf equipment manufacturers have undertaken research and development around clubs and ball technology to keep pace with an ever-hungrier golf community. R&D in other parts of the game lagged for many years, and only over the last half-century has golf formally started with research on the game, its offer, the players and their needs, the golf clubs, and their environmental and societal footprint. R&D for GwD has been largely ignored. In 2000 EDGA started with the development of the definitions of impairment, using professors and specialists to bring their knowledge of disability, golf, and sport for the disabled. The definitions were largely based on the IPC model and adapted for golf. Today, those definitions that provided the platform for development have been transformed, with eligibility rather than classification driving the game's growth. Only a few players will ever become Paralympians, if indeed golf can break through to becoming a sport in the IPC sports programme for the Paralympic Games. However, millions of individuals should have the opportunity to play G4D if they choose. The governments of each country decide if someone is disabled or not, that is not the job of EDGA, but it is the role of EDGA to assess the impact that a player's impairment has on the ability to play the game of golf. This matter is called eligibility and, as such, is the backbone of EDGA. I am involved in research with the world leading Shirley Ryan Ability Lab [SRAL] in Chicago around subjects such as the characteristics of GwD, the impact of G4D on player health, quality of life and self-perception, and the impact of the Covid-19 pandemic. This research feeds into that work. Importantly, the relationship with SRAL provides opportunities to extend the knowledge on impairment effects and so enhance the education offered for assessors.

Other research areas that have developed partly out of this work include a project that I developed and placed to create a standing chair for the use on driving ranges with the University of Tralee in Ireland. The project, hampered by Covid-19, has since made progress, and used EDGA players in the origination of the modelling. Progress can be seen at www.devpost.com/software/g-a-m-e-golf-adaptive-mobility-engineered-support?utm_campaign=winner_email&utm_content=submission_won&utm_medium=tweet&utm_source=twitter and www.drive.google.com/file/d/1DSH43B1UPNBGX7vINl_uEdOIYzUmROGU/view.

Using industry-leading ball flight radar systems, EDGA gathers data on player performance across the various impairment groups and has recently added a so-called 'shots saved analysis' using sensors that map how a golfer navigates the course. Overall, the R&D found in the development area is growing and influencing others to consider G4D.

As highlighted, fundamental to golf development is an appropriate introduction to the game. The dominant stereotype of golf being an older person's game, non-sporting, slow, expensive, complicated, and exclusive. It was essential to realign the expectations and subsequent experience of those new to the sport. Every enterprise, sport, or association, has a culture. It is the internal culture that an outsider must permeate to enter. Pivotal to that entry, as seen in the findings in this thesis, is the suggestion that most participants are introduced to golf by a family member, friend, or work colleague, and as such, it was a friendly face in a comfortable environment that were responsible for most participants even picking up a golf club in the first place. How could golf use this knowledge to bring the sport to more IwD?

To build capacity within the golf industry, it was essential to advise/work with international bodies, some of which I mention below:

- The R&A: The Modifications of the Rules for Players with Disabilities (The R&A 2022, www.randa.org/en/rog/2019/rules/players-with-disabilities)
- World Amateur Golf Ranking (WAGR): World Ranking for Golfers with a Disability, in three different divisions, Gross, Net and Stableford (WAGR 2022, www.wagr.com/wr4gd-ranking)
- EDUGOLF: The Erasmus+ project aims to modernise education and training to meet the changing skills needs of golf in Europe (EDUGOLF 2022, www.edugolf.eu)
- Forty National Golf Federations: EDGA advises such National Federations with the provision of guidelines for creating national opens, the implementation of good working practices and guidelines on building a more welcoming offer (EDGA 2022, www.edgagolf.com/online/www/members.php).

Additionally, EDGA provides text, images, video, and advice on the development of organisations' websites, with the below three entities being the most established and well known of those:

- The IGF: (IGF 2022, www.igfgolf.org/golfers-with-disability)
- The R&A: (The R&A 2002, www.randa.org/en/theranda/initiatives/disabilitygolf)
- The European Tour Group: (www.europeantour.com/dpworld-tour/g4d)

Other National Federations such as England Golf, The Italian Golf Federation, and Golf Australia have dedicated sections/pages on their websites about golf for the disabled [G4D], with specific pages available through links on their homepages.

The lack of appropriately trained coaches was mentioned on several occasions by the participants of this study. While Covid restricted travel, I worked with PGAs and Federations around the globe, presenting webinars on the importance of creating the workforce of tomorrow today. Some of these sessions have led to change. Sadly, the advances made with the Ukraine Golf Federation [UGF] will likely be lost due to the war. The UGF was accepted into a programme specifically designed to help National Federations develop capacity, and an on the ground workshop customised training for 20 new 'activators' for IwD was delivered. Other entities have also benefitted from such initiatives, including the Emirates Golf Federation, The PGA of Belgium, Golf RSA, and Golf Saudi, while conversations are ongoing with Golf Canada, The Real Spanish Golf Federation, and The Polish Golf Federation. See Golf Business News - EDGA grows inclusive golf training internationally. See [Golf Business News - EDGA grows inclusive golf training internationally](#).

The first contact with a teacher can turn on or turn off the sampler from any activity. Therefore, education and training of the coaches is essential, and EDGA now advises education providers, typically the PGAs of

each country, to structure G4D as an integral part of their coach education offer. The coach offer is such that volunteers, rehab therapists and others can deliver the EDGA first touch model in communities, even hundreds of kilometres away from existing golf courses, breaking the barrier of inaccessible golf facilities. EDGA Member Federations are inspired to develop their programmes and progress can be seen in countries such as Australia and New Zealand, where the ‘My Golf’ programme has more than 170 accredited All Abilities Coaches.

Although this is still in its infancy, several PGAs have entered discussions on both coach education programmes and how entry playing ability tests can be adapted for GwD unable due to the nature of their disability to achieve the standard test scores for moving from entry into training. Likewise, several PGAs are integrating recommendations that move disability coaching from a uniquely ‘bolt-on’ stand-alone continuing professional development module to a more integrated solution that embeds several questions and training tasks into the initial professional education of trainee golf coaches. EDGA tools and resources are used to this end, with programmes such as EDGA 3-five-9, the coaching pathway of ‘interested - involved - committed’, all freely available to organisations that wish to become active in the space (EDGA 2022, www.edgagolf.com/dev). The knowledge gained from doing this research – from listening to people’s life stories and many hours observing – has helped shape this education. From a technical standpoint the ‘How I Play’ series has been successful with coaches from around the world logging in to watch coproduced 20 minute sessions between a player, coach and myself, as we delve into the why, what and how of the golfers game (see www.edgagolf.com/online/usersc/how_i_play.php).

8.4 TOURNAMENTS

The shiny and most visible part of G4D is tournaments. To create good media for distribution from a tournament is not hard, but it can be expensive. Our starting point was to give students, enthusiastic amateurs, and semi-professionals access and the opportunity to cover real-life events with real-life people playing in national and international tournaments - the strategy allowed for the collection of media assets with only the costs of expenses to consider. The win-win offer was shared through mine, and those of the creators and of course, the EDGA platform.

Organic growth came from these early days as we placed a GwD into the social media feeds of people who knew golf but not G4D. This start was made possible by creating professionally run tournaments at photogenic venues.

As discussed in chapter nine, there has been a significant growth of events for GwD, from five events in 2014 to 53 events in 2022 – these events played in 18 countries, showcase how a global movement has self-generated (EDGA 2022 *Badged Events* www.edgagolf.com/online/events/events.php).

The concept of ‘world class events - close to home’ has been tested and refined over just five years. These events span National Opens, National Tours, a European Team and European Individual Championship, and

promoter events (EDGA 2022, www.edgagolf.com/online/events/events.php). This growth in the tournament offer has encouraged more GwD to play in tournaments nearer to home. The success of this strategy is now encouraging even more tournament organisers to deliver events for GwD to, benefit from the ‘glow’ that such events can provide in the media, and to polish corporate social responsibility programmes.

Two examples of golf’s leading organisations committing to G4D are The R&A, which has accepted a GwD into the 2022 Junior Open for the first time, and the same body has invited four players to play in the 150th Open Championship Celebration of Champions in July 2022, while the United States Golf Association will host the inaugural US Adaptive Golf Championship in July 2022 (the USGA 2022, www.usga.org/content/usga/home-page/championships/2022/u-s--adaptive-open.html).

The Ladies European Tour will host its first event at which GwD will play at the same venue and over the same course in the same week as the leading women Tour professionals in the Skaftö Open in August 2022. These breakthroughs seemed years away as recently as 2018. Golf is changing. In part, it has been the work I have done with Christian Hamilton of Golf Australia and Keith Pelley of the European Tour Group that has been the stimulus. In 2018 Golf Australia committed to holding an ‘All Abilities’ tournament inside the Australian Open at the Lakes Golf Club in Sydney. Twelve players teed it up alongside some of the best players in the world to play an event over the same course and at the same time as the Tour. This ground-breaking event put G4D onto a new level, as the public could view GwD playing for the very first time (ABC News 2018, [Australian Open Golf 2018: Disabled players take equal billing at Lakes Club in golfing world first](#)).

This success fuelled my conversations with the European Tour Group, with whom I had been in discussions for more than a year. In 2019 the European Tour and EDGA agreed to hold two events that would bring GwD playing at the DP World Tour events into the living rooms of millions of people around the globe. The two events at the Aberdeen Standard Investments Scottish Open and the DPW World Tour Championship, created unprecedented interest in the sector.

A Covid ravaged 2020 slowed the progress, but in 2021 the EDGA-European Tour came roaring back with five events and provided the base for the G4D Tour to be formed.

8.4.1 The G4D Tour

One area which evidences that the work undertaken in the production of this thesis is having an impact was the announcement in February 2022 of The G4D Tour, a collaboration between EDGA, the DP World Tour, the Golf for Good Programme, and the European Tour Group. The G4D Tour will visit six countries, delivering seven tournaments alongside some of the world’s most prestigious events in the summer and autumn of 2022. The G4D Tour will take ten players for each event from the top of the World Ranking for Golfers with a Disability (WR4GD), and they will play over the same courses in the same week as the DP World Tour events at the Betfred British Masters, the Porsche European Open, the Horizon Irish Open, the ISPS World Invitational, the BMW PGA Championship, the Estrella Dam N.A. Andalucía Masters, and the

DP World Tour Championship. This Tour, the first at this level for GwD, will transform into a professional Tour over the next two years with first 12 and then 15 events, will result in more visibility than ever before for G4D which adds value to the thought that if ‘we can see it - then we can believe it’.

The three years of building the partnership with the DP World Tour resulted in the development of the G4D Tour (2022 [G4D Tour - DP World Tour](#)) and the following media:

- Since 2019 there have been 34 EDGA social posts on the DP World Tour’s Facebook and Instagram platforms which have generated:
 - 6 million impressions
 - 175,000 engagements

Example: [Juan Postigo Swing](#)

Example: [Mike Jones - Player Profile](#)

- Live scoring on the DP World Tour’s digital channels in 2021, including the website and app, received 4.8 million pageviews across the five events.

Example: [Leaderboard - G4D @ Betfred British Masters hosted by Danny Willett](#)

- Highlights of the full EDGA-DP World Tour Finale were broadcast across the DP World Tour’s World Feed coverage, which has a reach of 633 million households across 167 countries.

Example: [EDGA Dubai Finale 2021 | Video | Watch TV Show | Sky Sports](#)

- Highlights of each of the other four EDGA events were interspersed into the World Feed for each of the corresponding DP World Tour events.

Example: Highlights programme: [Day 2 - EDGA Dubai Finale](#)

Golf is changing, and the above highlights a few of the changes that are evidenced, are valuable and developing partly as a result of this research. At the time of writing, there are other projects in the pipeline which I cannot disclose as these will likely only be announced after this thesis is in the public domain. This thesis and the underpinning research have informed golf’s application for inclusion in the LA 28 Paralympic Games. Only time will tell if that application is successful, but at least the evidence base is strong.

The knowledge gained from doing this research – from listening to people’s life stories and observing for many hours - has helped make this happen. For example, the teenager who was dragged along to watch Rory McIlroy at the Scottish Open by parents hoping he would be inspired to capture the essence of golf once again after a diagnosis that in his mind meant that golf was not for him. For this youngster a new hero

emerged other than Rory, one that took part in the G4D event and who invited him inside the ropes to experience what it was like at such an event. Another example is that of a golfer who was already a good player but did not identify as being disabled. He watched a GwD play in a televised event and realised that this too could be an option for him. He grasped the opportunity and has become one of the leading GwD in the world. A personal favourite is a player who thought golf was no longer an option for her after a leg amputation, but who made a few swings after seeing the Mulligan film. These are all potentially life changing moments for the golfers, their families, and friends. Often the players accompanied by parents and siblings are inside the ropes experiencing shared moments that may seem like a dream.

In a world that too often teaches us to look away from anything or anyone different, IwD so often feel excluded or even invisible. The opportunity to engage in sport can be life-changing, for themselves and for those closest to them. For some their experiences in golf can create memories that last a lifetime. In July 2022, at the 150th Open Championship, the four GwD that take part in the Champions Celebration, a four-hole opening to what is for many the worlds' most prestigious championship will be envied. With former Open Champions such as Tiger Woods, Sir Nick Faldo, and women's Open Champions Annika Sörenstam, and Georgia Hall, amongst others expected to play, and at least 20,000 spectators on site to view the event, along with millions more in front of their screen of choice, the eyes that so often look away from IwD will for once be focussed directly on them (see www.bbc.com/sport/golf/60368727)

CHAPTER 9: Conclusion

In this thesis, I adopted metaphysical assumptions of ontological relativism and epistemological social constructionism. These assumptions influenced the research design and located it within a hermeneutic methodology underpinned by an interpretivist paradigm. Therefore, I do not claim that the preceding empirical chapters represent the truth independent of me. But I do hope that this research is not only original but also valuable – a point I return to shortly.

9.1 A JOURNEY FROM INTEREST TO COMMITMENT

My journey to G4D and this PhD started in a place called *'Interest'*. This place, where everything was new, stimulated my learner's mind which was busy trying to create connections from what I knew to what I was discovering.

The next stage of the journey travelled through *'Involvement'* as I entered a world where the game was the same, even the way it was played was almost exactly like I understood it to be, yet the participants playing were uncommon to me. The connections I had made in *'Interest'* could be creatively tested, refined, and implemented. Like good critical friends, 'real people' could give feedback, critique, and challenge my thoughts and actions. At *'Involvement'*, I had listened to and observed GwD and as result of this immersion I better understood how unwitting barriers could reduce quality participation. One such learning of unwittingly limiting a player came from the simple act of providing fruit and water to players on the course. This common practice in tournament play was a given, yet it was only when seeing a player with an arm amputation ask a partner to peel her banana that I understood the depth of change required in me, and in the game. By the time I had reached *'Commitment'*, the final stage of my journey, I could combine my prior knowledge of the game and my learnings in what was no longer a new area to make firm recommendations on how golf could embrace the underrepresented group of players called GwD. I felt informed enough to question the inclusive credentials of golf's stakeholders. What had started as *'Interest'* and a research project had become part of my professional and academic life, a part that would allow me to critically reflect on what I could have done better and how I can do things better. I had reached *'Commitment'* as a different person than the one who had embarked on the journey through a healthy *'Interest'*. *'Commitment'*, I found, had no boundaries, only an ever-changing horizon subject to societal change. Perhaps the golf community was ready to make a change? Perhaps the timing of this PhD is fortuitous? Only time will tell. In the meantime, I returned to the journey of Interest-Involvement-Commitment. I have applied the same process to coaching and building capacity in the golf industry while grappling with what my learnings and observations mean and how it might be possible to create meaningful and lasting impact. More work to do.

With the data and my interpretations, I hope to advance knowledge and provide a valuable opportunity to make such recommendations and actions for positive change.

My original research explored golf, the game, the industry, how GwD view the overall golf offer, how the game and industry can adjust, and why. Drawing on a qualitatively rich and rigorously developed data set over many years, I provided an in-depth analysis of the opportunities, benefits, barriers, and facilitators embedded in the current golf offer for IwD. I have made several novel contributions to the body of knowledge in doing so. Specifically, adopting a qualitative methodology utilising life story allowed me to understand the data in rich ways and represent the ideas, opinions, philosophies, strategies, and challenges that the participants in this study have faced. It is the first major study that bears witness to the lived experience of GwD, resulting in practical recommendations to both IwD entering golf and to the sport on how it can make this underrepresented group of players feel welcome. It is also the first study to my knowledge of how competitive GwD view the coaching offer along a player pathway of sample, participate and compete. More is said about the contributions and implications below.

During this study, I have been a faithful attorney to the participants, and likewise, my supervisor has adopted the same role in his work to critically guide the structure of the work you have before you. As my supervisor kept reminding me, what does all of this mean for research and practice? This chapter addresses the 'so what' question by presenting my thesis's empirical, practical, and methodological implications, concluding with suggestions for modified practice and recommendations for future lines of enquiry. My reflection on a previous MPhil was that by the end, I felt unfulfilled, that the work would likely have limited effect and that I had simply ticked a box. I wanted to do more than write a PhD. I wanted change. Only time will tell if the study is impactful, but at least I have given my best, stayed true to my nature, that of a storyteller, and have done my utmost to provide value to both sides of the know-how gap. Linking the models of disability outlined in my review of the literature to the practical recommendations found in this and other chapters was challenging, and yet perhaps it is here where some of the most significant breakthroughs can be found, to help the golfer access a more equitable game and the golf industry to deliver a more compelling offer. Perhaps the sentiments expressed by participants would have resonance and I could present their words to straddle the line of being academically robust and practically beneficial.

9.2 EMPIRICAL IMPLICATIONS

This thesis provided empirical evidence to contribute to research areas such as the fields of sport and exercise science, including the sociology of sport and the sport governance and management of golf. I will discuss the empirical implications of each chapter in turn.

9.2.1 Chapter 4

The original contribution to knowledge from chapter four is the use of a scoping review. The choice of a scoping review allowed for some deviation from standard practices in the review process; this included the possibility to bend or even break the strict rules of standardised review checklists and guidelines that can hamper movement of thought and the exploration of different interpretations (Tricco et al., 2017).

Inspired by impactful reviews (e.g., Martin, 2013), my design included the possibility of adding conceptual and provocative notes so that information was made not only available but also compelling to golf workers and policymakers. First, this chapter removes the GwD from having a personal deficit, something to be corrected, as the medical model suggests, and relocates the golfer into a fundamentally societal game. The golf club does not care who is holding it and swinging, but sadly the industry sometimes does. From a sporting perspective, who and how one plays golf is less important than the number of strokes taken. It is common golf parlance to state ‘it is not how, it’s how many’, and although this may not have been intended to describe G4D, even with no adaption to the words, it is a good fit for the focus of this thesis. The chapter then places the views and preferences of end users, golf workers and policymakers [practitioners, gatekeepers, and decision-makers], above others concerning the kind of information they wanted and how they wanted to get it. This chapter respects the need for timely, accessible, and meaningful knowledge from which practice can at least be challenged and potentially adjusted. This distinction is essential as knowledge production can often have relevance for academia but be inaccessible to those with the power to make a change.

The empirical implications of this are threefold:

- 1 This chapter collects the most pertinent knowledge about G4D.
- 2 It makes a significant contribution by synthesising that knowledge to highlight the key benefits, barriers, and facilitators to playing golf among IwD. This knowledge goes some way to providing golf organisations, health professionals, social care providers, policymakers, public health departments, disability associations, and national disability organisations with the necessary information to design their practice. It also provided a literature base to help make sense of the data.
- 3 Chapter four recommends that it is essential to increase the knowledge of golf’s facilitators to recommend the game more confidently as a viable sporting option for IwD.

Chapter four, therefore, illuminates the gaps between what we know is relevant in the mainstream game of golf and how this knowledge may impact IwD. Although the current knowledge is not sufficient, Carty et al. (2021) argued that finding gaps in the evidence is not a justification for delaying the development of specific recommendations to end exclusion and guide action to reduce the harms of physical inactivity. In the future, the evidence must be expanded and updated to represent better the current state of disability, health, and golf. The results from chapter four are embedded in the chapters that follow and inform ideas used when appropriate to support recommendations and translation activities throughout this thesis and specifically those found in chapter seven.

9.2.2 Chapter 5

Chapter five's original contribution is an interpretation of the landscape of G4D. The chapter was constructed to tell a story. The story of a journey into golf, from an IwD to a G4D.

Every sport has an athlete pathway complete with a fast lane, roadblocks, and potholes that ease, divert or delay arrival at the destination of full participation in a community of practice. Every golfer must navigate this pathway, non-disabled and disabled alike. Golf is no different and the player pathway of sample, participate and compete is a journey with overt, covert, and unwitting obstacles to surmount. Such barriers may include access issues, cost, discrimination, time, lack of suitable equipment and coaching and, of course, the game's difficulty. IwD will face such barriers and others, and so chapter five presented three broad themes generated from nine of the most common topics raised by the participants of this study when telling their stories. All participants in this study did not consider themselves deficient or incompetent as IwD, but instead defined themselves as being a golfer first. This distinction, which will not be a surprise to the reader who has got this far, is crucial as it positions the sport of golf as being responsible for being either limiting or liberating. The social model of disability confirms that disability results from “the social and physical environment in which a person lives their life” (Altman, 2014, p. 2). So, what if the game could free all players, non-disabled, disabled, young, old, male, and female to enjoy an accessible game that is played on or at accessible facilities?

For ease of reading and to tell the story of GwD (telling a story of themes is an important part of a reflexive thematic analysis), the themes were organised into the following coherent order:

- Life before golf
- When and how golf came into participants' lives
- The experience of golf and the participant's view of disability.

This structure attempted to create a chronology to take readers from point one to point two, not unlike the unfolding of a round of golf. On the golf course, the conveyor belt of golfers starts on the first and concludes

on the 18th. Chapter five, therefore, benefits from a similarly ordered procession, an order far removed from the messy way in which the data was heard, observed, and collated.

Chapter five recognises differences in those participants new to golf and those who acquired an impairment after their immersion in the sport. In this chapter, I contributed evidence that bears witness to the participants' lived experiences. There are two crucial empirical implications of the findings. First is the testimony from those who have journeyed into golf as an IwD. It is a valuable addition to the research as the lived experience of these participants adds more weight to perceptions of benefits, barriers, and facilitators than those who have not taken such a path. Secondly, while existing research highlights the benefits of sport and barriers to mainstream and disabled sport, few meaningful recommendations on how sport can be more accessible to individuals with disabilities [IwD] exist.

Chapter five provided substantial evidence for those who aim to promote a more inclusive landscape for IwD. For instance, some of the leading organisations in golf and National Golf Federations are now promoting the inclusive nature of the game partly because of this research and enabled by my position as the President of EDGA. One such example is the IGF who now state their objectives for G4D as being:

- Promote and encourage participation and accessibility of golf for GwD
- Encourage the international development of G4D
- Create a pathway for all GwD to sample, take part and compete from club level through to global events
- Support and encourage National Federations to actively affiliate existing disabled golf organisations and promote the inclusion of G4D into their membership
- Establish and manage an international eligibility/classification system for G4D
- Develop the bid for golf's inclusion as a sport on the 2028 Paralympic Games programme.
(www.igfgolf.org/golfers-with-disability, 2022).

Golf is changing. With seemingly little growth in the number of golf facilities and players over several decades, at least until a Covid fuelled acceleration saw an explosion of players, golf has been relatively stagnant. A thorough understanding and application of the Macro-Meso-Micro landscape of golf will have important implications for the success or failure of any plans to engage IwD in the sport. Although the models found in chapter two span the Macro-Meso-Micro, it is worth noting the easy fit of the 'Human Rights' model to the Macro/Meso levels, while the 'Social/Social Relational Models are more attuned to Meso/Micro levels. Caldwell and Mays (2012) suggested that 'Macro' refers to national policy. I humbly suggest that we consider the even broader landscape of international legislation that impacts or at least

informs governmental policy. The Macro level, with its global reach and influence on governmental policy, can either directly dictate or at least influence change. Governmental decision-making around Covid, furlough/layoff and indoor sports, is just one recent example where Macro trends affected the shape and direction of the game. In golf terms and recognising that the following bodies can influence upwards to governmental departments, it is at the Meso level where golf's ruling bodies, specifically the IGF, The R&A and the USGA, and the National Federations, reside. These organisations are responsible for the popularisation of golf and, in the case of National Federations, are expected to develop a pool of sufficiently skilful players to represent their country on the international stage. National Federation policies, often called action plans or development strategies, cascade into the Micro level, which I refer to as the delivery of golf. The Micro level has multiple actors, such as non-governing organisations/associations, clubs and facilities, directors, staff, and coaches, all of which are in contact with end-users either indirectly or directly. These end-users have traditionally had little say in the services they receive.

So, with a top-down approach, golf has travelled from Macro to Meso and finally to Micro, with few actors actively listening to and involving GwD in their decision-making. Thankfully, evidence is emerging that this practice is changing to a more user-centric focus. With Golf Australia and Golf New Zealand [GNZ], both National Federations that champion 'All Abilities Golf' and in the lead group of Federations placing inclusivity at the heart of their business, perhaps we are at the threshold of a more receptive game. The National Federations of both countries actively listen to the prospective target audience before creating their plans. The example of GNZ provides evidence of how the Macro-Meso-Micro process is relevant to this study.

The country of New Zealand has adjusted its trajectory over time. The UN Universal Declaration of Human Rights, established in 1948, was followed in 2006 by a more targeted convention, namely the Convention of the Rights of Persons with Disabilities. The government of New Zealand ratified that convention in 2008, and in doing so the Macro level was established. At the Meso level, GNZ launched the Golf New Zealand Disability Action Plan in 2022 (www.golf.co.nz/disability-action-plan). The Golf New Zealand Disability Action Plan spoke to the broader New Zealand inclusion agenda. The plan used and referenced EDGA materials, most of which had emanated from this research study and included national data that indicated the golf experience for GwD was less rewarding than for a player who is not disabled. The revelation of net promoter scores - from non-disabled players being +55, seven points higher than those found amongst GwD's at just +48 - adds to the findings of this study. The GNZ findings are credible as the steering group that guided the direction and development of the Golf NZ plan included a broad group of stakeholders:

"This group has representatives from disability sports providers and governing bodies, including the Professional Golfers Association (PGA), Sport New Zealand, Blind Sport New Zealand, Sport Hawkes Bay, Special Olympics New Zealand, Disability and Amputee Golf Association, and The Halberg Foundation. The group brought together diverse perspectives, ideas, and experiences to

inform the action plan that supports disabled people learning, playing, and competing in golf.”
(www.golf.co.nz/news-detail?newsarticleid=25628&tags=Industry;LOVE%20Golf, 2022, p. 3).

As suggested earlier, the Micro level's delivery of golf rests primarily with the clubs, facilities, directors, staff, and coaches. It is here where any negative attitudes, the mystification of disability, insensitive behaviour, and unwitting discrimination, all noted in the social-relational model, are perhaps most often demonstrated. It is, after all, at the Micro level where the golfer and the golf industry finally interact. The GNZ plan includes statements of intent to track and increase:

- The number of clubs delivering 'All Abilities' experiences
- Participation satisfaction
- The number of competitive opportunities
- The availability of education and development opportunities for coaches, volunteers, and clubs to create inclusive environments.

Any attempt to change government policy seemed to require a movement, a groundswell of opinion that was unrealistic to expect from a niche sport. Likewise, any attempt to directly change a majority of the more than 33,000 golf clubs worldwide, challenging them to be more inclusive, seemed like a monumental task that would take decades rather than years. Golf has undergone change previously in unrelated areas, such as the semi standardisation of the number of holes on a golf course in the 18th century, the limits on ball size and weight in the 20th century, to the implementation of the world handicap system in the 21st century and umpteen other changes. Golf tends to respond to the leading organisations, which to some extent confirms and strengthens their dominant position of power. Ironically once the hegemony of G4D has changed, then governments are more likely to come onside, as all too often they are reactive and subconsciously follow populous trends.

Against this backdrop, I adopted the strategy to target the Meso level for change at this moment in time – and with the knowledge that I can only do so much. The strategy to target golf's ruling bodies and the National Federations in every golf playing country seemed to be the most suitable plan, for it is they that have the ear of and can influence the clubs and facilities. Perhaps I could share what international and national legislation might mean for golf in the future, highlighting inclusionary and exclusionary policies found in other organisations? It soon became clear that the Meso level needed to be squeezed between the Macro trends and the end-user needs, and so evidence of the users' experiences added greatly to the discussions. Therefore, I advocate that golf take a bottom-up approach with players revealing their wants and needs and then the industry finding a way to deliver a compelling offer.

With the results of research in place, my strategy then was to speak to the international bodies and National Federations armed with Macro trends and qualitative end-user data. Chapter seven provides a snippet of two

case studies that encapsulated this approach. The creation and distribution of the Mulligan film brought player feedback into the living room, and other tools such as the Mulligan book and EDGA profiles brought a non-threatening story-based series of player profiles to a wide audience that may never have picked up something overtly about disability but who were happy to read, listen or view stories of golfers who happened to have a disability. The construction and delivery of *'Facts Sheets'* provided a carrot and stick approach that could appeal to the game's stakeholders who may wish to exploit the newly forming landscape or avoid falling foul of public opinion.

I contend that one form of co-production useful to drive change is that of Integrated Knowledge Translation [iKT] and one recommendation from this thesis is that golfers must be listened to if the golf industry intends to better represent the community in which it resides. Although this approach opened the hearts and minds of knowledge users in this thesis, it is not without limitations. Such limitations must be addressed, and as this thesis has unfolded, it is evident that to make lasting change that represents end-users needs and wants, it is a necessity that they must be involved. To do so requires a different type of co-production which Smith et al. (forthcoming) termed as being *'equitable and experientially informed'*, one which challenges the status quo and traditional hierarchies of power. Such an approach changes the commonly used word in iKT 'may' to the more authoritative word of 'must', as people with lived experience 'must' be included in this type of co-produced research. This leads me to argue that future research must embrace equitable and experientially informed co-production, which is defined as being "a collaborative process in which the lived experiences of particular communities, citizens and/or service users is considered essential and their experiential knowledge valid" (Smith & McGannon, in-press).

9.2.3 Chapter 6

Chapter six captured how GwD advocate for others to sample the game and how they wish the game to adjust and modify its practice to make the golf journey easier for new samplers and participants alike.

There are two critical empirical implications of this chapter. First, this chapter contributed to the minimal amount of research focused on golf played by IwD. The data gathered from participants whom Beck (2002) might have described as being altruistic individuals gave an insight into the experiences of GwD from the perspective of being such a golfer. The intention of chapter six was to be informative, raise questions in the readers' minds, and develop my argument for a course correction in golf to ensure that individuals can enjoy full legitimate participation in the game. The chapter effectively became the template for what quality participation means in the hearts and minds of golfers who are already embedded in the game. To do so I had witnessed the telling of stories of how they had experienced the early years of their participation. True to the aphorism of 'nothing about us without us', this chapter gave witness and value to the thoughts and feelings of GwD to encourage meaningful and sustainable inclusion in golf.

Second, through two interconnected themes, the chapter advises the game on how it can adjust to provide more fulfilling participation for GwD and how IwD could start to play. If accepted, the advice enlightens and stimulates both the governance and structure of the golf industry to improve its offer. Likewise, the advice offered opens a window to the game for those IwD who hitherto have not sampled the game or perhaps have limited their horizons by thinking that golf is inaccessible. To strengthen the results, links with the literature and accurate reporting of the players' thoughts provided the reader with a cohesive set of recommendations. For instance, I provided evidence to support a heuristic to facilitate GwD to advocate for change within the golf context. The next generation of golf management professionals must be familiar with how GwD advocate to improve the sport of golf.

9.2.4 Chapter 7

The contribution of chapter seven was the identification and provision of evidence of how golf could utilise the co-production conceptual framework known as iKT to support moving knowledge into action.

There are two critical empirical implications of this chapter. First, I demonstrated how the production of knowledge has little efficacy to promote change. That knowledge is produced is important. That knowledge is applied is vital. To use such knowledge effectively, as Legatt, Wadey, Day, Winter and Sanders (2021, p. 2) put it, "[the] problem of knowledge production, [is] whereby knowledge created does not address real-world problems". Therefore, the production of knowledge must in some way answer the needs of intended knowledge users. Unless knowledge transfer can be simplified to the point where practitioners and decision-makers can engage with relevant knowledge packages, what is the use of knowledge? Kothari et al. (2017, p. 299) recognised "issues of power, politics and perceptions that require careful attention if an iKT approach is to be successful." As a trusted insider to the game, the relationships necessary to have informal conversations that helped illuminate any possible allergic reactions and discover potential appetites of all manner of the game's gatekeepers were effortless. These were necessary for the knowledge gained from this PhD research to be translated into the right spaces and used by people/organisations in these spaces to make change. Indeed, as Leggat et al. (2021) argued, the development of new and maintenance of existing meaningful relationships as crucial to any knowledge translation, especially to an iKT approach.

Secondly, I provided empirical data that supported three core beliefs to help improve the acceptance and application of knowledge:

- The voice of GwD must be heard. A significant and untapped asset is available amongst the stories from golfers who participate and compete in G4D
- Inconsistent terminology confuses an emerging market and must be addressed by promoting a consistent language that can carry the subject without ambiguity
- Golf must find its way onto the menu of sporting options for IwD.

The chapter's contribution culminates in the practical implications [found later in this chapter] of two case studies designed to infiltrate the hearts and minds of gatekeepers. The first follows the genesis, creation and delivery of a film called Mulligan. The second is how I used a carrot and stick approach that utilises economic impact projections, which would provide just enough fear of missing out to change behaviour.

9.3 PRACTICAL IMPLICATIONS: SO WHAT?

This research also contains several practical implications for the game of golf (e.g., how it is coached and played), the industry of golf (e.g., how it is governed, managed, and marketed), and the players of golf (e.g., disabled, and non-disabled alike). I will discuss these implications in relation to chapters five, six, and seven.

9.3.1 Chapter 5

In chapter five, I offered a heuristic to the golf industry, from which GwD can be supported on the journey into the game, so making, the experience more welcoming. Links between the participants' experience of golf, finding their place in it, and the application of a 'glue' that made them want to stick in the game were explored. The glue, malleable but adhesive, comes in the form of full, legitimate, quality participation. Golf cannot delude itself into thinking that all participation is quality. It is not, and the research suggests that golf has a high attrition rate. Clubmark (2017, www.clubmark.com/membership-retention-relations) implied that attrition could be as much as 25% for first-year golfers. Shapcott (2010) cited a 2006 National Golf Foundation report suggesting that the attrition rate for five-year golfers was as high as 27% for men and a staggering 54% for women. It is not too much of a stretch if one considers that the game is predominantly male and non-disabled orientated to consider that underrepresented groups may experience similar or even worse attrition. I present no data to back up such a claim, but if the difficulty of the sport, unwelcoming attitudes, the cost of golf and the time it takes are all legitimate reasons for attrition then it is fair to assume that GwD also face these barriers. Recognition of a person's previous sporting history, early perceptions of golf and the games availability, tangibly affected the likelihood of future sampling of golf, chapter five delved further into the barriers and facilitators inherent in the game. Sections on the importance of people, barriers, facilitators and playing the game made up the bulk of a chapter devoted to exploring the lived experience of the participant's journeys. However, it was clear that for many of the participants it was their personal character traits of self-determination, and *glass half-full* attitude that would prove to be hugely influential, even though few overtly recognised this as such.

This thesis recognises three themes on the journey into golf: the antecedents to golf, entry into the game, and the experience of golf for IwD. Some practical recommendations at the Macro-Meso-Micro found in chapter 5 include:

9.3.1.1 Macro:

- From the human rights model, golf must recognise international and national legislation as they relate to IwD. The Convention on the Rights of People with Disabilities, the Equality Act, and the Americans with Disabilities Act, will have greater influence on sport in general before setting sights on golf
- Observance of such legislation can be willing and proactive or reluctant and reactive. Either way the game will need to change.

9.3.1.2 Meso:

- Golf must become more welcoming to samplers and participant players. The Human Rights Model would say that participation is not just a matter of quantity but rather a mix of quantity and quality
- As the social model of disability argues, creating and promoting accessible environments is a fundamental requirement to include IwD. If golf wishes to grow and thrive, it must begin to mirror the community in which it resides.

9.3.1.3 Micro:

- Expand the number of advocates for golf as a suitable sport for IwD
- Create a compelling offer which appeals to the underrepresented population of IwD and so get the game onto their menu of sporting options.

9.3.2 Chapter 6

From the perspective of golfers who had successfully traversed the journey into golf, the findings in this chapter offered practical recommendations, all grounded in the data. Their views had enormous value as each participant was an insider to disability and golf. They had the benefit of their lived experience, an experience which they shared to make this study possible. One strength of this thesis is my position as an insider of the game for over 40 years. Conversely, one may suppose this may have been a limitation as familiarity and embeddedness in the game's practices could be perceived. To counter such thoughts, I offer the reader an opportunity to decide for themselves the extent to which this may or may not inhibit my thinking, as with just over a decade of immersion in the world of disability as a non-disabled person; one might consider my relative novice status in the subject. And yet it is the fusion of an insider's panorama of golf and a beginner's mind in disability that make for a unique blend. The interpretations in this chapter may

have practical implications for golf's governing bodies, National Federations, golf clubs and facilities that wish to reduce friction, advocate to improve the sport and facilitate growth amongst the underrepresented community of IwD. Consistent with the findings in chapter four, the participants mentioned access to good quality golf coaching. Some practical recommendations at the Macro-Meso-Micro found in chapter six include:

9.3.2.1 Macro:

- Promote the implementation of inclusive practices in golf and in line with national legislation.

9.3.2.2 Meso:

- Modify the general perception of G4D through raised awareness in media
- Promote good practices to reach out to more women and youngsters with disability
- Golf's leading bodies must provide leadership in the G4D space.

9.3.2.3 Micro:

- Fun must become the gateway drug to golf
- Improve accessibility to courses, clubs, and coaching.

9.3.3 Chapter 7

With the roots of sensemaking firmly established in social psychology, it is outside the parameters of this study to delve too deeply into what this means for iKT. However, it is enough to recognise that people give meaning to things they understand. Maitlis and Christianson (2014, p. 57) expand the idea that “sensemaking is the process through which people work to understand issues or events that are novel, ambiguous, confusing, or in some other way violate expectations”. Chapter seven calls for a consistent language around G4D, as the current use of multiple terminologies can confuse and dilute a coherent message. I recommended using three terms, which provide the uniformity necessary to grow the opportunity even though each has its own limitations. Recognising that not everyone will agree, it is still up to the worldwide sport to decide and own their decision. The general use of the following phrases, golf for the disabled [G4D] as an umbrella term, IwD for those yet to enter the game and golfers with a disability [GwD] for those who play, will be advantageous to the game. Golf must ensure that it offers the most enabling

environment possible to sample, participate, and compete in the game and terminology is part of that environment.

Therefore, the practical implications of this chapter illuminate ways in which I attempted to inform and inspire golf's gatekeepers, decision-makers, and practitioners. With two case studies concerning the production of media-friendly audio, video, photographic and text assets, together with a carrot and stick approach to raising awareness of potential opportunities and possible threats, chapter seven leads to appendices that show the reach and impact of my efforts. Some practical recommendations at the Macro-Meso-Micro found in chapter seven include:

9.3.3.1 Macro:

- Golf must take a view on how to position itself in the court of public opinion.

9.3.3.2 Meso:

- The social-relational model of disability recognises that limiting attitudes of those with power can be a significant barrier to inclusion. Chief amongst the frontline staff at the micro level of golf are the coaches. Disability is often noticeably absent from sport-specific governing body coach education programmes (Bush & Silk, 2012; Townsend, Cushion & Smith, 2017; Townsend et al., 2022). National Federations must encourage education providers to improve the disability coaching offer. Of the little coach education provision available, evidence suggests that the dominant approach to formal disability coach education is either 'bolt-on' inclusion training or impairment-specific workshops
- Retro-fit existing coach, director, and staff knowledge to improve everyday practice
- The provision of appropriate education to upskill new and existing coaches, directors, and staff.

9.3.3.3 Micro:

- Implement more appropriate programmes to improve the golf offer for IwD
- Delivery of inclusive programmes that fulfil the needs of every player.

9.4 CLOSING REMARKS

In concluding this thesis, I now have more unanswered questions than when I started. The questions are different, but a sense of moving from what I know to what I don't know remains. That there is more to be done is undoubted. The game of golf may be marginally different today because of the work undertaken in my pursuit of understanding and application of my new learnings. How could it be that for the best part of 40 years, I was ignorant of a part of the game that could eventually attract 15% of its users from what today is an underrepresented group of IwD? How could all my coaches, mentors, and colleagues not once mention this group of players? How could I reach the top percentile of my profession, coach players in national teams and on professional Tours and still not be aware of golfers who played the same game but who would go on to challenge my coaching practice?

Straddling the line between being academically robust and practical has been challenging. I have tried to make the words contained in this thesis readable by academics and practitioners alike. I have made recommendations that may resonate with some readers and perhaps stimulate action. I hope so.

BIBLIOGRAPHY:

- ABC News (2018) *Australian Open Golf 2018: Disabled players take equal billing at Lakes Club in golfing world first*. Available at: <https://www.abc.net.au/news/2018-11-15/australian-open-golf-all-abilities-golfers-share-top-billing/10492694> (Accessed: 10th May 2022).
- Adair, D. (2017) Anti-doping for Paralympians. In Darcy, S, Frawley, S. and Adair, D (Eds.), *Managing the Paralympics*. Palgrave Macmillan, London: pp. 133-153.
- Adler, P.A., and Adler, P. (1987) *Membership roles in field research*. vol 6. Sage.
- Adler, P.S., and Kwon, S.W. (2002) 'Social capital: prospects for a new concept', *Academy of Management Review*, 27(1), pp. 17-40.
- Ainsworth, B.E., Haskell, W.L., Herrmann, S.D., Meckes, N., Bassett, D.R., Tudor-Locke, C., Greer, J.L., Vezina, J., Whitt-Glover, M.C. and Leon, A.S. (2011) '2011 Compendium of physical activities: a second update of codes and MET values', *Medicine & Science in Sports & Exercise*, 43(8), pp. 1575-1581.
- Aitchison, B., Rushton, A.B., Martin, P., Barr, M., Soundy, A. and Heneghan, N.R. (2021) 'The experiences and perceived health benefits of individuals with a disability participating in sport: a systematic review and narrative synthesis', *Disability and Health Journal*, p. 101164.
- Albrecht, J., Elmoose-Østerlund, K., Klenk, C. and Nagel, S. (2019) 'Sports clubs as a medium for integrating people with disabilities', *European Journal for Sport and Society*, 16(2), pp. 88-110.
- Allan, V., Smith, B., Côté, J., Ginis, K.A.M. and Latimer-Cheung, A.E. (2018) 'Narratives of participation among individuals with physical disabilities: a life-course analysis of athletes' experiences and development in parasport', *Psychology of Sport and Exercise*, 37, pp. 170-178.
- Altman, B.M. (2014) 'Definitions, concepts, and measures of disability', *Annals of Epidemiology*, 24(1), pp. 2-7.
- Americans with Disabilities Act (1990) *Americans with Disabilities Act of 1990, as amended*. Available at: <https://www.ada.gov/pubs/adastatute08.htm> (Accessed: 27th December 2021).
- Anastasiou, D. and Kauffman, J.M. (2013) August. 'The social model of disability: dichotomy between impairment and disability,' in *The journal of medicine and philosophy: a forum for bioethics and philosophy of medicine*. (vol. 38, no. 4, pp. 441-459). Oxford University Press.
- Anderson, D. (2009) 'Adolescent girls 'involvement in disability sport: implications for identity development', *Journal of Sport and Social Issues*, 33(4), pp. 427-449.

- Anderson, D.M., Wozencroft, A. and Bedini, L.A. (2008) Adolescent girls' involvement in disability sport: a comparison of social support mechanisms, *Journal of Leisure Research*, 40(2), pp. 183-207.
- Anderson, J. (2001) *The soul of a nation: a social history of disabled people, physical therapy, rehabilitation and sport in Britain 1918-1970*. PhD thesis. De Montfort University.
- Anderson, L.S. and Heyne, L.A. (2010) 'Physical activity for children and adults with disabilities: an issue of "amplified" importance', *Disability and Health Journal*, 3(2), pp. 71-73.
- Appleman, L.I. (2018) 'Deviancy, dependency, and disability: the forgotten history of eugenics and mass incarceration', *Duke Law Journal*, 68, pp. 417-478.
- Arksey, H. and Knight, P.T. (1999) *Interviewing for social scientists*. London.: Sage.
- Armstrong, S., Noble, M. and Rosenbaum, P. (2006) 'Deconstructing barriers: the promise of socio-economic rights for people with disabilities in Canada', *Economic Rights in Canada and the United States*, pp. 149-168.
- Asselin, M.E. (2003) 'Insider research: issues to consider when doing qualitative research in your own setting', *Journal for Nurses in Professional Development*, 19(2), pp. 99-103.
- Atkinson, R. (1998) *The life story interview*. Sage.
- Australian Institute of Health and Welfare (2003) *Disability and disability services*. Available at: <https://www.aihw.gov.au/getmedia/d452d755-9046-43ae-b34d-706b1b94c796/aw03-c10.pdf.aspx> (Accessed: 30th December 2021).
- Autry, C.E. and Hanson, C.S. (2001) 'Meaning of sport to adults with physical disabilities: a disability sport camp experience', *Sociology of Sport Journal*, 18, pp. 95-114.
- Baker, C. (1997) 'Membership categorization and interview accounts', in Silverman, D. (ed.) (1997) *Qualitative research - theory, method and practice*. London: Sage, pp. 130-143.
- Baker, L. (2006) 'Observation: a complex research method', *Library Trends*, 55(1), pp. 171-189.
- Barbookles, J. (2003) 'Creating reasonable accommodations without an undue burden: the future effects the ADA will have on golf courses', *Golden Gate UL Rev*, 33, 71.
- Barnes, C. (2019) 'Understanding the social model of disability: past, present and future', in *Routledge handbook of disability studies*. Routledge, pp. 14-31.
- Beauchamp-Pryor, K. (2011) 'Impairment, cure and identity: "where do I fit in?"', *Disability & Society*, 26(1), pp. 5-17.

- Becerra, M., Lunnan, R. and Huemer, L. (2008) 'Trustworthiness, risk, and the transfer of tacit and explicit knowledge between alliance partners', *Journal of Management Studies*, 45(4), pp. 691-713.
- Beck, U. (2002) *Individualization: institutionalized individualism and its social and political consequences*. vol 13. Sage.
- Bengoechea, E.G., Streat, W.B. and Williams, D.J. (2004) 'Understanding and promoting fun in youth sport: coaches' perspectives', *Physical Education & Sport Pedagogy*, 9(2), pp. 197-214.
- Bennett, T. (2020) *Golf - therapy, recreation, competition and passion*. British Journal of Sports Medicine. Available at: <https://blogs.bmj.com/bjbm/2020/09/21/golf-therapy-recreation-competition-and-passion/> (Accessed: 30th December 2021).
- Bennett, T. (2020b) *EDGA golfers first profiles*. Available at: <https://edgagolf.com/online/usersc/profiles.php> (Accessed: 30th December 2021).
- Bennett, T. (2020c) *Sky Sports - Mulligan: tough love and second chances*. Available at: <https://www.skysports.com/watch/video/sports/golf/12083778/mulligan-tough-love-and-second-chances> (Accessed: 13th December 2020).
- Bennett, T. and Evans, B. (2020) *Mulligan - tough love and second chances*. Available at: https://issuu.com/edgagolf/docs/edgabook_web (Accessed: 10th March 2021).
- Blee, K. M. and Currier, A. (2011). 'Ethics beyond the IRB: An introductory essay'. *Qualitative Sociology*, 34, pp. 401-413
- Blinde, E.M. and Taub, D.E. (1999) 'Personal empowerment through sport and physical fitness activity: perspectives from male college students with physical and sensory disabilities', *Journal of Sport Behavior*, 22(2), p. 181.
- Borgers, J., Breedveld, K., Tiessen-Raaphorst, A., Thibaut, E., Vandermeersch, H., Vos, S. and Scheerder, J. (2016) 'A study on the frequency of participation and time spent on sport in different organisational settings', *European Sport Management Quarterly*, 16(5), pp. 635-654.
- Bowen, S. and Graham, I.D. (2013) 'Integrated knowledge translation'. In: Straus, S.E., Tetroe, J., Graham, I.D., (Eds.) (2013) *Knowledge translation in health care: moving evidence to practice*. West Sussex: Wiley, pp. 14 -23.
- Boxall, K. (2002) 'Individual and social models of disability and the experiences of people with learning difficulties', *Learning Disability: A Social Approach*, 1, pp. 209-226.
- Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589-597.

- Braun, V. and Clarke, V. (2020) 'One size fits all?' what counts as quality practice in (reflexive) thematic analysis?, *Qualitative Research in Psychology*, pp. 1-25.
- Braun, V., Clarke, V. and Weate, P. (2016) 'Using thematic analysis in sport and exercise research'. In Smith, B. and Sparkes, A.C. (Eds.) *Routledge handbook of qualitative research in sport and exercise*. London: Routledge, pp. 191-205.
- Brewer, E., Brueggemann, B., Hetrick, N. and Yergeau, M. (2012) 'Introduction, background, and history', *Arts and Humanities*, pp. 1-62.
- Brittain, I. (2012) *From Stoke Mandeville to Stratford: a history of the summer Paralympic Games*. Common Ground Pub.
- Broman, G., Johnsson, L. and Kaijser, L. (2004) 'Golf: a high intensity interval activity for elderly men', *Aging Clinical and Experimental Research*, 16(5), pp. 375-381.
- Bruce, A. (2014) Which entitlements and for whom? The convention on the rights of persons with disabilities and its ideological antecedents. Ph.D. thesis, Lund University, Lund, Sweden.
- Bush, A.J. and Silk, M.L. (2012) 'Politics, power & the podium: coaching for Paralympic performance'. *Reflective practice*, 13(3), pp. 471-482.
- Cabri, J., Sousa, J.P., Kots, M. and Barreiros, J. (2009) 'Golf-related injuries: a systematic review', *European Journal of Sport Science*, 9(6), pp. 353-366.
- Caldwell, S.E. and Mays, N. (2012) Studying policy implementation using a macro, meso and micro frame analysis: the case of the collaboration for leadership in applied health research & care (CLAHRC) programme nationally and in North West London. *Health research policy and systems*, 10 (1), pp. 1-9.
- Cameron, L., Knezevic, I. and Hanes, R. (2021) Inspiring people or perpetuating stereotypes?: The complicated case of disability as inspiration. In *Disability Representation in Film, TV, and Print Media*. Routledge, pp. 108-127.
- Canadian Disability Participation Project. (2018) *Evidence-based strategies for building quality participation in sport for children, youth, and adults with a disability*. University of British Columbia, Kelowna, BC.
- Canadian Disability Participation Project (CDPP) (2020) *The blueprint for building quality participation in sport for children, youth, and adults with a disability including quality participation checklist audit tool*. Available at: <https://cdpp.ca/resources-and-publications/blueprint-building-quality-participation-sport-children-youth-and-adults> (Accessed: 22nd January 2022).
- Canadian Institute of Health Research (CIHR), (2016) *About knowledge translation*. Available at: cihr-irsc.gc.ca/e/29418.html (Accessed: 3rd February 2022).

- Cacciaccaro, L. and Kirsh, B. (2006) 'Exploring the mental health needs of injured workers', *Canadian Journal of Occupational Therapy*, 73(3), pp. 178-187.
- Calhoun, L.G. and Tedeschi, R.G. (2014) *Handbook of posttraumatic growth: research and practice*. Routledge.
- Cannella, G. S., and Lincoln, Y. (2011). 'Ethics, research regulations and, critical social science'. In N. K. Denzin & Y. S. Lincoln. (Eds.) *Handbook of qualitative research* (4th ed., pp. 81-90). Thousand Oaks, CA: Sage.
- Carless, D. and Douglas, K. (2004) 'A golf programme for people with severe and enduring mental health problems', *Journal of Public Mental Health*, 3, pp. 26-39.
- Carless, D. and Douglas, K. (2008) 'Social support for and through exercise and sport in a sample of men with serious mental illness', *Issues in Mental Health Nursing*, 29(11), pp. 1179-1199.
- Carleton, R.N. (2016) 'Fear of the unknown: one fear to rule them all?', *Journal of Anxiety Disorders*, 41, pp. 5-21.
- Carroll, P., Witten, K., Calder-Dawe, O., Smith, M., Kearns, R., Asiasiga, L., Lin, J., Kayes, N. and Mavoa, S. (2018). 'Enabling participation for disabled young people: study protocol', *BMC Public Health*. 18(712), pp. 1-11.
- Carty, C., Van Der Ploeg, H.P., Biddle, S.J., Bull, F., Willumsen, J., Lee, L., Kamenov, K. and Milton, K. (2021) Response to 'Commentary on: the first global physical activity and sedentary behavior guidelines for people living with disability', *Journal of Physical Activity and Health*, 18(4), pp. 350-351.
- Cauda-Laufer, N. (2017) 'Raising a child with a disability: coping mechanisms and support needs', PCOM Psychology Dissertations. 432.
- Ceron-Anaya, H. (2010) 'An approach to the history of golf: business, symbolic capital, and technologies of the self', *Journal of Sport and Social Issues*, 34(3), pp. 339-358.
- Charlton, J.I. (1998) *Nothing about us without us*. University of California Press.
- Charmaz, K. and Mitchell, R.G. (2002) 'Grounded theory in ethnography'. In Atkinson, P; Coffey, A; Delamont, S. and Lofland, J. (Eds.) *Handbook of ethnography*. London: Sage, pp. 160-174.
- Chauvel, D. and Despres, C. (2002) 'A review of survey research in knowledge management: 1997-2001', *Journal of Knowledge Management*, 6(3) pp. 207-223.

Chu, L.F., Utengen, A., Kadry, B., Kucharski, S.E., Campos, H., Crockett, J., Dawson, N. and Clauson, K.A. (2016) “‘Nothing about us without us,’ - patient partnership in medical conferences’, *British Medical Journal*, 354.

Clandinin, D. and Caine, V. (2008) ‘Narrative Inquiry’, in Given, L M., Given (ed.), *The Sage encyclopedia of qualitative research methods*. Thousand Oaks CA: Sage, pp. 542-545. Club Managers Association of America [CMAA], (2022) Who we are. Available at: <https://www.cmaa.org/about-cmaa/who-we-are/> (Accessed: 30th March 2022).

Club Managers Association of America (CMAA) (2022) *Who we are*. Available at: <https://www.cmaa.org/about-cmaa/who-we-are/> (Accessed: 30th March 2022).

Clubmark (2017) *Membership Retention & Relations*. Available at: <https://clubmark.com/membership-retention-relations/> (Accessed: 14th May 2022).

Coffey, A. and Atkinson, P. (1996) *Making sense of qualitative data: complementary research strategies*. Sage Publications, Inc.

Cohen, L., Manion, L. and Morrison, K. (2000) *Research methods in education*. 5th edition. London: Routledge Falmer.

Coleman, J.S. (1994) *Foundations of social theory*. Harvard University Press.

Congu. (2019) *Guide for committees*. Available at: <https://www.congu.co.uk/wp-content/uploads/RulesAdvice/Max-Score-Competitions.pdf> (Accessed: 21st of December 2021).

Cope, E., Harvey, S. and Kirk, D. (2015) ‘Reflections on using visual methods in sports coaching’, *Qualitative Research in Sport, Exercise and Health*, 7(1), 88 -108.

Coté, J., Horton, S., MacDonald, D. and Wilkes, S. (2009) ‘The benefits of sampling sports during childhood’, *Physical & Health Education Journal*, 74(4), pp. 6-11.

Cowan, D. and Taylor, I.M. (2016) ‘I’m proud of what I achieved; I’m also ashamed of what I’ve done’: a soccer coach’s tale of sport, status, and criminal behaviour, *Qualitative Research in Sport, Exercise and Health*, 8(5), pp. 505-518.

Cowie, N. (2009) ‘Observation’. In Heigham, J. and Croker, R.A.(Eds.) 2009 *Qualitative research in applied linguistics: a practical introduction*. Basingstoke, England: Palgrave Macmillan.

Crawford, J.J., Gayman, A.M. and Tracey, J. (2014) ‘An examination of post-traumatic growth in Canadian and American ParaSport athletes with acquired spinal cord injury’, *Psychology of Sport and Exercise*, 15(4), pp. 399-406.

- Creamer, D.B. (2009) *Disability and christian theology: embodied limits and constructive possibilities*. Oxford: Oxford University Press.
- Crocker, A.F. and Smith, S.N. (2019) 'Person-first language: are we practicing what we preach?', *Journal of Multidisciplinary Healthcare*, 12, pp. 125-129.
- Crompton, S.W. (2004) *The printing press: transforming power of technology*. Infobase Publishing.
- Crossley, M.L. (2000) 'Narrative psychology, trauma and the study of self/identity', *Theory & Psychology*, 10(4), pp. 527-546.
- Cunneff, T. (1998) *The Casey Martin story - walk a mile in my shoes*. Nashville: Rutledge Hill Press.
- Cushion, C., Huntley, T., and Townsend, R. (2020) Disability sport coaching, in *Sport Coaching with Diverse Populations*, Routledge (pp. 131-141) doi:[10.4324/9780367854799-10](https://doi.org/10.4324/9780367854799-10)
- Dajani, K. (2001) 'Other research - what's in a name? Terms used to refer to people with disabilities', *Disability Studies Quarterly*, 21(3).
- Danforth, S. (2018) 'Becoming the rolling quads: disability politics at the University of California, Berkeley, in the 1960s', *History of Education Quarterly*, 58(4), pp. 506-536.
- Darcy, S. and Dowse, L. (2013) 'In search of a level playing field - the constraints and benefits of sport participation for people with intellectual disability', *Disability & Society*, 28(3), pp. 393-407.
- Darcy, S., Lock, D. and Taylor, T. (2017) 'Enabling inclusive sport participation: effects of disability and support needs on constraints to sport participation', *Leisure Sciences*, 39(1), pp. 20-41.
- Davis, A. (2020) *In a racist society, it is not enough to be non-racist, we must be anti-racist*. Buffalo Center for Health Equity. Available at: <https://www.buffalo.edu/content/dam/www/inclusion/docs/Comm%20Health%20Equity.pdf> (Accessed: 21st of December 2021).
- Day, M.C. and Wadey, R. (2016) 'Narratives of trauma, recovery, and growth: the complex role of sport following permanent acquired disability', *Psychology of Sport and Exercise*, 22, pp. 131-138.
- D'Cruz, K., Douglas, J. and Serry, T. (2019) 'Narrative storytelling as both an advocacy tool and a therapeutic process: perspectives of adult storytellers with acquired brain injury', *Neuropsychological Rehabilitation*. 30(8), pp. 20-41
- Degener, T. (2014) 'A human rights model of disability', *Disability Social Rights*, pp. 47-66.

- Degener, T. (2017) 'A new human rights model of disability', in *The United Nations convention on the rights of persons with disabilities*. pp. 41-59. Springer, Cham: Switzerland.
- Denzin, N.K. and Lincoln, Y.S. (1994) 'Entering the field of qualitative research'. In Denzin, N.K. and Lincoln, Y.S. (Eds.) *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications, pp. 1-17.
- DePauw, K.P. and Gavron, S.J. (2005) *Disability and sport*. Champaign, IL: Human Kinetics.
- Diaz, R., Miller, E.K., Kraus, E. and Fredericson, M. (2019) 'Impact of adaptive sports participation on quality of life', *Sports Medicine and Arthroscopy Review*, 27(2), pp. 73-82.
- Dillingham, T.R. (2002) 'Physiatry, physical medicine, and rehabilitation: historical development and military roles', *Physical Medicine and Rehabilitation Clinics*, 13(1), pp. 1-16.
- Dobrosielski, DA., Brubaker, PH., Berry, MJ., et al. 'The metabolic demand of golf in patients with heart disease and in healthy adults', *Journal of Cardiopulmonary Rehabilitation and Prevention*, 22(2), pp. 96-104.
- Douglas, K. and Carless, D. (2006) 'Performance, discovery, and relational narratives among women professional tournament golfers', *Women in Sport & Physical Activity Journal*, 15(2), pp. 14-27.
- Douglas, K. and Carless, D. (2008) 'Using stories in coach education', *International Journal of Sports Science & Coaching*, 3(1), pp. 33-49.
- Drane, D. and Block, M.E. (2006) *Accessible golf: making it a game fore all*. Champaign: Human Kinetics.
- Dunn, D. (2014) *The social psychology of disability*. Oxford University Press.
- Dunn, D.S. and Andrews, E.E. (2015) 'Person-first and identity-first language: developing psychologists ' cultural competence using disability language', *American Psychologist*, 70(3), p. 255.
- Dunn, D.S. and Burcaw, S. (2013) 'Disability identity: exploring narrative accounts of disability', *Rehabilitation Psychology*, 58(2), p. 148.
- Duyan, V. (2007) 'The community effects of disabled sports', *Amputee Sports for Victims of Terrorism*, 31(1), pp. 70-77.
- Dwyer, S.C. and Buckle, J.L. (2009) 'The space between: on being an insider-outsider in qualitative research', *International Journal of Qualitative Methods*, 8(1), pp. 54-63.
- EDGA - European Disabled Golf Association (2021) *EDGA golf development & coach education*. Available at: <https://edgagolf.com/dev/index.php/edga-golf-development-coach-education/> (Accessed: 2nd August 2021).

EDGA - European Disabled Golf Association YouTube Channel (2021) *EDGA.TV*. Available at: <https://www.youtube.com/channel/UCxObUaVUeN5vwPOxgZnMARA/videos> (Accessed: 12th November 2021).

EDGA - European Disabled Golf Association (2022) *About us*. Available at: <https://edgagolf.com/online/www/about-edga.php> (Accessed: 30th March 2022).

EDGA - European Disabled Golf Association (2022) *Development*. Available at: <https://edgagolf.com/dev> (Accessed: 10th May 2022).

EDGA - European Disabled Golf Association (2022) *Badged events*. Available at: <https://edgagolf.com/online/events/events.php> (Accessed: 10th May 2022).

EDUGOLF (2022) *Education and training to meet the changing skills needs of golf in Europe*. Available at: <https://edugolf.eu> (Accessed: 10th May 2022).

EFDS Report (2013) *Disabled people's lifestyle survey*. Available at: <https://www.google.com/search?client=safari&rls=en&q=english+federation+of+disability+sports+2013&ie=UTF-8&oe=UTF-8> (Accessed: 27th December 2021).

Ekkekakis, P. (2017) 'People have feelings! exercise psychology in paradigmatic transition', *Current Opinion in Psychology*, 16, pp. 84-88.

EOSE - European Observatoire of Sport and Employment (2017) *GoGolf Europe - innovative coaching methodology*. Available at: https://eose.org/our_work/gogolf/ (Accessed: 2nd August 2021).

Equality Act (2010) Available at: <https://www.gov.uk/rights-disabled-person> (Accessed: 2nd of January 2022).

Esmail, R., Hanson, H.M; Holroyd-Leduc, T; Brown, S; Strifler, L; Straus, SE; Niven, D.J. and Clement, P.M. (2020) 'A scoping review of full-spectrum knowledge translation theories, models, and frameworks', *Implementation Science*, 15 (11).

Evans, J.J. and Krasny-Pacini, A. (2017) 'Goal setting in rehabilitation', *Neuropsychological Rehabilitation*, pp. 49-58.

Evans, M.B., Shirazipour, C.H., Allan, V., Zanhour, M., Sweet, S.N., Ginis, K.A.M. and Latimer-Cheung, A.E. (2018) 'Integrating insights from the Parasport community to understand optimal experiences: the quality Parasport participation framework', *Psychology of Sport and Exercise*, 37, pp. 79-90.

Farahmand, B., Broman, G., De Faire, U., Vågerö, D. and Ahlbom, A. (2009) 'Golf: a game of life and death – reduced mortality in Swedish golf players', *Scandinavian Journal of Medicine & Science in Sports*, 19(3), pp. 419-424.

- Farrell, A.F. and Krahn, G.L. (2014) 'Family life goes on: disability in contemporary families', *Family Relations*, 63(1), pp. 1-6.
- Fay, T. and Wolff, E. (2009) 'Disability in sport in the twenty-first century: creating a new sport opportunity spectrum', *BU International Law Journal*, 27, p. 231.
- Findler, L. (2016) 'Being a grandparent of a child with a disability', in *Grandparents of Children with Disabilities*, Springer, Cham. pp. 39-67
- Finkelstein, V. (1980) *Attitudes and disabled people: issues for discussion* (no.5) World Rehabilitation Fund, New York.
- Five Rings Podcast (2021) *John Dickinson-Lilley, champion blind skier, talks about the problems with Paralympic inspiration*. Available at: https://open.spotify.com/episode/2LJeoEvF8tFEzcNNqKtc8P?go=1&sp_cid=bf3e0c295fe2375755e3dbb920eea0d2&t=2774&utm_source=embed_player_p&utm_medium=desktop&nd=1 (Accessed: 15th September 2021).
- Forber-Pratt, A.J., Lyew, D.A., Mueller, C. and Samples, L.B. (2017) 'Disability identity development: a systematic review of the literature', *Rehabilitation Psychology*, 62(2), p. 198.
- Forsyth, R., Colver, A., Alvanides, S., Woolley, M. and Lowe, M. (2007) 'Participation of young severely disabled children is influenced by their intrinsic impairments and environment', *Developmental Medicine & Child Neurology*, 49(5), pp. 345-349.
- Frank, A.W. (2010) *Letting stories breathe: a socio-narratology*. University of Chicago Press.
- Frankel, H.L. (2012) 'The Sir Ludwig Guttmann lecture 2012: the contribution of Stoke Mandeville Hospital to spinal cord injuries', *Spinal Cord*, 50(11), pp. 790-796.
- Frankl, V.E. (1963) *Man's search for meaning: an introduction to logotherapy*. New York: Washington Square Press.
- Fraser, N. (2003) 'Rethinking recognition: overcoming displacement and reification in cultural politics', in Hobson, B. (ed.) *Recognition struggles and social movements: identities, agency and power*. Cambridge MA: Cambridge University Press.
- Fraser-Thomas, J. and Côté, J. (2009) 'Understanding adolescents' positive and negative developmental experiences in sport', *The Sport Psychologist*, 23(1), pp. 3-23.
- Fry, J., McMahon, N., Hall, P.J., Barron, D.J., Davies, T., Yiannaki, C. and Watkins, C.L. (2017) 'Getting back into the swing of things: a qualitative study into barriers and facilitators to golf participation for stroke survivors', *International Journal of Golf Science*, 6(1), pp. 20-34.

- Gallotti, M., Fairhurst, M.T. and Frith, C.D. (2017) 'Alignment in social interactions', *Consciousness and Cognition*, 48, pp. 253-261.
- George, J. (2010) 'Ladies first?': 'establishing a place for women golfers in British golf clubs 1867 - 1914', *Sport in History*, 30(2), pp. 288-308.
- Gill, J. and Johnson, P. (1991) *Research methods for managers*. London: Paul Chapman.
- Golf New Zealand (2022) *Disability action plan*. Available at: (<https://www.golf.co.nz/news-detail?newsarticleid=25628&tags=Industry;LOVE%20Golf> , 2022) (Accessed: 15th of April 2022).
- Golf Select (2020) "Stableford". Available at: <https://www.golfselect.com.au/armchair/format?fid=2> (Accessed: 21st of December 2021).
- Goldman, A.I. (1986) *Epistemology and cognition*. Harvard: Harvard University Press.
- Gollwitzer, P.M. and Keller, L. (2016) 'Mindset theory', *Encyclopaedia of Personality and Individual Differences*, pp. 1-8.
- Goodley, D. (2021) *Disability and other human questions*. Emerald Group Publishing.
- Goodson, I. (1992) *Studying teachers' lives*. London: Routledge.
- Gottlieb, B.H. and Bergen, A.E. (2010) 'Social support concepts and measures', *Journal of Psychosomatic Research*, 69(5), pp. 511-520.
- Gov. UK (2020) "Disability data tables XLS" Available at: <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201617> (Accessed: 2nd of January 2022).
- Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W. and Robinson, N. (2006) 'Lost in knowledge translation: time for a map?', *Journal of Continuing Education in the Health Professions*, 26(1), pp. 13-24.
- Graham, I.D. and Tetroe, J. (2007) 'How to translate health research knowledge into effective healthcare action', *Healthcare Quarterly*, 10(3), pp. 20-22.
- Gratton, C. and Jones, I. (2004) *Research methods for sports studies*. London: Routledge.
- Green, B.C. (2005) 'Building sport programs to optimize athlete recruitment, retention, and transition: toward a normative theory of sport development', *Journal of Sport Management*, 19(3), pp. 233-253.

Groce, N., Kembhavi, G., Wirz, S., Lang, R., Trani, J.F. and Kett, M. (2011) 'Poverty and disability - a critical review of the literature in low and middle-income countries', *Leonard Cheshire Research Centre Working Paper Series*, (16).

Grue, J. (2016a) *The problem with inspiration porn: a tentative definition and a provisional critique*. *Disability & society*. 31(6), pp. 838-849.

Grue, J. (2016b) *Disability and Discourse Analysis*. Routledge.

Grüner, G. (1967) *Die Didaktische Reduktion als Kernstück der Didaktik Die Deutsche Schule*. Münster: Waxmann Verlag.

Guba, E.G. and Lincoln, Y.S. (1994) 'Competing paradigms in qualitative research'. In Denzin, N.K. and Lincoln, Y.S. (Eds.) *Handbook of qualitative research*. Thousand Oaks, CA: Sage, pp. 105-117.

Haiachi, M.D.C., Ávila, E.B.D., Cardoso, V.D., Canuto, S.C.M., Kumakura, R.S., Oliveira, A.F.S.D. and Mataruna-Dos-Santos, L.J. (2020) 'Military rehabilitation programs and Paralympic movement', *Journal of Human Sport and Exercise*, 15 (1proc), S46-S56.

Hall, C. and Bensoussan, B.E. (2007) *Staying ahead of the competition: how firms really manage their competitive intelligence and knowledge; evidence from a decade of rapid change*. New York: World Scientific Publishing Data.

Haller, B. and Preston, J. (2016) 'Confirming normalcy: "inspiration porn" and the construction of the disabled subject?' In Ellis, K. and Kent, M. (Eds.) *Disability and social media: global perspectives*. Routledge. pp. 63-78.

Hammel, J., Magasi, S., Heinemann, A., Gray, D.B., Stark, S., Kisala, P., Carlozzi, N.E., Tulskey, D., Garcia, S.F. and Hahn, E.A. (2015) 'Environmental barriers and supports to everyday participation: a qualitative insider perspective from people with disabilities', *Archives of Physical Medicine and Rehabilitation*, 96(4), pp. 578-588.

Hammel, J., Magasi, S., Heinemann, A., Whiteneck, G., Bogner, J. and Rodriguez, E. (2008) 'What does participation mean? an insider perspective from people with disabilities', *Disability and Rehabilitation*, 30(19), pp. 1445-1460.

Hammer, C., Podlog, L., Wadey, R., Galli, N., Forber-Pratt, A.J., Newton, M., Hall, M. and Greviskes, L. (2019) 'Understanding posttraumatic growth of paratriathletes with acquired disability', *Disability and Rehabilitation*, 41(6), pp. 674-682.

Hammersley, M. (1992) *What's wrong with ethnography?* London: Routledge.

- Hammond, A.M., Young, J.A. and Konjarski, L. (2014) 'Attitudes of Australian swimming coaches towards inclusion of swimmers with an intellectual disability: an exploratory analysis', *International Journal of Sports Science & Coaching*, 9(6), pp. 1425-1436.
- Hammond, A., Jeanes, R., Penney, D. and Leahy, D. (2019) "'I feel we are inclusive enough": examining swimming coaches: understandings of inclusion and disability', *Sociology of Sport Journal*, 36(4), pp. 311-321.
- Hanke, C.W., Zollinger, T.W., O'Brian, J.J. and Bianco, L. (1985) 'Skin cancer in professional and amateur female golfers', *The Physician and Sports Medicine*, 13(8), pp. 51-68.
- Hänninen, V. (2004) 'A model of narrative circulation', *Narrative Inquiry*, 14(1), pp. 69-85.
- Hardin, M. and Hardin, B. (2004) 'The "supercrip" in sport media: wheelchair athletes discuss hegemony's disabled hero', *Sociology of Sport Online*, 7(1).
- Haslett, D. (2021) *Para athlete activism: a critical disability studies perspective*. Doctoral dissertation, Durham University.
- Haslett, D. and Smith, B. (2019) 'Disability sport and social activism', Routledge *Handbook of disability activism*, Routledge pp. 197-208.
- Haslett, D., Choi, I. and Smith, B. (2020) 'Para athlete activism: a qualitative examination of disability activism through Paralympic sport in Ireland', *Psychology of Sport and Exercise*, 47, p. 101639.
- Haslett, D. and Smith, B. (2019) 'Disability sport and social activism', Routledge handbook of disability activism. In Berghs, M. Chataika, T. El-lahib, Y. and Dube A.K. (Eds.) Routledge *Handbook of disability activism*. pp. 197 - 08. London: Routledge.
- Hawkes, R., Malik, O. and Murray, A. (2016) 'Golf: a matter of life and death, health and happiness, or just Olympic medals?', *British Journal of Sports Medicine*, 50(11), pp. 637-638.
- Hayman, R., Polman, R. and Taylor, J. (2012) 'The validity of retrospective recall in assessing practice regimes in golf', *International Journal of Sport and Exercise Psychology*, 10(4), pp. 329-337.
- Heikkinen, M., Saarinen, J., Suominen, V.P., Virkkunen, J. and Salenius, J. (2007) 'Lower limb amputations: differences between the genders and long-term survival', *Prosthetics and Orthotics International*, 31(3), pp. 277-286.
- Henderson, G. and Bryan, W.V. (2004) *Psychosocial aspects of disability*. Charles C Thomas Publisher.

Heo, J., Lee, Y., Lundberg, N., McCormick, B. and Chun, S. (2008) 'Adaptive sport as serious leisure: do self-determination, skill level, and leisure constraints matter', *Annual in Therapeutic Recreation*, 16, pp. 31-38.

Heritage, C. (2013) *Sport participation 2010*. Ottawa (on): Canadian Heritage.

Herman, L. and Vervaeck, B. (2019) *Handbook of narrative analysis*. U of Nebraska Press.

Hitchcock, G. and Hughes, D. (1995) *Research and the teacher - a qualitative introduction to school-based research*. (2nd Edn). London: Routledge.

Holcomb, T.K. (2012) *Introduction to American deaf culture*. Oxford University Press.

Holt, R., Lewis, P.N. and Vamplew, W. (2002) *The Professional Golfers' Association 1901-2001*. Worcestershire: Grant Books.

Howells, K. and Wadey, R. (2020) 'Nurturing growth in the aftermath of adversity: a narrative review of evidence-based practice', *Growth Following Adversity in Sport*, pp. 219-234.

Huang, C.J. and Brittain, I. (2006) 'Negotiating identities through disability sport', *Sociology of Sport Journal*, 23(4), pp. 352-375.

Hutchinson, H. (1895) 'Is golf an old man's game?', *The Windsor magazine: an illustrated monthly for men and women*, 1, pp. 282-287.

Ikeda, ER., Cooper, L. and Gulick, P. (2008) 'The metabolic cost of carrying a single-versus double-strap golf bag', *Journal of Strength and Conditioning Research*, 22:974-7.

Jaarsma, E. and Smith, B. (2018) 'Promoting physical activity for people with disabilities who are ready to become physically active: a systematic review', *Psychology of Sport and Exercise*, 37, 205-223.

Jackson, C.L. and Greenhalgh, T. (2015) 'Co-creation: a new approach to optimising research impact', *The Medical Journal of Australia*, 203(7), pp. 283-4.

Jackson, P. (1983) 'Principles and problems of participant observation', *Geografiska Annaler: Series B, Human Geography*, 65(1), pp. 39-46.

Jakobsson, B.L., Lundvall, S. and Redelius, K. (2014) 'Reasons to stay in club sport according to 19-year-old Swedish participants: a salutogenic approach', *Sport Science Review*, 23. pp. 205-223.

Jeffress, M.S. and Brown, W.J. (2017) 'Opportunities and benefits for power chair users through power soccer', *Adapted Physical Activity Quarterly*, 34(3), pp. 235-255.

- Johnson, J. (2002) 'In-depth interviewing'. In Gubrium, J.F. and Holstein, J.A. (Eds.) 2002 *Handbook of interview research, context & method*. Thousand Oaks: Sage Publications, pp. 103-119.
- Jones, B., Till, K., Emmonds, S., Hendricks, S., Mackreth, P., Darrall-Jones, J., Roe, G., McGeechan, I., Mayhew, R., Hunwicks, R. and Potts, N. (2019) 'Accessing off-field brains in sport; an applied research model to develop practice', *British Journal of Sports Medicine*, 53(13), pp. 791-793.
- Jull, J., Giles, A. and Graham, I.D. (2017) 'Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge', *Implementation Science*, 12(1), pp. 1-9.
- Kama, A. (2004) 'Supercrises versus the pitiful handicapped: reception of disabling images by disabled audience members', *Communications*, 29(4), 447-466.
- Kehn, M. and Kroll, T. (2009) 'Staying physically active after spinal cord injury: a qualitative exploration of barriers and facilitators to exercise participation', *BMC Public Health*, 9(1), pp. 1-11.
- Kerr, J.R. (1919) 'Swimming in the treatment of paralysis', *British Medical Journal*, 1(3047), p. 655.
- Kieser, A. and Leiner, L. (2012) 'Collaborate with practitioners: but beware of collaborative research', *Journal of Management Inquiry*, 21(1), pp. 14-28.
- Kim, K., Compton, D.M. and Robb, G.M. (2011) 'Increasing the self-efficacy of individuals with a disability through a theory-based curriculum applied to playing golf', *International Journal on Disability and Human Development*, 10, pp. 151-57.
- Knapp, M.L., Hall, J.A. and Horgan, T.G. (2013) *Nonverbal communication in human interaction*. Cengage Learning.
- Kothari, A., McCutcheon, C. and Graham, I.D. (2017) 'Defining integrated knowledge translation and moving forward: a response to recent commentaries', *International Journal of Health Policy and Management*, 6(5), p. 299.
- Lavallee, D., Sheridan, D., Coffee, P. and Daly, P. (2019) 'A social support intervention to reduce intentions to drop-out from youth sport: the GAA super games centre', *Psychosocial Intervention*, 28(1), pp. 11-17.
- Leggat, F.J., Wadey, R., Day, M.C., Winter, S. and Sanders, P. (2021) 'Bridging the know-do gap using integrated knowledge translation and qualitative inquiry: a narrative review', *Qualitative Research in Sport, Exercise and Health*, pp. 1-14.
- Leonardi, M. et al. (2006) 'The definition of disability: what is in a name?', *Lancet* 368: 1219-1221.

- Letts, L., Ginis, K.A.M., Faulkner, G., Colquhoun, H., Levac, D. and Gorczynski, P. (2011) 'Preferred methods and messengers for delivering physical activity information to people with spinal cord injury: a focus group study', *Rehabilitation Psychology*, 56(2), 128.
- Levack, W. (2018) *Goal setting in rehabilitation*. Lennon, S., Ramdharry, G., Verheyden, G. Physical management for neurological conditions. 4th edn. Poland: Elsevier, pp. 91-109.
- Lewis, P.N. (2016) *Why are there eighteen holes?*. The Royal and Ancient Golf Club of St Andrews.
- Lincoln, Y.S. (2010) 'What a long, strange trip it's been... twenty-five years of qualitative and new paradigm research', *Qualitative Inquiry*, 16(1), pp .3-9.
- Locke, E. A., and Latham, G. P. (2015) Breaking the rules: A historical overview of goal- setting theory. In Elliot, A.J. (Ed.), *Advances in motivation science*. Waltham, MA: Academic Press. (Vol. 2, pp. 99-126)
- Longmore, P.K. (1985) 'A note on language and the social identity of disabled people', *American Behavioral Scientist*, 28(3), pp. 419-423.
- Lowerson, J. (1983) 'Scottish croquet': the English golf boom 1880-1914', *History Today*, 33(5), 25.
- Lowerson, J. (1989) 'Golf', in Mason, T. (ed.) 1989 *Sport in Britain*. Cambridge: Cambridge University Press, pp. 187-214.
- Lucassen, L. (2010) 'A brave new world: the left, social engineering, and eugenics in twentieth-century Europe', *International Review of Social History*, 55(2), pp. 265-296.
- Lundberg, N.R., Taniguchi, S., McCormick, B.P. and Tibbs, C. (2011) 'Identity negotiating: redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability', *Journal of Leisure Research*, 43(2), pp. 205-225.
- Lundy, G., Allan, V., Cowburn, I. and Côté, J. (2019) 'Parental support, sibling influences, and family dynamics across the development of Canadian interuniversity student-athletes', *Journal of Athlete Development and Experience*, 1(2), pp. 87-97.
- Lustig, D.C. and Strauser, D.R. (2007) 'Causal relationships between poverty and disability', *Rehabilitation Counseling Bulletin*, 50(4), pp. 194-202.
- Maas, K.W. and Hasbrook, C.A. (2001) 'Media promotion of the paradigm citizen/golfer: an analysis of golf magazines', representations of disability, gender, and age', *Sociology of Sport Journal*, 18(1), pp. 21-36.
- Mann, D.L., Tweedy, S.M., Jackson, R.C. and Vanlandewijck, Y.C. (2021) 'Classifying the evidence for evidence-based classification in Paralympic sport', *Journal of Sports Sciences*, 39(sup1), pp. 1-6.

- Martens, R. (1987) 'Science, knowledge, and sport psychology', *The Sport Psychologist*, 1(1), pp. 29-55.
- Martin, J.J. (2010) 'The psychosocial dynamics of youth disability sport', *Sport Science Review*, 19(5-6), pp. 49-69.
- Martin, J.J. (2013) 'Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective', *Disability and Rehabilitation*, 35(24), pp. 2030-2037.
- Martin, J.J. and Whalen, L. (2014) 'Effective practices of coaching disability sport', *European Journal of Adapted Physical Activity*, 7(2).
- Maitlis, S. and Christianson, M. (2014) 'Sensemaking in organizations: taking stock and moving forward', *Academy of Management Annals*, 8(1), pp. 57-125.
- Martin-Ginis, K.A., Evans, M.B., Mortenson, W.B. and Noreau, L. (2017) 'Broadening the conceptualization of participation of persons with physical disabilities: a configurative review and recommendations', *Archives of Physical Medicine and Rehabilitation*, 98(2), pp. 395-402.
- Martin-Ginis, K.A., Ma, J.K., Latimer-Cheung, A.E. and Rimmer, J.H. (2016). 'A systematic review of review articles addressing factors related to physical activity participation among children and adults with physical disabilities', *Health Psychology Review*, 10(4), pp. 478-94.
- Martiny, K.M. (2015) 'How to develop a phenomenological model of disability', *Medicine, Health Care and Philosophy*, 18(4), pp. 553-565.
- Mashkovskiy, E. and Brittain, I. (2017) 'The evolution of classification and technical rules in parasports: extending the frontiers', *Acta Universitatis Carolinae: Kinanthropologica*, 53(1), pp. 5-20.
- Mason, F. (2012) 'From rehabilitating patients to rehabilitating athletes: searching for a history of sports medicine for athletes with disabilities'. In Malcolm, D. and Safai, P. (Eds.) 2012. *The social organisation of sports medicine: critical socio-cultural perspectives*. London: Routledge, pp. 77-104.
- Matthews, A.G., Preston, H., Murray, A. and Hawkes, R. (2018) 'Golf and skin health: a narrative review', *Exercise Medicine*, 2(13).
- Matusow, A.J. (2009) *The unraveling of America: a history of liberalism in the 1960s*. University of Georgia Press.
- Mawson, M. (2013) 'Subjectivity and embodied limits: Deborah Creamer's disability and christian theology', *Journal of Religion, Disability & Health*, 17(4), pp. 409-417.
- Maxwell, J. (1997) 'Designing a qualitative study'. In Bickman, L. and Rog, D.J. (Eds.) 1997 *Handbook of Applied Social Research Methods*. Thousand Oaks, CA: Sage Publications, pp. 69-100.

- McCarroll, J.R. (1996) 'The frequency of golf injuries', *Clinics in Sports Medicine*, 15(1), 1-7.
- McGinnis, L., McQuillan, J. and Chapple, C.L. (2005) "‘I just want to play’" women, sexism, and persistence in golf', *Journal of Sport & Social Issues*, 29(3), pp. 313–337.
- McKechnie, L.E.F. (2008) *Observational research*. in Given, L.M. ed. *The Sage encyclopedia of qualitative research methods*. Thousand Oaks, CA: Sage. pp. 573-577.
- McLeod, J. (1997) *Narrative and psychotherapy*. Thousand Oaks CA: Sage.
- McMaster, S., Culver, D. and Werthner, P. (2012) 'Coaches of athletes with a physical disability: a look at their learning experiences', *Qualitative Research in Sport, Exercise and Health*, 4(2), pp. 226-243.
- Miles, M.B. and Huberman, A.M. (1994) *Qualitative data analysis: an expanded sourcebook*. (2nd edition). London: Sage.
- Miller, W.L. and Crabtree, B.F. (2004) 'Depth interviewing'. In Hesse-Biber, S.N. and Leavy, P. (Eds.) 2004. *Approaches to qualitative research: a reader on theory and practice*. Oxford: Oxford University Press, pp. 185-202.
- Milner, P. and Kelly, B. (2009) 'Community participation and inclusion: people with disabilities defining their place', *Disability & Society*, 24(1), pp. 47-62.
- Misener, L. and Darcy, S. (2014) 'Managing disability sport: from athletes with disabilities to inclusive organisational perspectives', *Sport Management Review*, 17(1), pp. 1-7.
- Mittelstaedt, R.D. (1997) 'Accessibility for golfers with disabilities: its tee time!', *Parks & Recreation (Arlington)*, 32(6), pp. 52-57.
- Moll, S.E., Gewurtz, R.E., Krupa, T.M., Law, M.C., Lariviere, N. and Levasseur, M. (2015) "‘Do-Live-Well’": a Canadian framework for promoting occupation, health, and well-being:', *Canadian Journal of Occupational Therapy*, 82(1), pp. 9-23.
- Monforte, J., Úbeda-Colomer, J., Pans, M., Pérez-Samaniego, V. and Devís-Devís, J. (2021) 'Environmental barriers and facilitators to physical activity among university students with physical disability - a qualitative study in Spain', *International Journal of Environmental Research and Public Health*, 18(2), 464.
- Monteith, S. (2008) *American culture in the 1960s*. Edinburgh University Press.
- Murray, A.D., Archibald, D., Murray, I.R., Hawkes, R.A., Foster, C., Barker, K., Kelly, P., Grant, L. and Mutrie, N. (2018a) '2018 International consensus statement on golf and health to guide action by people, policymakers and the golf industry', *British Journal of Sports Medicine*, 52(22), pp. 1426-1436.

- Murray, A.D., Barton, C.J., Archibald, D., Glover, D., Murray, I.R., Barker, K. and Hawkes, R.A. (2018b) 'Infographics and digital resources: an international consensus on golf and health', *British Journal of Sports Medicine*, 52(22), pp. 1421-1425.
- Murray, A.D., Daines, L., Archibald, D., Hawkes, R.A., Schiphorst, C., Kelly, P., Grant, L. and Mutrie, N. (2017) 'The relationships between golf and health: a scoping review', *British Journal of Sports Medicine*, 51(1), pp. 12-19.
- Murray, A.D., Daines, L., Archibald, D., Hawkes, R.A., Schiphorst, C., Kelly, P.L. and Mutrie, N. (2017b) 'Infographic: golf and health', *British Journal of Sports Medicine*, 51, pp. 13-4.
- Murray, A., Jenkins, E. and Hawkes, R. (2017) 'Understanding golf and health', in Toms, M. (ed.) *International handbook of golf science*. Routledge pp. 385-394.
- Nahapiet, J. and Ghoshal, S. (1998) 'Social capital, intellectual capital, and the organizational advantage', *Academy of Management Review*, 23(2), pp. 242-266.
- Nakagoshi, R. and Tanemura, R. (2017) 'The process of subjective disability acceptance in persons with cervical cord injury', *British Journal of Research*, 4(4), p. 24.
- Neely, K.C. and Holt, N.L. (2014) 'Parents', perspectives on the benefits of sport participation for young children', *The Sport Psychologist*, 28(3), pp. 255-268.
- Nicholson, M., Brown, K. and Hoyer, R. (2014) 'Sport, community involvement and social support', *Sport in Society*, 17(1), pp. 6-22.
- Oliver, M. (1990) *Politics of disablement*. Macmillan International Higher Education.
- Oliver, M. and Barnes, C. (1998) *Social policy and disabled people: from exclusion to inclusion*. London: Longman.
- Orr, N. and Phoenix, C. (2015) 'Photographing physical activity: using visual methods to grasp at the sensual experiences of the ageing body', *Qualitative Research*, 15(4), pp. 454-472.
- Ouellette, S. and Gough, D. (2002) *Adjustment to and acceptance of disability. Rehabilitation services: an introduction for human service professionals*. Osage Beach, MO: Aspen Professional Services.
- Palmer, M. (2011) 'Disability and poverty: a conceptual review', *Journal of Disability Policy Studies*, 21(4), pp. 210-218.
- Papathomas, A., Williams, T.L. and Smith, B. (2015) 'Understanding physical activity, health and rehabilitation in spinal cord injured population. Shifting the landscape through methodological innovation', *International Journal of Qualitative Studies on Health and Well-being*, 10, 27295.

- Parkkari, J., Natri, A., Kannus, P., Mänttari, A., Laukkanen, R., Haapasalo, H., Nenonen, A., Pasanen, M., Oja, P. and Vuori, I. (2000) 'A controlled trial of the health benefits of regular walking on a golf course', *The American Journal of Medicine*, 109(2), pp. 102-108.
- Parziale, J.R. (2014) 'Golf in the United States: an evolution of accessibility', *PM&R*, 6(9), pp. 825-827.
- Peers, D., Spencer-Cavaliere, N. and Eales, L. (2014) 'Say what you mean: rethinking disability language in adapted physical activity quarterly', *Adapted Physical Activity Quarterly*, 31(3), pp. 265-282.
- Peräkylä, A. (1997) 'Reliability and validity in research based on tapes and transcripts', in Silverman, D. (ed.) 1997 *Qualitative research - theory, method and practice*. London: Sage, pp. 201-220.
- Peterson, J.J. (2019) *StoryBrand narrative marketing: an examination of the influence of narrative marketing on organizations*. Doctoral dissertation, Regent University.
- Pfeiffer, D. (1994) 'Eugenics and disability discrimination', *Disability & Society*, 9(4), pp. 481-499.
- PGA Tour, inc. v. Martin (00-24) 532 U.S. 661 (2001) 204 F.3d 994, affirmed. Available at: <https://www.law.cornell.edu/supct/html/00-24.ZS.html> 01.07.21 (Accessed: 3rd June 2021).
- Phoenix, C. and Orr, N. (2014) 'Pleasure: a forgotten dimension of physical activity in older age', *Social Science & Medicine*, 115, pp. 94-102.
- Phoenix, C. and Sparkes, A.C. (2006) 'Young athletic bodies and narrative maps of aging', *Journal of Aging Studies*, 20(2), pp. 107-121.
- Piggott, D., Leslie, G. and Poller, G. (2011) *Widening participation in golf: barriers to participation and golfmark*. School of sport, coaching and exercise science research group. University of Lincoln.
- Podlog, L., Wadey, R., Stark, A., Lochbaum, M., Hannon, J. and Newton, M. (2013) 'An adolescent perspective on injury recovery and the return to sport', *Psychology of Sport and Exercise*, 14(4), pp. 437-446.
- Ponterotto, J.G. (2006) 'Brief note on the origins, evolution, and meaning of the qualitative research concept thick description', *The Qualitative Report*, 11(3), pp. 538-549.
- Portugal, M., Carmo, M., Correia, A. (2020). 'Why do the young generations not play golf?', *Tourism Analysis*, 2-3(10), pp. 309-318.
- Powell, A., Davies, H.T. and Nutley, S.M. (2018) 'Facing the challenges of research-informed knowledge mobilization: 'practising what we preach'', *Public Administration*, 96(1), pp. 36-52.

- Prieto, J. and Paramio-Salcines, J.L. (2018) 'The United Nations Convention on the rights of persons with disabilities and its effects on the promotion of elite disability sport: a worldwide analysis', *The Age of Human Rights Journal*, (10), pp. 119-138.
- Professional Golfers Career College (2022) *The history of women's professional golf*. Available at: <https://golfcollege.edu/history-womens-professional-golf/> (Accessed: 21st of March 2022).
- Prus, R. (1990) 'The interpretive challenge: the impending crisis in sociology', *The Canadian Journal of Sociology/Cahiers Canadiens de Sociologie*, 15(3), pp. 355-363.
- Public Health England. (2018) *Physical activity for general health benefits in disabled adults: summary of a rapid evidence review for the UK chief medical officers*. Update of the physical activity guidelines. London: Public Health England.
- Pullen, E., Jackson, D. and Silk, M. (2020) '(Re-) presenting the Paralympics: affective nationalism and the "able-disabled"', *Communication & Sport*, 8(6), pp. 715-737.
- Ouellette, S.E. and Gough, D. (2002) 'Adjustment to and acceptance of disability'. In Andrew, S. and Faubion, C. (Eds.) *Rehabilitation services: an introduction for the human services professional*. Osage Beach, MO: Aspen Publications.
- Rea-Amaya, A.C., Acle-Tomasini, G. and Ordaz-Villegas, G. (2017) 'Resilience potential of autistic children's parents and its relationship to family functioning and acceptance of disability', *Journal of Education, Society and Behavioural Science*, pp. 1-16.
- Rees, T., Hardy, L. and Evans, L. (2007) 'Construct validity of the social support survey in sport', *Psychology of Sport and Exercise*, 8(3), pp. 355-368.
- Rees, T., Smith, B. and Sparkes, A.C. (2003) 'The influence of social support on the lived experiences of spinal cord injured sportsmen', *The Sport Psychologist*, 17(2), pp. 135-156.
- Reichman, N.E., Corman, H. and Noonan, K. (2008) 'Impact of child disability on the family', *Maternal and Child Health Journal*, 12(6), pp. 679-683.
- Retief, M. and Letšosa, R. (2018) 'Models of disability: a brief overview', *HTS Teologiese Studies/Theological Studies*, 74(1).
- Richardson, E.V., Smith, B. and Papathomas, A. (2017) 'Collective stories of exercise: making sense of gym experiences with disabled peers', *Adapted Physical Activity Quarterly*, 34(3), pp. 276-294.
- Richardson, L. (1990) 'Narrative and sociology', *Journal of Contemporary Ethnography*, 19(1), pp. 116-135.

- Rimmer, J.H., Riley, B., Wang, E., Rauworth, A. and Jurkowski, J. (2004) 'Physical activity participation among persons with disabilities: barriers and facilitators', *American Journal of Preventive Medicine*, 26(5), pp. 419-425.
- Rimmerman, A. (2013) *Social inclusion of people with disabilities: national and international perspectives*. New York: Cambridge University Press.
- Rintala, J. (2006) 'Accessible golf: making it a game for all', *Adapted Physical Activity Quarterly*, 23(2), pp. 218-220.
- Robb, G. (1999) *For the good of the game... a report on the status of golfers with disabilities in America*. United States Golf Association Foundation.
- Robson, C. (2002) *Real world research*. Oxford: Blackwell.
- Roy-Davis, K., Wadey, R. and Evans, L. (2017) 'A grounded theory of sport injury-related growth', *Sport, Exercise, and Performance Psychology*, 6(1), p. 35.
- Ryle, G. (1971) *Collected papers*. Volume II collected essays, 1929-1968. London: Hutchinson.
- Sachau, D., Harris, A., Adler, M. and Ryan, W. (2016) 'Golfer identity, sport citizenship, and self-presentation', *International Journal of Golf Science*, 5(1), pp. 49-70.
- Saebu, M., Sørensen, M. and Halvari, H. (2013) 'Motivation for physical activity in young adults with physical disabilities during a rehabilitation stay: a longitudinal test of self-determination theory', *Journal of Applied Social Psychology*, 43(3), pp. 612-625.
- Salim, J., Wadey, R. and Diss, C. (2016) 'Examining hardiness, coping and stress-related growth following sport injury', *Journal of Applied Sport Psychology*, 28(2), pp. 154-169.
- Sands, R. (2002) *Sport ethnography*. Leeds: Human Kinetics.
- Sandt, D.D., Flynn, E. and Turner, T.A. (2014) 'Promoting golf as a lifetime physical activity for persons with disabilities', *Strategies*, 27(1), pp. 18-25.
- Schachten, T. and Jansen, P. (2015) 'The effects of golf training in patients with stroke: a pilot study', *International Psychogeriatrics*, 27(5), pp. 865-873.
- Scholl, W. (2013) 'The socio-emotional basis of human interaction and communication: how we construct our social world', *Social Science Information*, 52(1), pp. 3-33.
- Schültke, E. (2001) 'Ludwig Guttmann: emerging concept of rehabilitation after spinal cord injury', *Journal of the History of the Neurosciences*, 10(3), pp. 300-307.

- Scottish Golf History (2022) *Rules of Golf 1744*. Available at: www.scottishgolfhistory.org/origin-of-golf-terms/rules-of-golf/ (Accessed: 30th March 2022).
- Schwartz, M.S. and Schwartz, C.G. (1955) 'Problems in participant observation', *American Journal of Sociology*, 60(4), pp. 343-353.
- Shakespeare, T. (2004) 'Social models of disability and other life strategies', *Scandinavian Journal of Disability Research*, 6(1), pp. 8-21.
- Shakespeare, T. (2006) 'The social model of disability', *The Disability Studies Reader*, 2, pp. 197-204.
- Shakespeare, T. (2006) *Disability rights and wrongs*. London: Routledge.
- Shakespeare, T. and Kleine, I. (2013) 'Educating Health Professionals about Disability: a review of interventions', *Health and Social Care Education*, 2(2), pp. 20-37.
- Shapcott, S. (2010) *Sub-par attributions: why women give up golf*. Arizona State University.
- Shapiro, J.P. (1994) *No pity: people with disabilities forging a new civil rights movement*. Broadway Books.
- Sharp, B. (2010) *How brands grow*. Oxford University Press.
- Shatil, S., Ivanova, T.D., Mochizuki, G. and Garland, S.J. (2005) 'Effects of therapeutic golf rehabilitation on golf performance, balance, and quality of life in individuals following stroke: pilot study', *Physiotherapy Canada*, 57(2), pp. 101-112.
- Sheridan, D., Coffee, P. and Lavallee, D. (2014) 'A systematic review of social support in youth sport', *International Review of Sport and Exercise Psychology*, 7(1), pp. 198-228.
- Shirazipour, C.H., Evans, M.B., Caddick, N., Smith, B., Aiken, A.B., Ginis, K.A.M. and Latimer-Cheung, A.E. (2017) 'Quality participation experiences in the physical activity domain: perspectives of veterans with a physical disability', *Psychology of Sport and Exercise*, 29, pp. 40-50.
- Silver, J.R. (2018) 'The origins of sport for disabled people', *The Journal of the Royal College of Physicians of Edinburgh*, (2) 175-180.
- Skille, E. and Østerås, J. (2011) 'What does sport mean to you? fun and other preferences for adolescents ' sport participation', *Critical Public Health*, 21(3), pp. 359-372.
- Skorulski, J. (2018) *Accommodating golfers with disabilities*. USGA. Retrieved from: <https://www.usga.org/content/usga/home-page/course-care/forethegolfer/2018/accommodating-golfers-with-disabilities.html>

- Smit, B. and Onwuegbuzie, A.J. (2018) 'Observations in qualitative inquiry: when what you see is not what you see', *International Journal of Qualitative Methods*, 17(1), 1-3.
- Smith, B. (2007) 'The state of the art in narrative inquiry: some reflections.' *Narrative Inquiry*, 17(2), 391-398.
- Smith, B. (2013) 'Disability, sport and men's narratives of health: a qualitative study', *Health Psychology*, 32(1), 110.
- Smith, B. (2018) 'Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences', *Qualitative Research in Sport, Exercise and Health*, 10(1), pp. 137-149.
- Smith, K. E., Bandola-Gill, J., Meer Stewart, N., & Watermeyer, R. (2020) *The impact agenda: Controversies, consequences and challenges*. Bristol: Policy Press.
- Smith, B. and Bundon, A. (2018) 'Disability models: explaining and understanding disability sport in different ways, in *The Palgrave handbook of paralympic studies*, pp. 15-34. Palgrave Macmillan, London.
- Smith, B., Bundon, A. and Best, M. (2016) 'Disability sport and activist identities: a qualitative study of narratives of activism among elite athletes 'with impairment', *Psychology of Sport and Exercise*, 26, pp. 139-148.
- Smith, B. and Caddick, N. (2012) 'Qualitative methods in sport: a concise overview for guiding social scientific sport research', *Asia Pacific Journal of Sport and Social Science*, 1(1), pp. 60-73.
- Smith, B., Kirby, N., Skinner, B., Wightman, L., Lucas, R., and Foster, C. (2018) 'Physical activity for general health benefits in disabled adults', *Summary of a Rapid Evidence Review for the UK Chief Medical Officers' Update of the Physical Activity Guidelines*. London: Public Health England.
- Smith, B., Kirby, N., Skinner, B., Wightman, L., Lucas, R. and Foster, C. (2019) 'Infographic, physical activity for disabled adults', *British Journal of Sports Medicine*, 53(6), pp. 335-336.
- Smith, B., Mallick, K., Monforte, J. and Foster, C. (2021) 'Disability, the communication of physical activity and sedentary behaviour, and ableism: a call for inclusive messages', *British Journal of Sports Medicine*, 55(20), pp. 1121-1122.
- Smith, B. and McGannon, K.R. (2018) 'Developing rigor in qualitative research: problems and opportunities within sport and exercise psychology', *International Review of Sport and Exercise Psychology*, 11(1), pp. 101-121.
- Smith, B., and McKannon, K. (in-press). Co-production and impact. In N. Denzin and Y. Lincoln (Eds.), *Sage Handbook of Qualitative Research* (6th Edition). London: Sage.

Smith, B., Monforte, J. and Wightman, L. (2021) *Moving social care*. Social work news magazine: <https://www.mysocialworknews.com/article/new-research-project-training-social-workers-in-how-to-promote-physical-activity-for-disabled-people>

Smith, B., Papathomas, A., Martin Ginis, K.A. and Latimer-Cheung, A.E. (2013) 'Understanding physical activity in spinal cord injury rehabilitation: translating and communicating research through stories', *Disability and Rehabilitation*, 35(24), pp. 2046-2055.

Smith, B.M. and Perrier, M.J. (2014) 'Disability, sport, and impaired bodies: a critical approach'. In R. Schinke. and K.R. McGannon. (Eds.) *The psychology of sub-culture in sport and physical activity: a critical approach*. London: Psychology Press, pp. 95-106.

Smith, B., Rigby, B., Netherway, J., Wang, W., Dodd-Reynolds, C., Oliver, E., Bone, L. and Foster, C. (2022) *Physical activity for general health benefits in disabled children and disabled young people: rapid evidence review for the UK Chief Medical Officers 'update of the physical activity guidelines*. London, UK: Department of Health and Social Care.

Smith, B. and Sparkes, A.C. (2006) 'Narrative inquiry in psychology: exploring the tensions within', *Qualitative Research in Psychology*, 3(3), pp. 169-192.

Smith, B. and Sparkes, A.C. (2008) 'Narrative and its potential contribution to disability studies', *Disability & Society*, 23(1), pp. 17-28.

Smith, B. and Sparkes, A.C. (2008) 'Changing bodies, changing narratives and the consequences of tellability: a case study of becoming disabled through sport', *Sociology of Health & Illness*, 30(2), pp. 217-236.

Smith, B. and Sparkes, A.C. (2012) 'Disability, sport, and physical activity', a critical review. In Watson, N., Roulstone, A., Thomas, C. (Eds) *Routledge handbook of disability studies*. London: Routledge, pp. 336 - 47.

Smith, B. and Sparkes, A.C. (2019) Disability, sport, and physical activity, in: *Routledge Handbook of Disability Studies 2nd edition*. London: Routledge, pp. 391-403.

Smith, B. and Wightman, L. (2019) 'Promoting physical activity to disabled people: messengers, messages, guidelines and communication formats', *Disability and Rehabilitation*, <https://doi.org/10.1080/09638288.2019.1679896>

Smith, B., Williams, O. and Bone, L. (forthcoming). 'Co-producing research in the sport, physical activity, and exercise sciences: a resource for researchers to guide co-production', *Qualitative Research in Sport, Exercise and Health*.

- Smith, S. (2009) Social justice and disability: competing interpretations of the medical and social models', (ed.) Kristiansen, K., Vehmas, S. and Shakespeare, T. *In Arguing about disability: philosophical perspectives*. 15-29. London and New York: Routledge.
- SMS Sports Consulting Group. (2019) *Golfer lifetime spend*. A report for The R&A and Golf Foundation.
- Snyder, S.L. and Mitchell, D.T. (2010) *Cultural locations of disability*. University of Chicago Press.
- Sparkes, A.C. and Smith, B. (2009) 'Judging the quality of qualitative inquiry: criteriology and relativism in action', *Psychology of Sport and Exercise*, 10(5), pp. 491-497.
- Sparkes, A.C. and Smith, B. (2013) 'Spinal cord injury, sport, and the narrative possibilities of posttraumatic growth'. In Warren, N. and Manderson, L. (Eds.) *Reframing disability and quality of life: a global perspective*. NY: Springer. pp. 129-143.
- Sparkes, A.C. and Smith, B. (2014) *Qualitative research methods in sport, exercise and health: from process to product*. New York: Routledge.
- Spektorowski, A. (2004) 'The eugenic temptation in socialism: Sweden, Germany, and the Soviet Union', *Comparative Studies in Society and History*, 46(1), pp. 84-106.
- Spiller, L.D. (2018) 'Story-selling: creating and sharing authentic stories that persuade', *Journal for Advancement of Marketing Education*, 26.
- SportAus. (2019) *Golf state of play report - driving participation and engagement*.
- Stapleton, D.C., O'Day, B.L., Livermore, G.A. and Imparato, A.J. (2006) 'Dismantling the poverty trap: disability policy for the twenty-first century', *The Milbank Quarterly*, 84(4), pp. 701-732.
- Statista (2020) *Population of the United Kingdom in 2020, by region*. Available at: <https://www.statista.com/statistics/294729/uk-population-by-region/> (Accessed: April 12th 2020).
- Stein, M.A. (2017) 'Disability human rights', in *Nussbaum and Law*, Routledge. pp. 3-49.
- Stein, M.A. (2000) 'Labor markets, rationality, and workers with disabilities', *Berkeley Journal of Employment and Labor Law*, 21, pp. 314-334.
- Story, M.F. (2001) Principles of universal design. In Preiser, W. and Ostroff, E. (Eds.) *2001 Universal design handbook*. New York: McGraw-Hill.
- Strauss, A.L. (1987) *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Straus, S.E., Tetroe, J. and Graham, I. (2009) 'Defining knowledge translation', *Canadian Medication Association Journal*, 181(3-4), pp. 165-168.

- Strudwick, R. (2018) 'Tensions in ethnographic observation: overt or covert?', *Journal of Organizational Ethnography*, vol.8, no.2, pp. 185-195.
- Suits, B. (2018) 'The elements of sport', in Morgan, W.J. (ed.) *Ethics in sport*. Champaign, IL: Human Kinetics, pp. 33-44.
- Svenska Golf förbundet, (2021) *Ungdomsbarometern--att-behålla-unga-golfare-2021*.
- Swann, C., Rosenbaum, S., Lawrence, A., Vella, S.A., McEwan, D. and Ekkekakis, P., (2021) 'Updating goal-setting theory in physical activity promotion: a critical conceptual review'. *Health Psychology Review*, 15(1), pp. 34-50.
- Swartz, L., Bantjes, J., Knight, B., Wilmot, G. and Derman, W. (2018) "'They don't understand that we also exist": South African participants in competitive disability sport and the politics of identity', *Disability and Rehabilitation*, 40(1), pp. 35-41.
- Talk Talk. (1986) 'Life's what you make it', *Talk Talk - The colour of spring*. EMI: Parlophone.
- Tangen, J.O. and Istad, R.M. (2012) 'The spread of a rumour talk- the growth and diffusion of golf in Norway', *European Journal for Sport and Science*, 9(1+2), pp. 81-104.
- TEconomy Patners, L.L.C. (2018) *The 2016 U.S. golfeconomy report*.
- Tedeschi, R.G. and Calhoun, L.G. (2004) "Posttraumatic growth: conceptual foundations and empirical evidence", *Psychological Inquiry*, 15(1), pp. 1-18.
- Tedeschi, R.G. and Calhoun, L. (2004) "Posttraumatic growth: a new perspective on psychotraumatology", *Psychiatric Times*, 21(4), pp. 58-60.
- Terzi, L. (2004) 'The social model of disability: a philosophical critique', *Journal of Applied Philosophy*, 21(2), pp. 141-157.
- The European Tour Group (2022) *The G4D Tour*. Available at: <https://www.europeantour.com/dpworld-tour/g4d/> (Accessed: 10th of May 2022).
- The Golf New Zealand Disability Action Plan (2022) Available at: <https://www.golf.co.nz/disability-action-plan> (Accessed: 8th of May 2022).
- The IGF (2021) Available at: <https://www.igfgolf.org/nationalmembers/england-golf> (Accessed: 3rd January 2022).
- The IGF (2022) *Golfers with Disabilities*. Available at: <https://www.igfgolf.org/golfers-with-disability> (Accessed: 10th of May 2022).

The ITF - International Tennis Federation (2019) *The 2019 ITF Global Tennis Report*. Available at: <https://www.itftennis.com/en/about-us/organisation/publications-and-resources/publications/> (Accessed: May 12th 2021).

The National Amputee Golf Association (2021) *About*. Available at: <http://nagagolf.org/about/> (Accessed: 21st of December 2021).

The One Arm Golf Society (2021) *Constitution*. Available at: <https://onearmgolf.org/about/constitution> (Accessed: 21st of December 2021).

The PGA (2022) *About the PGA*. Available at: <https://www.pga.info/about-the-pga/> (Accessed: 1st of March 2022).

The R&A (2017) *Golf around the world*. Available at: <https://www.randa.org/en/theranda/abouttheranda/downloadsandpublications>, (Accessed: April 28th 2021).

The R&A (2018) *Women in golf charter*. Available at: <https://www.randa.org/TheRandA/Initiatives/WomenAndGirls/Widgets/WomenInGolfCharter> (Accessed: 21st of December 2021).

The R&A (2020) *Great Britain golf participation report 2020*.

The R&A (2020) *The R&A golf and health report*. Published. Available at: <https://www.randa.org/en/news/2020/10/randa-golf-and-health-report-published> (Accessed: April 28th 2021).

The R&A (2021) *Modifications of the rules for players with disabilities*. Available at: <https://www.randa.org/Rog/2019/Rules/Players-with-Disabilities> (Accessed: May 10th 2021).

The R&A. (2021) *The European golf participation report 2021*.

The R&A (2022) *Disability golf*. Available at: <https://www.randa.org/en/theranda/initiatives/disabilitygolf> (Accessed: May 10th 2021).

The United Nations (2006) *Convention on the rights of persons with disabilities*. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html> (Accessed: 2nd of January 2022).

The USGA - United States Golf Association (2021) *Handicap Index Statistics*. Available at: <https://www.usga.org/content/usga/home-page/handicapping/handicapping-stats.html> (Accessed: 28th April 2021).

- The USGA - United States Golf Association (2022) *The U.S. Adaptive Open*. Available at: <https://www.usga.org/content/usga/home-page/championships/2022/u-s--adaptive-open.html> (Accessed: 10th May 2022).
- The USAGA (2022) United States adaptive golf association. *About Us*. Available at: <https://www.usaga.org/about-usaga.html> (Accessed: 18th March 2022).
- The World Amateur Golf Ranking (2022) *The World Ranking for Golfers with a Disability*. Available at: <https://www.wagr.com/wr4gd-ranking> (Accessed: 18th March 2022).
- Thibault, L. (2010) Sport development and adult sport participation in Canada', In Houlihan, B. and Green, M. (Eds.) *2011 Routledge handbook of sports development*. Abingdon, UK: Routledge. pp. 240-249.
- Thomas, C. (2004) 'Rescuing a social relational understanding of disability', *Scandinavian Journal of Disability Research*, 6(1), pp. 22-36.
- Thomas, C. (2007) *Sociologies of disability and illness - contested ideas in disability studies and medical sociology*. London: Red Globe Press.
- Thomas, F. and Melvin, V. (2011) *From sticks and stones - the evolution of golf equipment rules*. Reunion, FL: Frankly Publishing.
- Thomas, G.M. and Rothman, B.K. (2016) 'Keeping the backdoor to eugenics ajar?: disability and the future of prenatal screening', *AMA Journal of Ethics*, 18(4), pp. 406-415.
- Tikka, J. and Ostrander, R.N. (2022) 'Inspiration porn, reclamation porn: a view of crip masculinity and micro-celebrity', in Cooper, L.R. (ed.) *The Routledge companion to masculinity in American literature and culture*. Routledge. pp. 317-329.
- Toms, M. and Colclough, D. (2012) 'Developing elite performers: participant profiling PGA assistant pros in the UK', *International Journal of Golf Science*, 1,S69.
- Townsend, R.C., Cushion, C.J., and Smith, B. (2017) 'A social-relational analysis of an impairment-specific mode of coach education'. *Qualitative research in sport, exercise and health*, 10(3), pp. 346-361.
- Townsend, R.C., Smith, B. and Cushion, C.J. (2015) 'Disability sports coaching: towards a critical understanding', *Sports Coaching Review*, 4(2), pp. 80-98.
- Townsend, R.C., Huntley, T.D., Cushion, C.J. and Culver, D. (2022) 'Infusing disability into coach education and development: a critical review and agenda for change', *Physical education and sport pedagogy*, 27(3), pp. 247-260.

- Tracy, S.J. (2010) 'Qualitative quality: eight "big-tent" criteria for excellent qualitative research', *Qualitative Inquiry*, 16(10), pp. 837-851.
- Tricco, A.C., Langlois, E., Straus, S.E. and World Health Organization. (2017) *Rapid reviews to strengthen health policy and systems: a practical guide*. World Health Organization.
- Unverdorben, M., Kolb, M., Bauer, I., Bauer, U., Brune, M., Benes, K., Nowacki, P.E. and Vallbracht, C. (2000) 'Cardiovascular load of competitive golf in cardiac patients and healthy controls', *Medicine and Science in Sports and Exercise*, 32(10), pp. 1674-1678.
- UPIAS: (1976) *Fundamental principles of disability*. London: UPIAS.
- Vamplew, W. (2008) "'Successful workers or exploited labour? Golf professionals and professional golfers in Britain 1888 -1914'", *Economic History Review*, 61 (1) 54-79.
- Vissek, A.J., Achrati, S.M., Mannix, H.M., McDonnell, K., Harris, B.S. and DiPietro, L. (2015) 'The fun integration theory: toward sustaining children and adolescents sport participation', *Journal of Physical Activity and Health*, 12(3), pp. 424-433.
- Wade, D.T. (2009) 'Goal setting in rehabilitation: an overview of what, why and how', *Clinical Rehabilitation*, 23(4), pp. 291-295.
- Wadey, R., Clark, S., Podlog, L. and McCullough, D. (2013) 'Coaches' perceptions of athletes' stress-related growth following sport injury', *Psychology of Sport and Exercise*, 14(2), pp. 125-135.
- Wadey, R. and Day, M. (2018) 'A longitudinal examination of leisure time physical activity following amputation in England', *Psychology of Sport and Exercise*, 37, pp. 251-261.
- Wadey, R. and Evans, L. (2011) 'Working with injured athletes: research and practice', *Professional Practice in Sport Psychology: a review*, pp. 107-132.
- Wadey, R., Evans, L., Evans, K. and Mitchell, I. (2011) 'Perceived benefits following sport injury: a qualitative examination of their antecedents and underlying mechanisms', *Journal of Applied Sport Psychology*, 23(2), pp. 142-158.
- Wadey, R., Evans, L., Hanton, S. and Neil, R. (2012) 'An examination of hardiness throughout the sport injury process', *British Journal of Health Psychology*, 17(1), pp. 103-128.
- Wadey, R. and Griffiths, L. (2018) 'Reactions to return to the decks Melissa Scruton, professional disc jockey', in Barrow, M.A. and Clement, D. 2020 (ed.) *The psychology of sport and performance injury*. Routledge. pp. 130-147.

- Waldschmidt, A. (2018) 'Disability-culture-society: strengths and weaknesses of a cultural model of disability', *Alter*, 12(2), pp. 65-78.
- Wareham, Y., Burkett, B., Innes, P. and Lovell, G.P. (2017) 'Coaching athletes with disability: preconceptions and reality'. *Sport in Society*, 20(9), pp. 1185-1202.
- Watson, N. (2002) 'Well, I know this is going to sound very strange to you, but I don't see myself as a disabled person: identity and disability', *Disability & Society*, 17(5), pp. 509-527.
- Wehmeyer, M., Bersani, H. and Gagne, R. (2000) 'Riding the third wave: self-determination and self-advocacy in the 21st century', *Focus on autism and other developmental disabilities*, 15(2), pp. 106-115.
- WHO (The World Health Organization) (2011) *World report on disability*. Geneva: World Health Organization Press.
- World Health Organization (2002) *Towards a common language for functioning. Disability and health, ICF 2002*. Available at: <https://www.who.int/classifications/icf/icfbeginnersguide.pdf> (Accessed: 12th April 2021).
- World Health Organization (2011) *World report on disability 2011*. Available at: https://www.who.int/disabilities/world_report/2011/report.pdf. (Accessed: 17th May 2021).
- WHO - World Health Organisation (2021) *Rehabilitation*. Available at: <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>? (Accessed: 17th May 2021).
- Wilhite, B. and Shank, J. (2009) 'In praise of sport: promoting sport participation as a mechanism of health among persons with a disability', *Disability and Health Journal*, 2(3), pp. 116-127.
- Wilhite, B., Martin, D. and Shank, J. (2016) 'Facilitating physical activity among adults with disabilities', *Therapeutic Recreation Journal*, 50(1), p. 33.
- Williams, T.L., Hunt, E.R., Papathomas, A. and Smith, B. (2018) 'Exercise is medicine? Most of the time for most; but not always for all', *Qualitative Research in Sport, Exercise and Health*, 10(4), pp. 441-456.
- Williams, T.L., Smith, B. and Papathomas, A. (2014) 'The barriers, benefits and facilitators of leisure time physical activity among people with spinal cord injury: a meta-synthesis of qualitative findings', *Health Psychology Review*, 8(4), pp. 404-425.
- Williams, T.L., Smith, B. and Papathomas, A. (2016) 'Stories of hope or hopeful stories? Reflections on ethical dilemmas in spinal cord injury rehabilitation and physical activity, in 5th International Conference for Qualitative Research in Sport and Exercise, 30 August 2016 - 01 September 2016, University of Chichester.
- Woodward, Kathryn. (1997) *Identity and difference*. London: Sage Publication.

Wynter Bee., W. and Carmody, S. (2020) *#GolfMedicine*. BJSM (e-edition). Available at: <https://bjsm.bmj.com/pages/e-edition-golfmedicine/> (Accessed: 12th December 2021).

Young, R.A. and Collin, A. (2004) 'Introduction: constructivism and social constructionism in the career field', *Journal of Vocational Behaviour*, 64(3), pp. 373-388.

Young, S. (2012) *We're not here for your inspiration*. ABC. Available at: <http://www.abc.net.au/news/2012-07-03/young-inspiration-porn/4107006> (Accessed: 5th February 2022).

Zola, I.K. (1993) 'Self, identity and the naming question: reflections on the language of disability', *Social Science & Medicine*, 36(2), pp. 167-173.

Zwierzchowski, J. (2021) 'People with disabilities in sport - legal aspects of unethical performance enhancement in Paralympics', *Baltic Journal of Health and Physical Activity. Supplement* (2), pp. 131-133.

Zych, M.M., Berta, W.B. and Gagliardi, A.R. (2019) 'Initiation is recognized as a fundamental early phase of integrated knowledge translation (iKT): qualitative interviews with researchers and research users in IKT partnerships', *BMC Health Services Research*, 19(1), pp. 1-10.

APPENDICIES:

(Appendix 1: p.46) Participant biographical detail

| Name | Gender | Impairment | Type | Country | Age | H/cp |
|------|--------|---------------|------------|-------------|-------|-------|
| ABR | Male | Limb Length | Congenital | USA | 30-39 | 20-29 |
| ABU | Female | Neurologic | Acquired | England | 40-49 | 0-9 |
| ADO | Female | Neurologic | Acquired | Italy | 50-59 | 20-29 |
| AHA | Male | Orthopaedic | Acquired | England | 20-29 | 0-9 |
| AST | Male | Limb Length | Congenital | England | 30-39 | 30-39 |
| ASU | Male | Neurologic | Congenital | Czech Rep | 40-49 | 10-19 |
| AWA | Male | Neurologic | Congenital | Belgium | 20-29 | 0-9 |
| BLA | Male | Short Stature | Congenital | Rep Ireland | 20-29 | 0-9 |
| CBE | Male | Limb Length | Congenital | Italy | 40-49 | 20-29 |
| CBI | Male | Neurologic | Congenital | USA | 20-29 | 0-9 |
| CBR | Female | VI | Acquired | Rep Ireland | 40-49 | 30-39 |
| CLA | Female | Amp/Leg | Acquired | Sweden | 30-39 | 0-9 |
| CNA | Male | SCL | Acquired | Germany | 50-59 | 20-29 |
| CPF | Male | Amp/Leg | Acquired | USA | 40-49 | 0-9 |
| CPO | Male | Neurologic | Congenital | Australia | 20-29 | 0-9 |
| CYO | Male | Amp/Leg | Acquired | Australia | 40-49 | 10-19 |
| DDU | Male | SCL | Acquired | USA | 50-59 | 20-29 |
| DHO | Female | Orthopaedic | Acquired | Netherlands | 20-29 | 0-9 |
| DSM | Female | Amp/Leg | Acquired | USA | 50-59 | 20-29 |
| EPE | Female | Short Stature | Congenital | England | 10-19 | 10-19 |
| GGU | Male | Neurologic | Congenital | Italy | 40-49 | 20-29 |
| GMC | Male | Amp/Leg | Acquired | N Ireland | 40-49 | 10-19 |
| GNI | Male | Amp/Leg | Congenital | Australia | 50-59 | 0-9 |
| GOW | Female | Neurologic | Acquired | England | 60-69 | 10-19 |
| GRO | Female | Limb Length | Congenital | USA | 50-59 | 30-39 |
| JBA | Male | Orthopaedic | Acquired | Italy | 60-69 | 10-19 |
| JBJ | Male | Orthopaedic | Congenital | Sweden | 20-29 | 0-9 |

| Name | Gender | Impairment | Type | Country | Age | H/cp |
|-------------|---------------|----------------------|-------------------|----------------------|--------------|--------------|
| <i>JDE</i> | <i>Male</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>Australia</i> | <i>40-49</i> | <i>20-29</i> |
| <i>JFA</i> | <i>Male</i> | <i>Neurologic</i> | <i>Congenital</i> | <i>USA</i> | <i>30-39</i> | <i>10-19</i> |
| <i>JGR</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>Australia</i> | <i>40-49</i> | <i>30-39</i> |
| <i>JHO</i> | <i>Male</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>Denmark</i> | <i>50-59</i> | <i>10-19</i> |
| <i>JHU</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>South Africa</i> | <i>50-59</i> | <i>0-9</i> |
| <i>JJO</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>Australia</i> | <i>20-29</i> | <i>10-19</i> |
| <i>JKA</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>Sweden</i> | <i>40-49</i> | <i>0-9</i> |
| <i>JMO</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>France</i> | <i>50-59</i> | <i>0-9</i> |
| <i>JPO</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>Spain</i> | <i>20-29</i> | <i>0-9</i> |
| <i>JSR</i> | <i>Female</i> | <i>Short Stature</i> | <i>Congenital</i> | <i>Germany</i> | <i>20-29</i> | <i>0-9</i> |
| <i>KBO</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>USA</i> | <i>50-59</i> | <i>0-9</i> |
| <i>KDA</i> | <i>Male</i> | <i>Neurologic</i> | <i>Congenital</i> | <i>Norway</i> | <i>30-39</i> | <i>10-19</i> |
| <i>KHA</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>England</i> | <i>50-59</i> | <i>0-9</i> |
| <i>KWI</i> | <i>Female</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>Australia</i> | <i>40-49</i> | |
| <i>LCE</i> | <i>Female</i> | <i>Orthopaedic</i> | <i>Congenital</i> | <i>Italy</i> | <i>50-59</i> | <i>20-29</i> |
| <i>LOL</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>Brasil</i> | <i>30-39</i> | |
| <i>MBR</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>England</i> | <i>40-49</i> | <i>0-9</i> |
| <i>MCA</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>France</i> | <i>30-39</i> | <i>0-9</i> |
| <i>MGA</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>England</i> | <i>30-39</i> | <i>0-9</i> |
| <i>MGP</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>Mexico</i> | <i>40-49</i> | <i>10-19</i> |
| <i>MJO</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>Wales</i> | <i>50-59</i> | <i>0-9</i> |
| <i>MKA</i> | <i>Female</i> | <i>SCL</i> | <i>Acquired</i> | <i>Netherlands</i> | <i>50-59</i> | <i>10-19</i> |
| <i>MKO</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>Japan</i> | <i>50-59</i> | <i>0-9</i> |
| <i>MMA</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>Sweden</i> | <i>40-49</i> | <i>0-9</i> |
| <i>MNE</i> | <i>Female</i> | <i>Orthopaedic</i> | <i>Acquired</i> | <i>Netherlands</i> | <i>40-49</i> | <i>0-9</i> |
| <i>MRO</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>Australia</i> | <i>30-39</i> | <i>0-9</i> |
| <i>MSA</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>Dominican Rep</i> | <i>30-39</i> | <i>0-9</i> |
| <i>MTU</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>Argentina</i> | <i>40-49</i> | <i>20-29</i> |
| <i>MWL</i> | <i>Female</i> | <i>Neurologic</i> | <i>Congenital</i> | <i>Denmark</i> | <i>30-39</i> | <i>0-9</i> |
| <i>NWE</i> | <i>Female</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>England</i> | <i>50-59</i> | |

| Name | Gender | Impairment | Type | Country | Age | H/cp |
|-------------|---------------|---------------------|-------------------|--------------------|--------------|--------------|
| <i>PEL</i> | <i>Male</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>Scotland</i> | <i>40-49</i> | <i>0-9</i> |
| <i>PFR</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>France</i> | <i>50-59</i> | <i>0-9</i> |
| <i>PSO</i> | <i>Male</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>Portugal</i> | <i>50-59</i> | <i>20-29</i> |
| <i>RHO</i> | <i>Male</i> | <i>Intellectual</i> | <i>Congenital</i> | <i>Sweden</i> | <i>20-29</i> | <i>0-9</i> |
| <i>RLI</i> | <i>Male</i> | <i>Limb Length</i> | <i>Acquired</i> | <i>Sweden</i> | <i>20-29</i> | <i>0-9</i> |
| <i>RLO</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>Denmark</i> | <i>10-19</i> | <i>0-9</i> |
| <i>RSH</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>SA</i> | <i>20-29</i> | <i>0-9</i> |
| <i>SHA</i> | <i>Male</i> | <i>Intellectual</i> | <i>Acquired</i> | <i>Wales</i> | <i>30-39</i> | |
| <i>SIV</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>Israel</i> | <i>60-69</i> | <i>20-29</i> |
| <i>SLU</i> | <i>Male</i> | <i>Amp/Leg</i> | <i>Acquired</i> | <i>Australia</i> | <i>40-49</i> | <i>0-9</i> |
| <i>SPR</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>Australia</i> | <i>30-39</i> | <i>0-9</i> |
| <i>TBE</i> | <i>Male</i> | <i>Orthopaedic</i> | <i>Congenital</i> | <i>England</i> | <i>20-29</i> | <i>0-9</i> |
| <i>TCO</i> | <i>Male</i> | <i>Amp/Arm</i> | <i>Acquired</i> | <i>Australia</i> | <i>60-69</i> | <i>0-9</i> |
| <i>TKI</i> | <i>Male</i> | <i>SCL</i> | <i>Acquired</i> | <i>England</i> | <i>60-69</i> | <i>20-29</i> |
| <i>TKL</i> | <i>Male</i> | <i>Neurologic</i> | <i>Congenital</i> | <i>Germany</i> | <i>30-39</i> | <i>0-9</i> |
| <i>TLL</i> | <i>Male</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>England</i> | <i>40-49</i> | <i>0-9</i> |
| <i>TLO</i> | <i>Female</i> | <i>Limb Length</i> | <i>Congenital</i> | <i>Netherlands</i> | <i>60-69</i> | <i>10-19</i> |
| <i>TPE</i> | <i>Male</i> | <i>Orthopaedic</i> | <i>Acquired</i> | <i>Italy</i> | <i>30-39</i> | <i>0-9</i> |
| <i>TPO</i> | <i>Male</i> | <i>Neurologic</i> | <i>Acquired</i> | <i>New Zealand</i> | <i>50-59</i> | <i>20-29</i> |

(Appendix 2: p.54) Open interview questions

PRE-PREPARED INTERVIEW FLOW

A. Start off with something general about the player's background

1. What did you spend most of your time doing when not in school as a twelve-year-old child?
2. Did you spend much time playing sports when at school?
3. What work did your parents or immediate family do?
4. Can you remember at 16 years of age what you wanted your life to look like by the time you were 25?
5. Who was the first person to give you a golf club and get you interested in playing golf?

B. If they have a diagnosis

1. When did you realise that you had an impairment? / What happened to make you go to the doctors?
2. What was going through your mind when you were told?
3. What was your prognosis?
4. How did that make you feel?
5. Tell me about the weekend before you found out? / Tell me about the weekend before your diagnosis?

C. If they acquired a traumatic injury

1. Can you tell me about what happened?
2. What was going through your mind when you realised?
3. What was your prognosis?
4. How did that make you feel?
5. Tell me about the weekend before your diagnosis?

D. Move on to rehab or daily requirements

1. What did your daily rehab look like? / What do your daily needs look like?
2. What does your regular Tuesday look like?
3. What challenges do you have with your impairment?
4. Where do sport and golf specifically fit in?

E. Talk about golf

1. What have you learned about yourself by playing golf?
2. What does golf mean to you?
3. How did you find your first experience playing golf as someone with an impairment?
4. Were there any barriers that you had to overcome to get into golf?
5. Of all the things you learned from playing golf, what would be two or three takeaways others might learn from?
6. Are there any adjustments that would make golf more user friendly for golfers with disabilities, and why?

F. Conclude with something about the future

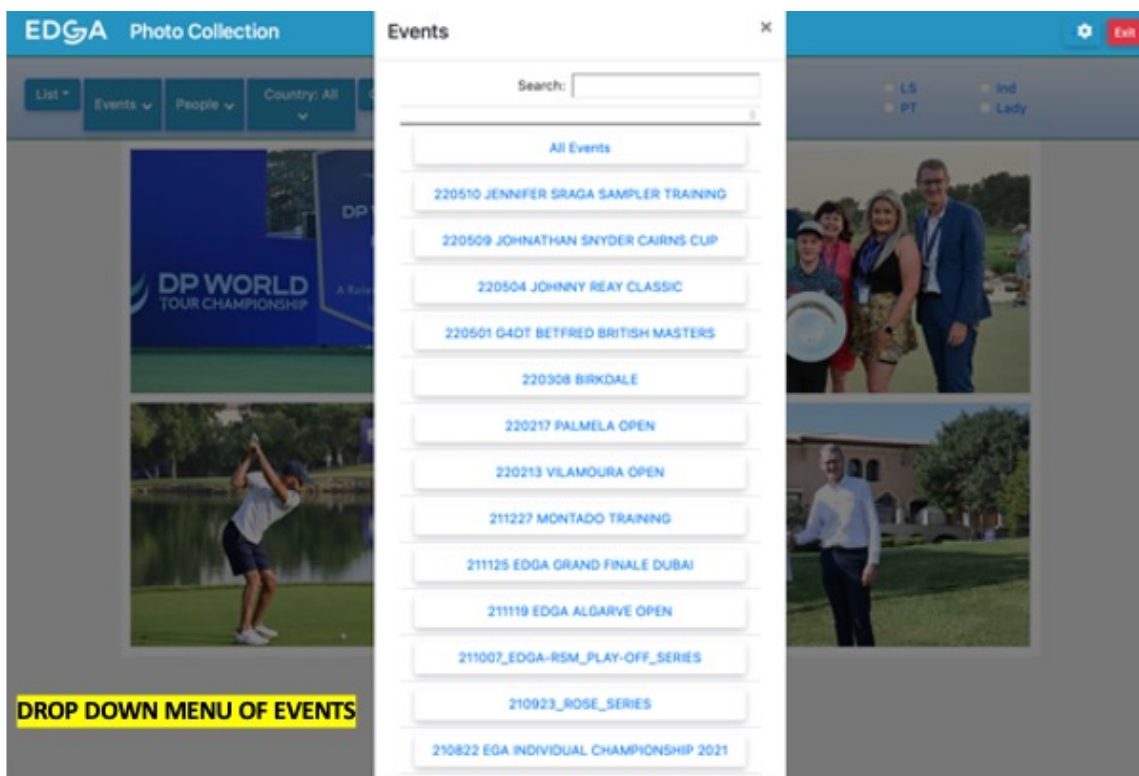
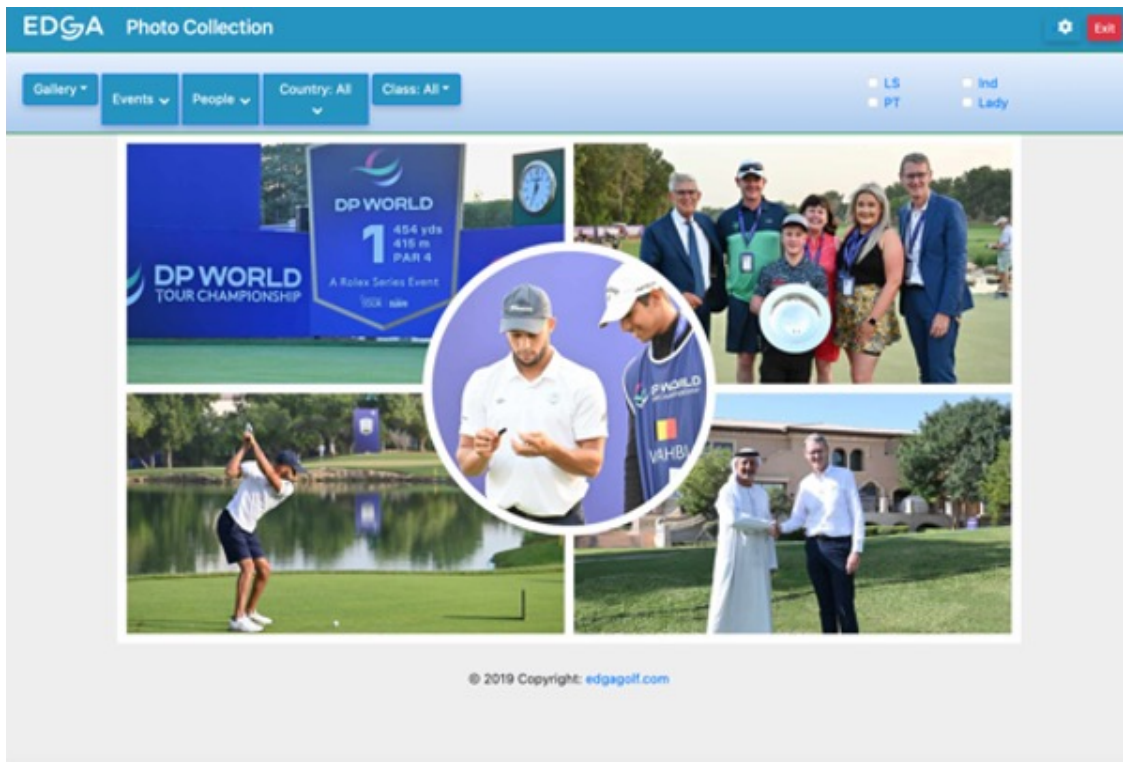
1. What goals do you have that you would be prepared to share?

Is there anything that you would like to discuss that, until now, we have not touched on?

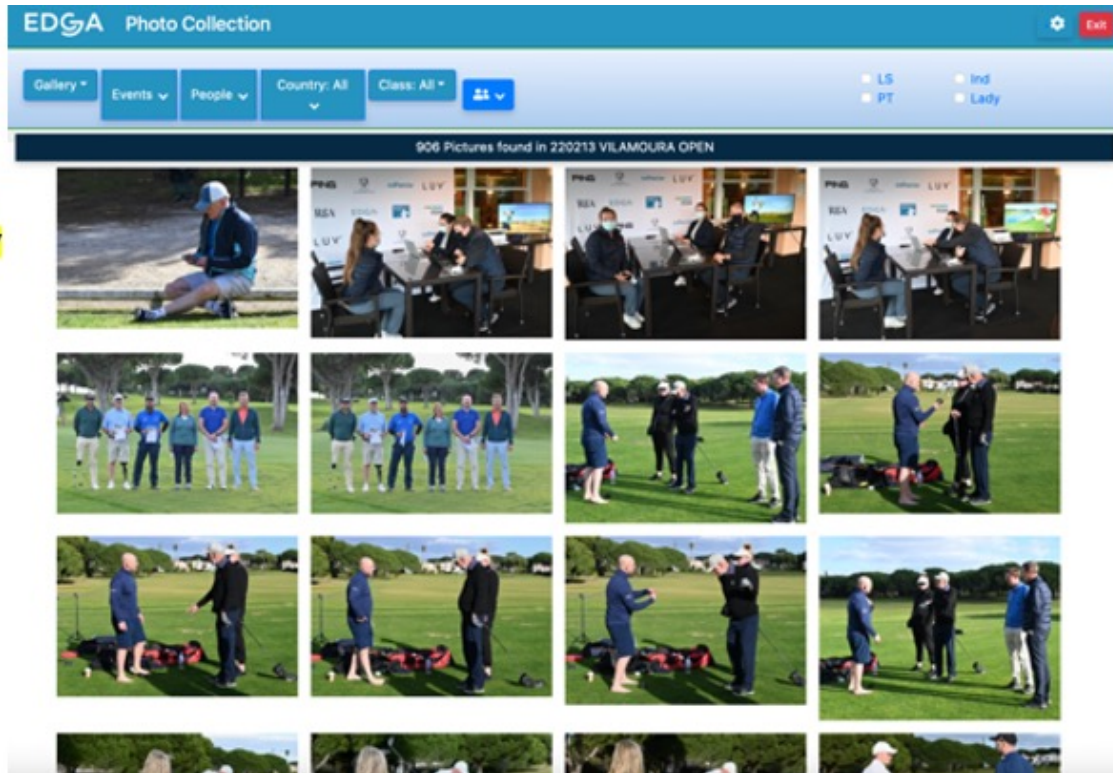
(Appendix 3: p.178) Market values 4 stages

| Country | Ukraine | Costa Rica | Portugal | England |
|--|------------|-------------|--------------|-----------------|
| Development Stage | Embryonic | Emerging | Developing | Mature |
| (TP) Tot Population | 43,733,762 | 5,094,118 | 10,196,709 | 56,290,000 |
| (RG) Registered Golfers | 536 | 2,500 | 14,094 | 680,000 |
| (GP) Golf Penetration | 0.0012% | 0.0491% | 0.1382% | 1.2080% |
| (DP) Disabled Population | 2,492,824 | 453,000 | 1,793,000 | 11,500,000 |
| % of IWD | 5.70% | 8.89% | 17.58% | 20.43% |
| GwD penetration potential | 0.0006% | 0.0245% | 0.0691% | 0.6040% |
| Projected number of GwD | 15 | 111 | 1,239 | 69,462 |
| (NMV) Projected Non member Annual value \$1000 | \$15,276 | \$111,158 | \$1,239,152 | \$69,461,716 |
| (MV) Projected Member Annual value \$2297 | \$35,089 | \$255,329 | \$2,846,332 | \$159,553,562 |
| Projected market value 25 years NMV | \$381,900 | \$2,778,940 | \$30,978,797 | \$1,736,542,903 |
| Projected market value 25 years MV | \$877,224 | \$6,383,226 | \$71,158,296 | \$3,988,839,048 |

(Appendix 4: p.178) Photo Gallery Example



**EVENT
GALLERY**



**PLAYER
LIST**

EDGA Photo Collection

Gallery * Events People Country: All

LS Ind
PT Lady

Everyone in selected event/folder

Search:

| Id | Person |
|--------|-----------------------|
| ALL | Show All |
| P00073 | Manuel de los Santos |
| P02208 | Caolan Munnelly |
| P00851 | Michael Ian Jones |
| P02395 | Nuno Santos |
| P00151 | Christian Nachtwey |
| P01324 | Tamara Otter Hordijk |
| P02033 | Robert Zwaan |
| P00195 | Jensen Coumou |
| P01251 | Xavier Vanderhaeghe |
| P00203 | Frans Harmsen |
| P00215 | Tineke Loogman |
| P00466 | Jelle Oosterwijk |
| P00750 | Cristiano Berlanda |
| P00275 | Carlos Álvarez Rodero |
| P00423 | William Hennesy |
| P01884 | Loris Stradi |
| P00297 | Adolfo Lena Marin |

EDGA
Photo Collection

Gallery
Events
People
Country: All
Class: All

LS
PT
Ind
Lady

120 Pictures found in 220213 VILAMOIRA OPEN

SEARCHABLE
LIST BY MALE
FEMALE OR
NAME /
PORTRAIT OR
LANDSCAPE

EDGA
Photo Collection

Gallery
Events
Luisa Ceola
Country: All
Class: All

LS
PT
Ind
Lady

36 Pictures found for Luisa Ceola in the EDGA Photos Collection

Send email photo-link to Luisa Ceola

PLAYER
GALLERY

(Appendix 5: p.183) Media reach

A full file (with clickable links) of Media Reach between 01.01.2019 and 31.12.2021 can be found at:

<https://www.dropbox.com/s/pri122dnv2sjqlg/APPENDIX%20C7-A3%20MEDIA%202019-2021.xlsx?dl=0>

Below are monthly screenshots in reverse order:

Media reach for the year 2021

| December 2021 | | | | | |
|---|------------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | Circulation |
| EDGA premiata con il Confederation Of Professional Golf 2021 President's Award | NotizeGolf.it | 11.12.2021 | Overview | Article | |
| EDGA won the CPG's 2021 President's Award | Tennis USA | 11.12.2021 | Overview | Article | |
| 2021 President's Award for Golf Development Honours EDGA | European Tour | 10.12.2021 | Overview | Article | |
| EDGA Wins CPG President's Award | Golf Business News | 10.12.2021 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| 2021 Presidents Award For Golf Development Recongises EDGA's Global Impact and Influence | CPG | 10.12.2021 | Overview | Article | 28,000 PGA Golf Pros receive IGPN monthly |
| We are in talks now with the tour' - Brendan Lawlor sets sights on breaking pay barrier for disability golf | Irish Independent | 06.12.2021 | Tournaments | Article | 119,000 copies per day |
| Sky Sports Golf Podcast | Sky Sports | 03.12.2021 | Overview | Podcast | 2 million unique users per month |
| EDGA Algarve Open | Golf Business News | 03.12.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| #FOREeveryone Aimi Bullock | R&A | 03.12.2021 | Development | Video | |
| Kurtis Barkley finds the drive to compete with the world's best | Toronto Star | 03.12.2021 | Players Profiles | Article | 1-1.2 million readers |
| USGA to host inaugural national championship | Golf Digest | 03.12.2021 | Tournaments | Article | |
| Bullock takes EDGA title | England Golf | 03.12.2021 | Tournaments | Article | |
| Vincent Helly : piqué par le virus du golf | French Golf Federation | 03.12.2021 | Players Profiles | Article | |
| Canadian golfer Kurtis Barkley finds the drive to compete with the world's best | Peterborough Examiner | 02.12.2021 | Players Profiles | Article | |
| Carly Booth: Mulligan | Twitter | 02.12.2021 | Overview | Post | |
| EDGA Dubai Finale 2021: TV Programme | Sky Sports | 01.12.2021 | Tournaments | Video | 2 million unique users per month |
| EDGA Algarve Open | Portugal Resident | 01.12.2021 | Tournaments | Article | 100,000 monthly readers & 250,000 monthly webpage visits |
| Ismail Sharif reflects on past and future of golf on 50th Anniversary of UAE | Gulf News | 01.12.2021 | Overview | Article | 108,000 daily |

| November 2021 | | | | | |
|---|--------------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Mike Jones | Radio Wales | 30.11.2021 | Players Profiles | Podcast | |
| Kipp Popert determined cerebral palsy will not stop his professional golf dream | AOL | 25.11.2022 | Players Profiles | Article | |
| Barkley Bears Pain To Play Big Game | Score Golf | 25.11.2021 | Players Profiles | Article | |
| Kipp Popert determined cerebral palsy will not stop his professional golf dream | Shropshire Star | 25.11.2021 | Tournaments | Article | 84,000 daily readers & 700,000 monthly unique visitors |
| Kipp Popert determined cerebral palsy will not stop his professional golf dream | Belfast Telegraph | 25.11.2021 | Players Profiles | Article | 31,000 daily readers |
| Kipp Popert determined cerebral palsy will not stop his professional golf dream | Independent | 25.11.2021 | Players Profiles | Article | A monthly audience of 28 million readers |
| Brendan Lawlor, the king of disabled golfers | Tennis USA | 22.11.2021 | Tournaments | Article | |
| Lawlor Caps Fine Season With Victory At EDGA Dubai Finale | Golf Business News | 22.11.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry |
| Mic'D Up at the Rolex Series: Adem | European Tour | 22.11.2021 | Players Profiles | Video | |
| Brendan Lawlor secures four-shot victory at EDGA Dubai Finale | Sky Sports | 20.11.2021 | Tournaments | Article | 2 million unique users per month |
| Brendan Lawlor closes out brilliant victory in Dubai | RTE | 20.11.2021 | Tournaments | Article | |
| Ireland's Brendan Lawlor rules in Dubai to cap fine season | Irish Mirror | 20.11.2021 | Tournaments | Article | |
| Brendan Lawlor Claims Victory at EDGA Dubai Finale | Taylor Made | 20.11.2021 | Tournaments | Article | |
| Lawlor enjoys EDGA Dubai success | Sky Sports | 20.11.2021 | Tournaments | Video | 2 million unique users per month |
| Brendan Lawlor Cruises To EDGA Dubai Finale Victory | Golf Monthly | 20.11.2021 | Tournaments | Article | Monthly circulation 40,000 |
| Ambassador for the Game | European Tour | 20.11.2021 | Tournaments | Video | |
| Brendan Lawlor Wins EDGA Dubai by Four Shots | Golf Magic | 20.11.2021 | Tournaments | Article | 1 million monthly unique visitors |
| Brendan Lawlor reports EDGA Finale de Dubai | Golf Planets | 20.11.2021 | Tournaments | Article | |
| Day 2 - EDGA Dubai Finale | European Tour | 20.11.2021 | Tournaments | Video | |
| A Game For All | CPG | 19.11.2021 | Development | Article | 28,000 PGA Golf Pros receive IGPN monthly |
| EDGA's inspiring women – Michele Heilly | Women and Golf | 19.11.2021 | Players Profiles | Article | |
| EDGA Dubai Finale: R1 highlights | Sky Sports | 19.11.2021 | Tournaments | Video | 2 million unique users per month |
| Lawlor takes a two shot lead in EDGA Dubai finale | World Wide Golf | 19.11.2021 | Tournaments | Article | |
| Lawlor takes a two shot lead in EDGA Dubai finale | European Tour | 19.11.2021 | Tournaments | Article | |
| World's leading golfers of determination ready to tee off in EDGA Dubai Finale | Gulf Today | 18.11.2021 | Tournaments | Article | |
| EGF and EDGA announce official affiliation at the DP World Tour Championship | Gulf News | 18.11.2021 | Development | Article | 108,000 daily |
| Browne: How golf saved my life | Sky Sports | 18.11.2021 | Players Profiles | Video | 2 million unique users per month |
| Inside the Week with EDGA | European Tour | 17.11.2021 | Tournaments | Article | |
| Ian Poulter Post | Social Media | 17.11.2021 | Overview | Article | |
| Stage set for EDGA Dubai Finale at DP World Tour Championship | Gulf News | 17.11.2021 | Tournaments | Article | 108,000 daily |
| EGF & EDGA Announce Official Affiliation | Emirates Golf Federation | 17.11.2021 | Development | Article | |
| EDGA Dubai Finale for Golfers with Disability | R&A | 12.11.2021 | Tournaments | Article | |
| EDGA Algarve Open | Portugal Confidential | 09.11.2021 | Tournaments | Article | |
| Golf Saudi unveils first-ever nationwide 'National Golf Week' | Saudi Gazette | 08.11.2021 | Development | Article | |
| Golf Saudi Launches National Golf Week | FTN News | 08.11.2021 | Development | Article | |
| 70 players from 13 countries compete at Vila Sol | Portugal Resident | 04.11.2021 | Tournaments | Article | 100,000 monthly readers & 250,000 monthly webpage |

| October 2021 | | | | | |
|--|-----------------------|------------|------------------|---------|---|
| Name | Source | Date | Type | Media | |
| EDGA's inspiring women – Carol Brill | Women and Golf | 29.10.2021 | Players Profiles | Article | |
| World's best disabled golfer Kipp Popert all set for EDGA Dubai Finale | Gulf News | 27.10.2021 | Tournaments | Article | 108,000 daily |
| 16 Golfers with Disability ensure success of First RSM European Play-offs | Golf Magic | 19.10.2021 | Tournaments | Article | 1 million monthly unique visitors |
| Tommaso Perrino, the disabled golfers' king | Tennis World USA | 14.10.2021 | Players Profiles | Article | |
| EDGA's inspiring women – Jennie Sräga | Women and Golf | 14.10.2021 | Players Profiles | Article | |
| Golf: a fertile field for diverse abilities | Sport and Development | 14.10.2021 | Development | Article | |
| European Disabled Golf Association brings tournament and community sessions to Stratford | Herald | 05.10.2021 | Tournaments | Article | |
| EDGA: Inaugural RSM European Play-off Series this week | Women and Golf | 04.10.2021 | Tournaments | Article | |
| RSM European Play-Off Series Set For Stratford Showdown | Golf Business News | 01.10.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| | | | | | |
| | | | | | |
| September 2021 | | | | | |
| Name | Source | Date | Type | Media | |
| European Championship | Sport TV | September | Tournaments | Video | |
| Raising the visibility of female disability golf | Women and Golf | 30.09.2021 | Tournaments | Article | |
| It's Independence Day For Heather And Friends | Golf Business News | 29.09.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| New Research Highlights the Benefits, Barriers and Facilitators to Golf Participation Among Disabled | Golf & Health | 27.09.2021 | Overview | Article | |
| EDGA's inspiring women – Gianna Rojas | Women and Golf | 17.09.2021 | Players Profiles | Article | |
| Brendan Lawlor pushing to prove Para-golf worth playing at Paris Paralympics | Independent | 09.09.2021 | Overview | Article | |
| Lawlor hoping to see golf join the Paralympics | RTE | 08.09.2021 | Overview | Article | |
| Paralympics should include golf says disability golf's world number one Brendan Lawlor | BBC | 07.09.2021 | Overview | Article | 1.5 billion monthly page views - 179 million monthly unique |
| Should golf be in the Paralympics? | Women and Golf | 05.09.2021 | Overview | Article | |
| EDGA's inspiring women – Nicky Weeks | Women and Golf | 02.09.2021 | Players Profiles | Article | |
| | | | | | |

| August 2021 | | | | | |
|--|--------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Calls for golf to be included in the Paralympics | The Golf Business | 31.08.2021 | Overview | Article | 300,000 online readers per year. 8,000 golf industry |
| Algarve hosts European Championship for golfers with disabilities | Sul Informacao | 30.08.2021 | Tournaments | Article | |
| European Disabled Golfers Association field set for Dubai finale at DP World Tour Championship | Gulf News | 29.08.2021 | Tournaments | Article | |
| ISPS HANDA World Invitational: Five things to know | European Tour | 28.08.2021 | Tournaments | Article | |
| Race for the European Disabled Golf Association RSM Playoff Series Hots Up | Golf Magic | 25.08.2021 | Tournaments | Article | |
| Golf would be a huge success at the Paralympic Games | The Times | 24.08.2021 | Overview | Article | |
| 'Dream Come True' For Biggins After EDGA Cazoo Classic Triumph | Golf Business News | 16.08.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry |
| Ambitious Kipp Popert desperate for golf to become Paralympic sport | Guardian | 15.08.2021 | Overview | Article | |
| Biggins secures Dubai spot with EDGA win | Sky Sports | 15.08.2021 | Tournaments | Video | 2 million unique users per month |
| Dream come true for Biggins after EDGA Cazoo Classic triumph | European Tour | 15.08.2021 | Tournaments | Article | |
| Next stop: the EDGA Dubai Finale | European Tour | 15.08.2021 | Tournaments | Video | |
| Congratulations Chris Biggins! | European Tour | 15.08.2021 | Tournaments | Photo | |
| "Dream come true" | Irish Golfer | 15.08.2021 | Tournaments | Article | |
| Kipp Popert takes route 66 to become World Number 1 | Kent Golf | 15.08.2021 | Tournaments | Article | |
| Round One: EDGA Cazoo Classic | European Tour | 14.08.2021 | Tournaments | Video | |
| Petri Takkenen Player Blog | European Tour | 13.08.2021 | Players Profiles | Article | |
| Meet Kurtis Barkley. One of eight players teeing it up in this week's EDGA Cazoo Classic. | European Tour | 13.08.2021 | Players Profiles | Video | |
| Five Things To Know | European Tour | 13.08.2021 | Overview | Article | |
| Golfer with scoliosis relishes EDGA spot | Sky Sports | 12.08.2021 | Players Profiles | Video | 2 million unique users per month |
| Kipp Popert: "I've been training for whole life" | Tennis USA | 10.08.2021 | Players Profiles | Article | |
| Chris Biggins: "I was born with cerebral palsy" | Tennis USA | 09.08.2021 | Players Profiles | Article | |
| Player Blog: Chris Biggins | European Tour | 08.08.2021 | Players Profiles | Article | |
| Victory for Kipp Popert in EDGA Hero Open | Sky Sports | 08.08.2021 | Tournaments | Video | 2 million unique users per month |
| Popert storms to EDGA Hero Open victory | European Tour | 08.08.2021 | Tournaments | Article | |
| A Week To Remember | European Tour | 08.08.2021 | Tournaments | Video | |
| Playing golf one-handed. | European Tour | 07.08.2021 | Players Profiles | Video | |
| Wahbi ready for EDGA Hero Open in St Andrews | European Tour | 07.08.2021 | Players Profiles | Article | |
| Kipp Popert leads EDGA Hero Open | European Tour | 07.08.2021 | Tournaments | Video | |
| EDGA's inspiring women – Monique Kalkman | Women & Golf | 06.08.2021 | Players Profiles | Article | |
| Hero Open: Round one highlights | Sky Sports | 05.08.2021 | Tournaments | Video | 2 million unique users per month |
| Amendoeira to host European Championship for Golfers with Disability | Portugal Resident | 04.08.2021 | Tournaments | Article | 100,000 monthly readers & 250,000 monthly webpage |
| Amendoeira Golf Resort delighted to host EGA European Championship for Golfers with | Club House | 02.08.2021 | Tournaments | Article | |
| Brendan Lawlor Set To Become World Number One After Second-Consecutive Victory | Golf Monthly | 02.08.2021 | Tournaments | Article | Monthly circulation 40,000 |
| Lawlor cruises to second straight EDGA title at Galmorm Castle | Golf Digest | 01.08.2021 | Tournaments | Article | |
| Raw emotion | European Tour | 01.08.2021 | Tournaments | Video | |
| Congratulations Brendan | European Tour | 01.08.2021 | Tournaments | Video | |
| Lawlor top of the world after ISPS HANDA World Disability triumph | World Invitational | 01.08.2021 | Tournaments | Article | |
| Lawlor wins again on EDGA European Tour | Sky Sports | 01.08.2021 | Tournaments | Video | 2 million unique users per month |

| July 2021 | | | | | |
|---|----------------------------|------------|------------------|---------|---|
| Name | Source | Date | Type | Media | |
| Brendan Opens Four Shot Lead | European Tour | 31.07.2021 | Tournaments | Video | |
| Lawlor closes in on World No.1 status at ISPS HANDA World Disability Invitational | Irish Golfer | 31.07.2021 | Tournaments | Article | |
| EDGA Launches New European Event | Women & Golf | 28.07.2021 | Tournaments | Article | |
| New RSM European Play-Off Series To Champion Golfers With Disability | Golf Business News | 28.07.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Lawlor Wins EDGA Cazoo Open | Golf Business News | 26.07.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Brendan Lawlor enjoys convincing victory in EDGA Cazoo Open at Celtic Manor | Sky Sports | 26.07.2021 | Tournaments | Video | 2 million unique users per month |
| Lawlor takes inaugural EDGA Cazoo Open title at Celtic Manor | Irish Golfer | 25.07.2021 | Tournaments | Article | |
| Lawlor enjoys EDGA win at Celtic Manor | Sky Sports | 25.07.2021 | Tournaments | Video | 2 million unique users per month |
| Lawlor wins EDGA Cazoo Open | European Tour | 25.07.2021 | Tournaments | Article | |
| Daphne van Houten: "Golf always part of life" | Tennis World USA | 25.07.2021 | Players Profiles | Article | |
| Van Houten excited for EDGA European Tour debut | European Tour | 24.07.2021 | Players Profiles | Article | |
| Player Blog: Kenny Bontz | European Tour | 24.07.2021 | Players Profiles | Article | |
| Golf, a sport for all. | European Tour | 24.07.2021 | Tournaments | Video | |
| June 2021 | | | | | |
| Name | Source | Date | Type | Media | |
| EDGA's inspiring women – Caroline Mohr | Women & Golf | 28.06.2021 | Players Profiles | Article | |
| European Tour announce four UK-based events for disabled golfers in 2021 EDGA European Tour | Sky Sports | 25.06.2021 | Tournaments | Article | 2 million unique users per month |
| Popert wins English Open for Golfers with a Disability | The Golf Business | 24.06.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Kipp lets rip to lead English Open for Golfers with a Disability | England Golf | 23.06.2021 | Tournaments | Article | |
| 10 Things Golfers With Disabilities Are Talking About Right Now | Golf Monthly | 07.06.2021 | Overview | Article | Monthly circulation 40,000 |
| "Golf Really Gave Me My Life Back" - Five Inspiring Disabled Golfer Stories | Golf Monthly | 03.06.2021 | Players Profiles | Article | Monthly circulation 40,000 |
| EDGA's inspiring women – Kirsty Wilkinson | Women & Golf | 01.06.2021 | Players Profiles | Article | |
| For the Love of Golf (page 55) | Disability Review Magazine | 00.06.2021 | Development | Article | One million readers per edition |

May 2021

| Name | Source | Date | Type | Media | |
|---|--------------------------|------------|------------------|---------|---|
| Golf Car UK Delights EDGA Golfers With Disability | Golf Business News | 28.05.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| EDGA Advocates Tee It Up In Italy | Ladies European Tour | 28.05.2021 | Tournaments | Article | |
| Lawlor to host ground-breaking disability event in Northern Ireland | Tourism Northern Ireland | 26.05.2021 | Tournaments | Article | |
| Brendan Lawlor - fighting the good fight for disabled golf | Golf Digest | 26.05.2021 | Tournaments | Article | |
| A look at some of the EDGA Swings | European Tour | 25.05.2021 | Players Profiles | Video | |
| EDGA players Alessandra Donati & Luisa Ceola played in the Pro-Am of the Italian Open | Ladies European Tour | 25.05.2021 | Players Profiles | Video | |
| EDGA European Tour confirmed for 2021 season | European Tour | 25.05.2021 | Tournaments | Article | |
| European Tour Unveils EDGA Tournament Schedule | Golf Business News | 25.05.2021 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Brendan Lawlor: Dundalk man to host disability event which will run concurrently with World | BBC | 25.05.2021 | Tournaments | Article | |
| EDGA European Tour Confirmed For 2021 | Golf Monthly | 25.05.2021 | Tournaments | Article | 1.5 billion monthly page views - 179 million monthly unique |
| EDGA European Tour confirmed for 2021 season | World Invitational | 25.05.2021 | Tournaments | Article | Monthly circulation 40,000 |
| EDUGOLF Project Aims To Modernise Education And Training In Golf | Golf Business News | 21.05.2021 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| EDGA's Inspiring Women: Daphne Van Houten | Women And Golf | 12.05.2021 | Players Profiles | Article | |
| | | | | | |
| | | | | | |

April 2021

| Name | Source | Date | Type | Media | |
|--|--------------------|------------|------------------|---------|---|
| Q&A: EDGA president Tony Bennett on twin priorities of disability golf | Golf 365 | 27.04.2021 | Overview | Article | |
| P4M Golf Signs Champion Disability Golfer Joakim Björkman | Golf Business News | 27.04.2021 | Players Profiles | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Women & Girls Golf Week Reports Record Engagement | Golf Business News | 26.04.2021 | Tournaments | Article | |
| Monique Living In Golf | CNN | 25.04.2021 | Players Profiles | Video | 300,000 online readers per year. 8,000 golf industry subscribers |
| EDGA's inspiring women – Marcella Neggers | Women & Golf | 21.04.2021 | Players Profiles | Article | |
| Brendan Lawlor's journey is only getting started | Irish Golfer | 15.04.2021 | Players Profiles | Article | |

March 2021

| Name | Source | Date | Type | Media | |
|---|--------------------|------------|------------------|---------|---|
| EDGA's inspiring women – Alessandra Donati | Women & Golf | 26.03.2021 | Players Profiles | Article | |
| EDGA's inspiring women - Mette Wegge Lynggaard | Women & Golf | 08.03.2021 | Players Profiles | Article | |
| A great opportunity to further diversity and inclusion significantly compared with other sports | CPG | 06.03.2021 | Overview | Video | |
| EDGA Celebrates 21 Years Of Supporting Golfers With Disability | Golf Business News | 05.03.2021 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| WIN: Three copies of EDGA's book, MULLIGAN | Women & Golf | 05.03.2021 | Overview | Article | |
| EDGA Celebrates 21st Birthday | R&A | 05.03.2021 | Overview | Article | |
| EDGA comes of age, keener than ever to support golfers with disability | European Tour | 04.03.2021 | Overview | Article | |
| | | | | | |

February 2021

| Name | Source | Date | Type | Media | |
|---|------------|------------|------------------|---------|--|
| Brendan Lawlor, managed by Niall Horan, joins adidas Golf's roster | Golf Magic | 16.02.2021 | Players Profiles | Article | |
| We dumped the buggy at the second hole... feck that, I'm here to play golf - I'm no different to anyone | Irish News | 13.02.2021 | Players Profiles | Article | |
| | | | | | |

January 2021

| Name | Source | Date | Type | Media | |
|-----------------------------------|--------|------------|------------------|---------|--|
| EDGA Profiles: Christian Nachtwey | CPG | 29.01.2021 | Players Profiles | Article | 28,000 PGA Golf Pros receive IGP monthly |
| | | | | | |

Media Reach for the year 2020

| December 2020 | | | | | |
|---|----------------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Brendan Lawlor: 'What Tiger Woods did for golf, I'm trying to do for disability golf' | Irish Examiner | 26.12.2020 | Development | Article | |
| The CPG Special Recognition Award | CPG | 22.12.2020 | Overview | Article | 28,000 PGA Golf Pros receive IGPN monthly |
| The inspiring golfers breaking down stereotypes | Today's Golfer | 18.12.2020 | Players Profiles | Article | Monthly circulation of 37,000 copies |
| 'Searching For Golf's New Normal' | Golf Business News | 16.12.2020 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Golf for the Disabled Develops with EDGA | R&A | 15.12.2020 | Overview | Article | |
| Alessandra Donati: trattateci da golfisti, non da casi umani | Golf Ando | 10.12.2020 | Players Profiles | Video | |
| EDGA And MIA Sports Technology Join Forces To Help Golfers With Disability | Golf Business News | 09.12.2020 | Development | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| | | | | | |
| | | | | | |
| November 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| The Top Six Benefits of Golf (Page 57) | Disability Review Magazine | 00.11.2020 | Development | Article | One million readers per edition |
| ADLF, EDGA To Help Foster Participation For Golf For The Disabled In South Africa | SADGA | 23.11.2020 | Development | Article | |
| EDGA Profile: Tony Coates | Golf Australia | 21.11.2020 | Players Profiles | Article | |
| EDGA Taps In For A 72... A Par To Make Golf More Inclusive | Golf Business News | 20.11.2020 | Players Profiles | Video | |
| | | | | | |
| | | | | | |
| October 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| Para-golf : le golf au service de l'autisme | French Golf Federation | 22.10.2020 | Development | Article | |
| Disabled North West residents to receive access to golf experience | In Your Area | 08.10.2020 | Development | Article | |
| Film Highlights Golf for Disabled | R&A | 07.10.2020 | Development | Article | |
| EDGA Partners With Dreams To Expand Disabled Golf Access Programme | Golf Business News | 07.10.2020 | Development | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Carly Booth: "Us girls should be appreciated more for what we do for golf" | Women & Golf | 01.10.2020 | Development | Article | |
| One in a million' golfer Brendan Lawlor blazing a trail for others to follow | CNN | 01.10.2020 | Players Profiles | Video | |
| | | | | | |

| September 2020 | | | | | |
|--|----------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Mulligan: New film highlights six golfers who overcame adversity | Sky Sports | 27.09.2020 | Development | Article | 2 million unique users per month |
| Brendan Lawlor: Irish trailblazer paves the way for disability golfers | CNN | 27.09.2020 | Players Profiles | Article | 200 million monthly unique visitors. |
| Can Golf Change Lives? Watch This Clip... | Golf Business News | 25.09.2020 | Players Profiles | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Golf for Good raises €50,000 for three charities at the Portugal Masters | Portugal Resident | 22.09.2020 | Development | Article | 100,000 monthly readers & 250,000 monthly webpage visits |
| Golfe: Portugal Masters volta a Vilamoura em 2021 | Regiao Sul | 16.09.2020 | Development | Article | |
| Nick Dougherty Becomes EDGA Ambassador | Golf Business News | 08.09.2020 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Sky Sports Golf presenter Dougherty to help more golfers with disability to enjoy the game | Golf Magic | 07.09.2020 | Overview | Article | |
| | | | | | |
| | | | | | |
| August 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| Brendan Lawlor becomes first disabled golfer to play on European Tour | Sky Sports | 28.08.2020 | Tournaments | Article | 2 million unique users per month |
| Brendan Lawlor out to inspire as first disable golfer to compete on European Tour | Belfast Telegraph | 27.08.2020 | Tournaments | Article | |
| Brendan Lawlor is first player with disabilities to compete on European Tour | BBC | 27.08.2020 | Tournaments | Article | 1.5 billion monthly page views - 179 million monthly unique |
| Brendan Lawlor: I want to show I can do the extraordinary | The Times | 27.08.2020 | Tournaments | Article | |
| Ireland disability golf star Brendan Lawlor raring to go on European Tour debut | Irish Times | 25.08.2020 | Tournaments | Article | |
| | | | | | |
| | | | | | |
| July 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| Carly Booth Signs Up As EDGA Ambassador | Ladies European Tour | 29.07.2020 | Overview | Article | |
| Carly Booth partners with disability golf charity EDGA | Women & Golf | 29.07.2020 | Overview | Article | |
| Carly Booth Takes Up EDGA Ambassador Role | Golf Business News | 29.07.2020 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| The life-changing power of disability golf | Women & Golf | 16.07.2020 | Players Profiles | Article | |
| Leading EDGA Golfers Welcomed To Worplesdon By Paul Waring | Golf Business News | 01.07.2020 | Overview | Article | 300,000 online readers per year. 8,000 golf industry subscribers |

| June 2020 | | | | | |
|--|--------------------------|------------|------------------|---------|---|
| Name | Source | Date | Type | Media | |
| I know how lucky I am, that's why I love the thrill of being out there on the golf course - because it's | Irish News | 26.06.2020 | Players Profiles | Article | |
| | | | | | |
| | | | | | |
| May 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| This one-legged golfer's A+ swing is better than yours | Golf.com | 14.05.2020 | Players Profiles | Video | |
| | | | | | |
| | | | | | |
| April 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| Paul Waring signs up as EDGA Ambassador | European Tour | 15.04.2020 | Overview | Article | |
| Paul Waring accepts EDGA role as official ambassador for golfers with disabilities | Golf South | 15.04.2020 | Overview | Article | |
| GolfSixes Date For European Disabled Golfers Team | Golf Business News | 06.03.2020 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| | | | | | |
| | | | | | |
| March 2020 | | | | | |
| | | | | | |
| | | | | | |
| February 2020 | | | | | |
| Name | Source | Date | Type | Media | |
| Equipa wildcard da EDGA preparada para o GolfSixes Cascais | Golfe Pt | 29.02.2020 | Tournaments | Article | |
| Disabled Golfers To Tee It Up At GolfSixes Cascais | Golf Business News | 28.02.2020 | Tournaments | Article | |
| Dundalk's Brendan Lawlor to play GolfSixes Cascais in May | Irish Golfer | 28.02.2020 | Tournaments | Article | |
| MENA Tour joins hands with EDGA | UAE Golf | 22.02.2020 | Tournaments | Article | |
| | | | | | |
| January 2020 | | | | | |
| | | | | | |

Media Reach for the year 2019

| December 2019 | | | | | |
|--|------------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Groves takes inaugural EDGA Dubai Finale title | Golf Today | 23.12.2019 | Tournaments | Article | |
| Innovation on the European Tour in 2019 | European Tour | 14.12.2019 | Tournaments | Article | |
| Adams Story | European Tour | 11.12.2019 | Players Profiles | Video | |
| Joakim Story | European Tour | 11.12.2019 | Players Profiles | Video | |
| "I'm a golfer who happens to have a disability" - Mike Jones | European Tour | 11.12.2019 | Players Profiles | Video | |
| In 2006 Chad Pfeifer lost his left leg above the knee serving in Iraq. This is his story. - Chad | European Tour | 11.12.2019 | Players Profiles | Video | |
| How much we've been inspired by the EDGA players this year | European Tour | 11.12.2019 | Players Profiles | Video | |
| Australian All Abilities Championship Takes Another Bold Step | Australian Golf Digest | 03.12.2019 | Tournaments | Article | |

| November 2019 | | | | | |
|--|------------------------|------------|------------------|---------|---|
| Name | Source | Date | Type | Media | |
| EDGA Highlights in inaugural Dubai Finale | DP World | 28.11.2019 | Tournaments | Video | |
| George Groves takes inaugural EDGA Dubai Finale title | The Golf College | 26.11.2019 | Tournaments | Article | |
| Winner By Three | European Tour | 23.11.2019 | Tournaments | Video | |
| Groves After Winning | Golf Digest ME | 23.11.2019 | Tournaments | Article | |
| Groves Secures Inaugural EDGA Dubai Finale | World Wide Golf | 23.11.2019 | Tournaments | Article | |
| EDGA Dubai Finale : Quélin finit mieux | French Golf Federation | 23.11.2019 | Tournaments | Article | |
| Groves flies high to win in Dubai | England Golf | 23.11.2019 | Tournaments | Article | |
| Groves Secures Inaugural EDGA Dubai Finale | albwaba | 23.11.2019 | Tournaments | Article | |
| George Groves adds Dubai crown to English Disability Open win at EDGA finale | Golf South | 23.11.2019 | Tournaments | Article | |
| Groves leads the way at EDGA Dubai Finale | European Tour | 22.11.2019 | Tournaments | Article | |
| EDGA Dubai Finale - Player Profiles | European Tour | 20.11.2019 | Tournaments | Article | |
| Brendan Lawlor Flying The Flag | World Wide Golf | 19.11.2019 | Tournaments | Article | |
| EDGA campaign to inspire new players | R&A | 14.11.2019 | Development | Article | |
| EDGA Grows Inclusive Golf Training Internationally | Golf Business News | 08.11.2019 | Development | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Donaghadee sets up Ireland's first disabled friendly golf hub | BBC | 06.11.2019 | Development | Article | 1.5 billion monthly page views - 179 million monthly unique |
| Meet George Groves The World's Number 1 Golfer With A Disability | RSNG | 05.11.2019 | Players Profiles | Article | |

October 2019

| Name | Source | Date | Type | Media | |
|--|--------------------|------------|-------------|---------|--|
| Portugal Masters Shoot Out | Sky Sports | | Tournaments | Video | 2 million unique users per month |
| A Associação Europeia de Golfe Adaptado (EDGA) será a instituição de solidariedade social oficial do | FPG | 21.10.2019 | Development | Article | |
| European Disabled Golf Association Unveiled As Official Charity Of Portugal Masters | Golf Business News | 21.10.2019 | Development | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| EDGA announced as Official Charity of the Portugal Masters | European Tour | 21.10.2019 | Development | Article | |
| Brendan Lawlor starts the countdown | UAE Golf Online | 20.10.2019 | Tournaments | Article | |
| Amputee legend Nicholas on top again | Golf Australia | 21.10.2019 | Tournaments | Article | |
| Grace Anne Braxton Back on the International Stage | Special Olympics | 02.10.2019 | Tournaments | Article | |
| Eight-man field confirmed for EDGA Dubai Finale | European Tour | 01.10.2019 | Tournaments | Article | |
| EDGA Dubai Finale line-up confirmed with invites for Bjorkman and Pfeifer | Golf South | 01.10.2019 | Tournaments | Article | |

September 2019

| Name | Source | Date | Type | Media | |
|--|-----------------|------------|------------------|---------|--------------------------------------|
| How Golf Saved My Life | Todays Golfer | 25.09.2019 | Players Profiles | Article | Monthly circulation of 37,000 copies |
| Mulligan: Caroline Mohr | Todays Golfer | 25.09.2019 | Players Profiles | Article | Monthly circulation of 37,000 copies |
| Nicholas locks in Dubai start | Golf Australia | 18.09.2019 | Tournaments | Article | |
| Inaugural EDGA Dubai Finale Field Taking Shape | European Tour | 17.09.2019 | Tournaments | Article | |
| Inaugural EDGA Dubai Finale Field Taking Shape | Golf Ae | 17.09.2019 | Tournaments | Article | |
| Striking A Blow For Inclusive Golf | World Wide Golf | 08.09.2019 | Tournaments | Article | |

August 2019

| Name | Source | Date | Type | Media | |
|--|---------------|------------|-------------|---------|--|
| EDGA golfers to tee it up at Solheim Cup | European Tour | 23.08.2019 | Tournaments | Article | |

| July 2019 | | | | | |
|--|---------------------|------------|------------------|---------|--|
| Name | Source | Date | Type | Media | |
| Trailblazer Geoff Nicholas becomes first amputee to tee off in a major | Telegraph | 24.07.2019 | Tournaments | Article | 360,000 daily copies and 18 million monthly digital readers |
| Overcoming Odds: Biggins Finds His Niche on the Golf Course and Ski Slopes | OTMJ | 24.07.2019 | Players Profiles | Article | |
| Dundalk clubman's Scottish Open triumph | Independent | 20.07.2019 | Tournaments | Article | |
| Meet The Louth Golfer Who Is Making A Huge Impact On World Golf | Today FM | 18.07.2019 | Tournaments | Article | |
| The Winning Scorecard | European Tour | 14.07.2019 | Tournaments | Article | |
| Lawlor wins inaugural EDGA Scottish Open | European Tour | 14.07.2019 | Tournaments | Article | |
| EDGA Scottish Open 2019: Final round action | Sky Sports | 14.07.2019 | Tournaments | Video | 2 million unique users per month |
| Groves and Browne lead EDGA Scottish Open | European Tour | 13.07.2019 | Tournaments | Article | |
| Get to know some of the best-disabled golfers in the world ahead of the 2019 EDGA Scottish Open. | European Tour | 12.07.2019 | Tournaments | Video | |
| Home talent set for inaugural EDGA Scottish Open | European Tour | 12.07.2019 | Tournaments | Article | |
| Home talent set for inaugural EDGA Scottish Open | Scotland Golf Coast | 12.07.2019 | Players Profiles | Article | |
| Juan Of A Kind | Golf Australia | 11.07.2019 | Players Profiles | Article | |
| Lawlor & co set to light up the Scottish Open this weekend | Irish Golfer | 12.07.2019 | Tournaments | Article | |
| Brendan Lawlor – putting Disabilities Golf on the map | Irish Golfer | 11.07.2019 | Players Profiles | Article | |
| Free Coaching for Spectators and a Focus On Inclusive Golf at Aberdeen Standard Investments | Golf & Health | 10.07.2019 | Development | Article | |
| In their own words: Keith Pelley | The Golf Business | 10.07.2019 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Disabled Golf Champions Aim To Inspire Thousands of New Players | CPG | 05.07.2019 | Tournaments | Article | 28,000 PGA Golf Pros receive IGP monthly |

| June 2019 | | | | | |
|--|-------------------|------------|------------------|---------|---|
| Name | Source | Date | Type | Media | |
| Disabled golf ready to shine at European Tour showpieces | Herald | 29.06.2019 | Tournaments | Article | |
| Biggins Making History One Win At A Time | PGA Alabama | 27.06.2019 | Tournaments | Article | |
| Monique Kalkman: Going for gold | Portugal Resident | 21.06.2019 | Players Profiles | Article | 100,000 monthly readers & 250,000 monthly webpage visits |
| Strong Women: 'Multiple sclerosis didn't stop me becoming the best in the country' | The Metro | 15.06.2019 | Players Profiles | Article | Readership 2.3 million daily from a distribution of 1.4 million |
| Field taking shape for inaugural EDGA Scottish Open | European Tour | 14.06.2019 | Tournaments | Article | |
| Qualifiers Confirmed for Inaugural EDGA Scottish Open | Golf Shake | 14.06.2019 | Tournaments | Article | |
| Federação Paulista de Golfe e CPB fecham parceria para iniciação de golfe adaptado | CPB | 10.06.2019 | Development | Article | |

| Name | Source | Date | Type | Media | |
|--|-------------------------|------------|------------------|---------|---|
| Tony Lloyd welcomes European Tour's 'Golfers with Disability' programme as he demonstrates technique | Sky Sports | 29.05.2019 | Players Profiles | Video | 2 million unique users per month |
| Aimi Bullock- An Extremely Positive Role Model | Women & Golf | 28.05.2019 | Players Profiles | Article | |
| Irishman Brendan Lawlor set to put disability golf on the map in Ireland as he's ranked one of world's top | The Sun | 17.05.2019 | Players Profiles | Article | |
| European Tour Unveils 'Golfers With Disability' Programme | Golf Business News | 13.05.2019 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| Mulligan – tough love and second chances | The Portugal News | 10.05.2019 | Players Profiles | Article | |
| European Tour Launches Unparalleled Opportunity For Top Disabled Golfers | Forbes | 10.05.2019 | Tournaments | Article | 118 million worldwide monthly unique viewers. |
| New Book Launched to Inspire Inclusive Golf | Golf Shake | 09.05.2019 | Players Profiles | Article | |
| 18 Golfers, 18 Remarkable Stories of Courage | Women & Golf | 09.05.2019 | Players Profiles | Article | |
| LUV Assina Rebranding e Livro da EDGA | Meios e Publicade | 09.05.2019 | Players Profiles | Article | |
| The Cut | BBC Podcast | 09.05.2019 | Overview | Podcast | |
| Joining The Paralympics Party | The Telegraph | 09.05.2019 | Tournaments | Article | 360,000 daily copies and 18 million monthly digital readers |
| Golfers with disabilities share inspirational stories in new book launched this week | Portugal Resident | 09.05.2019 | Players Profiles | Article | 100,000 monthly readers & 250,000 monthly webpage visits |
| Increasingly, at golf tournaments, disability is no more a handicap | The Hindu Business Line | 09.05.2019 | Tournaments | Article | |
| Inspirational Stuff | European Tour | 08.05.2019 | Overview | Video | |
| Golfers with Determination to play JGE event to run concurrently with Race to Dubai decider | Golf Digest ME | 08.05.2019 | Tournaments | Article | |
| European Tour unveils 'Golfers with Disability' programme | European Tour | 08.05.2019 | Tournaments | Video | |
| New book highlights disability golf | R&A | 08.05.2019 | Players Profiles | Article | |
| European Tour unveils 'Golfers with Disability' programme | Golf Today | 08.05.2019 | Tournaments | Article | |
| European Tour Rolex Series will host two Golfers with Disability tournaments | Golf South | 08.05.2019 | Tournaments | Article | |
| European Tour unveils 'Golfers with Disability' programme | Sky Sports | 08.05.2019 | Tournaments | Article | 2 million unique users per month |
| European Tour Unveils 'Golfers With Disability' Programme | Golf Business News | 08.05.2019 | Tournaments | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| European Disabled Golf Association Launches 'Mulligan' Book | Golf Business News | 08.05.2019 | Players Profiles | Article | |

April 2019

| Name | Source | Date | Type | Media | |
|------------------------------------|------------------------|------------|-------------|---------|---|
| GolfRSA To Become A Member Of EDGA | Golf Business News | 05.04.2019 | Development | Article | 300,000 online readers per year. 8,000 golf industry subscribers |
| 40 Best Things In Australian Golf | Australian Golf Digest | 05.04.2019 | Tournaments | Article | |
| GolfRSA to become a member of EDGA | SADGA | 03.04.2019 | Development | Article | |

March 2019

| Name | Source | Date | Type | Media | |
|---|--------------|------------|-------------|---------|--|
| Golf Ontario Announces The Inaugural Ontario Disability Golf Championship | Golf Ontario | 31.03.2019 | Tournaments | Article | |

February 2019

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

January 2019

| Name | Source | Date | Type | Media | |
|---|-------------|------------|-------------|---------|--|
| Golfers with disabilities enjoy a breakthrough of their own | Golf Digest | 08.01.2019 | Tournaments | Article | |

(Appendix 6: p.194) Mulligan film feedback



| FEATURED FEEDBACK | FEEDBACK |
|---|---|
| Guy Kinnings: Deputy CEO, Ryder Cup Director - European Tour | Great production |
| Henrik Stenson: PGA Tour player & British Open Champion | I loved it |
| Iain Carter: BBC Golf Correspondent | An amazing journey |
| Jason Wessely: Executive Producer - SkySports Golf | A beautiful film |
| Jim Nantz: CBS Sports Broadcaster | Epic achievement! Watched every second and it was stunning. Amazing storytelling. |
| John Hollywood: Head of Production - IMG | Wonderful stories and beautifully crafted |
| Lewine Mair: Senior Writer - Global Golf Post | I watched it this morning; it was so beautifully done. Well done in capturing the highs to balance the lows. |
| Louis Hattingh: Supersport | A great film for us to broadcast. |
| Mark Lichtenhein: Former CEO Ladies European Tour | A fantastic production. |
| Nick Dougherty: Sky Sports Golf | An incredible film by EDGA telling the stories of six amazing golfers demonstrating the power power potential that is within all of us. |
| Paul Wiseman: Head of Education - PGA GB&I | Fortunately I have got the golf channel and have watched the programme. I found these moving and hugely inspirational. |
| NAME | FEEDBACK |
| Allan Stevenson | I watched it and was very moved by it. What amazing and inspiring people. Congratulations on getting this made. |
| Ashley Harris | It was incredible. It is inspired me to push harder. |
| Darren Hubbard | Wow what a bunch of incredible humans inspirational. |
| Diane Turner | We recently watched the "Mulligan" Sky broadcast. We found it very interesting, enlightening, inspirational and shows whatever your age, physique or impairment, with support, golf can be an inclusive game for all. |
| Dr Mark Smith | The film was atmospheric and well shot....It was interesting to hear the players' stories and illustrates the fact that these are people and that their disabilities are contextualised by their experiences. |
| Dr Tarek Charef | Mulligan speaks to the soul and moves it. It's a very emotional movie. Its an emotional roller coaster, from sadness, and despair all the way to motivation, happiness and success. |
| Ellie Perks | I've just watched the mulligan. What an awesome show. |

EDGA - edgagolf.com

| | |
|---------------------------|--|
| Frans Sigurdsson | Great film. Loved watching it. |
| Gail Owen | I have just watched 'Mulligan' on Sky TV this morning. A great inspirational film to raise awareness of disabled golf. |
| Gavin Burden | I just watched mulligan and absolutely loved every minute. Totally inspirational and made me think how I would love to somehow get involved at so capacity. |
| Goran Soderqvist | Loved it. Do you know if it's going to air in other countries? |
| Graham Youd | 'Inspirational'. Keep up the great work. |
| Ian Hendrie | A WOW! ... These guys are all stars and truly inspirational for fellow golfers. |
| Jamie Blair | It is a clean and well presented film that is brave, open and stark but keeps golf at the heart of the film. It made me quite emotional, but also made me laugh and connect with the people who are the golfers. |
| Jan Esser | Wow, very professional film which brings over all the emotions of the players and the spectator started to realize how lucky they are to be healthy. |
| Dr Jane Booth | If you can then this is definitely worth a watch |
| Jane Walters | Wow! I felt quite moved after watching the film and hearing the individual stories. There is something quite powerful about hearing people tell their own story in their own words. I also felt inspired and amazed at some of the achievements and was stuck by the humility that each individual appeared to bring. I was engaged throughout the whole film and wanted to hear more. |
| Jo Maes | I didn't realise there is such a big movement for disabled golf and I find it fantastic. |
| Kip Popert | It was amazing. My whole family sat and watched it. |
| Lilly Reich | Awesome !!! This show was very well done, touched you in the right places, showed off their golf talent, courage and are true inspirations to others. Great ambassadors for the sport. |
| Maeve Kelly | I found the film very powerful and really showcases the skill involved and the variety of players with different disabilities and how they adapt the game to suit them. |
| Marie Lawlor | Absolutely excellent production. Well done to you all. |
| Martin Williams | It was great to see the Sky Sports program featuring the stars of our sport ! |
| Paul Corney | I found it inspirational. By each one telling their story it gives hope to those who otherwise might shy away or feel it beyond them.. |
| Phil Yates | From a personal point of viewing I found 'Mulligan' thought provoking, engaging and educational. |
| PROF Hans Arendzen | The camera work was outstanding as is the editing. The message is clear although never explicit formulated. |
| Richard Hawkins | I have nothing but admiration for those sports stars, humbling to watch. |

EDGA - edgagolf.com

| | |
|--------------------------|---|
| Rob Marsh | Watched mulligan on Sky Sports Golf again already. Brilliant documentary from EDGA about disabled golf and the stars that compete on the tour. There's many of them, waaay too many to get into 45 mins. |
| Rob Nothman | Mulligan is a must watch |
| Robert Reid | What a film - it shows that disabled golf is open to all and not an exclusive activity.! Not just an exclusive sport. |
| Ronnie Mitchell | Brilliant film inspiration I coach 7 golfers with learning disabilities and they all love the game. |
| Rupert Hampel | Motivating and inspiring. |
| Stefan Wass | Goose bumps. Due to the very personal descriptions of the many characters, the film triggered a feeling of humility and admiration at the same time. |
| Tom Beard | What an incredible film. Loved it all. The staging were superb with the stages of the stories. From one to next. |
| William Hennessey | I watched New Mulligan last night, great piece of work most impressive, showed us in a non patronising way often something that happens with these sorts of programmes, very positive indeed and very well put together |

(Appendix 7: p.196) Fact sheet explanation

EXPLANATION: FACT SHEETS

Appendix C7-A9 reveals the data collated from various sources to produce a series of fact sheets.

Each fact sheet is available on the EDGA website and has approval from the IGF.

The fact sheet has three pages with standard information on page one. The country name and document title follow an eye-catching photograph. The single paragraph page is crafted to raise the prevalent public perception and governmental scrutiny issues while citing Article 30-5 of the UN Convention of Human Rights of Persons with Disabilities before posing the question of a reactive or proactive position.

Page two also carries standard information but is heavily customised with the data relevant to each specific country. The total population, the number of registered golfers, golf's penetration rate, the disabled population, and the percentage of people with disability in the country are all contained in a five-line opening paragraph. The following headline of the number of GwD acts as a 'handbrake', interrupting the reader's flow. Such a tool is frequently used in hard copy and digital publications.

The following sentence explains the headline, while the third paragraph raises the topic of non-member and member golfers. Another handbrake highlights the estimated spread of economic impact that the projected number of golfers with a disability will add to the national golf industry over 25 years and assumes no inflation. Values are expressed in US dollar, Euro or Sterling terms.

The final paragraph includes the annual value of the projected number of golfers, and on the EDGA website can be adjusted in real-time with the updating of non-member/member spend and even the calculation into local currency values. This paragraph starts the call to action, which continues on page three.

The final page continues the theme, using a thought-provoking image closely linked to golf's current primary focus of encouraging more women to take up the game. Noting the support of the IGF, The R&A, and EDGA gives the fact sheet credibility and provides a list of references.

TABLE EXPLANATION:

Column A of rows 2-148 start with the National Golf Federations responsible for the delivery/popularisation of golf in a specific territory. Row 149 contains the sum of individual golf penetration percentages and the sum of percentages of people with a disability in the total population of each country. Row 150 expresses the average golf penetration and percentage of IwD. These two numbers are helpful in ballpark conversations when the number of registered golfers or the disabled population is unknown and act as a meaningful conversation starter.

Columns B-M:

- B. The total population (TP) of a country from either World-o-meters or World Bank
- C. The number of registered golfers (RG) declared by the national golf federation to the IGF, Golf Course Architecture, KPMG Golf Advisory Practice
- D. Golf penetration (GP), calculated by dividing RG by TP and expressed as a percentage
- E. The disabled population (DP) of each territory gathered from 85 different resources, including peer-reviewed research and grey literature
- F. The percentage of IwD (IWD), calculated by dividing DP by TP
- G. Golfers with disability penetration potential (GwDpp), calculated by multiplying GP by 50% expressed as a percentage
- H. The projected number of GwD, calculated by multiplying DP by (GwDpp) rounded to the nearest person
- I. Non-member annual value is set at £740 as found in a 2019 Sports Marketing Survey, converted to \$1,000 on 06.01.2022 and multiplied by the projected number of golfers.

- J. Member annual value is set at £1,700, as found in a 2019 Sports Marketing Survey,
converted to \$2,297 on 06.01.2022 and multiplied by the projected number of golfers
- K. Projected market value of 25 years, calculated by the annual non-member value and
multiplying by 25
- L. Projected market value of 25 years, calculated by the annual member value and
multiplying by 25
- M. Is a list of references used to find each country's disabled population.



UKRAINE

Prepare for the Future

Golf is commonly perceived by the general public as being a game for the socially elite, financially well-off, and predominantly played by older males. This perception is flawed, but frequently expressed by non-golfers, and so the golf industry must do more if it is to reposition itself as the most inclusive of all sports. Inclusion, in its broadest sense, would result in the make-up of the golf club being similar to the local population, with a mix of gender, age, race, religion and ability. Rarely is this the case, and so many golf clubs and facilities leave themselves exposed to governmental scrutiny or through social pressure and challenge. This short paper looks at one specific area, that of persons with disabilities. [Article 30-5a](#) of The UN Convention of Human Rights of Persons with Disabilities⁽¹⁾. states, "To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels." Starting with golf's leading Organisations, Federations, PGAs, Clubs and Associations, every entity must respect the convention and as such can be reactive or proactive.

The Numbers

Having a grasp of the landscape is important before making any decision on how to progress. With a population of 43.73 million⁽²⁾ in UKRAINE and just 2,384 registered players⁽⁴⁾, the penetration percentage of golf is calculated at 0.01%. The reported number of people with a disability is 2.49 million⁽³⁾, which equates to 5.70%. This market is largely untapped and as such golf has an amazing opportunity.

68 golfers with a disability

If golf for the disabled achieved just half of the demand, so 0.00%, then an estimated 68 golfers with disability could well be playing the game.

We can assume two types of avid golfers; a person who is a nomad non-member golfer, who may or may not be registered with the National Federation, and a golfer who is both registered and a club member. A further assumption based on the caveat of 'good estimate' by Sports Marketing Surveys reveals that an avid golfer will have at least a 25 year involvement with the game.

\$1.70 - \$3.90 million over 25 years

Annual Average Revenue ⁽⁵⁾



Non-Member \$1000



Member \$2297

The estimated revenues for the golf industry from golfers with a disability are significant with an annual total of between \$68,000 and \$156,196. The cost to benefit ratio is therefore overwhelmingly positive.

'First Touch' introducers and coaches should be prepared with the appropriate knowledge and skills to introduce sampling sessions and participation activities for individuals with a disability. Golf clubs should be alerted to the opportunity that exists to bring in an hitherto untapped significant market.

THE OPPORTUNITY



A woman with a disability participating in golf, not only adds to the number of golfers, but also adds to both the number of disabled golfers and women golfers, so satisfying three participation targets.

This paper is an EDGA initiative with the support of the IGF for the benefit of National Federations. The secondary data is collated from various reliable sources and provides an indication of the opportunity. Data is also emerging from The R&A supported 'EDGA 8-Step Development Programme' which is being implemented in several countries. Should you wish to discuss the above paper further or discover more specific actions to increase the opportunity to grow the number of disabled participants in golf, then please feel free to contact me.

Tony Bennett - Head of Disability and Inclusion of the IGF & President of EDGA

- (1) [The UN Convention of Human Rights of Persons with Disabilities](#)
- (2) [Worldometers](#)
- (3) [Protection Cluster - Ukraine](#)
- (4) [The International Golf Federation](#)
- (5) [Sports Marketing Surveys \(based on UK estimates\)](#)

For more information please contact:

tonybennett@igfmail.org / tb@edgagolf.com
www.edgagolf.com / www.igfgolf.org



COSTA RICA

Prepare for the Future

Golf is commonly perceived by the general public as being a game for the socially elite, financially well-off, and predominantly played by older males. This perception is flawed, but frequently expressed by non-golfers, and so the golf industry must do more if it is to reposition itself as the most inclusive of all sports. Inclusion, in its broadest sense, would result in the make-up of the golf club being similar to the local population, with a mix of gender, age, race, religion and ability. Rarely is this the case, and so many golf clubs and facilities leave themselves exposed to governmental scrutiny or through social pressure and challenge. This short paper looks at one specific area, that of persons with disabilities. [Article 30-5a](#) of The UN Convention of Human Rights of Persons with Disabilities⁽¹⁾. states, “To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels.” Starting with golf’s leading Organisations, Federations, PGAs, Clubs and Associations, every entity must respect the convention and as such can be reactive or proactive.

The Numbers

Having a grasp of the landscape is important before making any decision on how to progress. With a population of 5.09 million⁽²⁾ in COSTA RICA and just 2,500 registered players⁽⁴⁾, the penetration percentage of golf is calculated at 0.05%. The reported number of people with a disability is 453,000⁽³⁾, which equates to 8.89%. This market is largely untapped and as such golf has an amazing opportunity.

111 golfers with a disability

If golf for the disabled achieved just half of the demand, so 0.02%, then an estimated 111 golfers with disability could well be playing the game.

We can assume two types of avid golfers; a person who is a nomad non-member golfer, who may or may not be registered with the National Federation, and a golfer who is both registered and a club member. A further assumption based on the caveat of 'good estimate' by Sports Marketing Surveys reveals that an avid golfer will have at least a 25 year involvement with the game.

\$2.77 - \$6.37 million over 25 years

Annual Average Revenue ⁽⁵⁾



Non-Member \$1000



Member \$2297

The estimated revenues for the golf industry from golfers with a disability are significant with an annual total of between \$111,000 and \$254,967. The cost to benefit ratio is therefore overwhelmingly positive.

'First Touch' introducers and coaches should be prepared with the appropriate knowledge and skills to introduce sampling sessions and participation activities for individuals with a disability. Golf clubs should be alerted to the opportunity that exists to bring in an hitherto untapped significant market.

THE OPPORTUNITY



A woman with a disability participating in golf, not only adds to the number of golfers, but also adds to both the number of disabled golfers and women golfers, so satisfying three participation targets.

This paper is an EDGA initiative with the support of the IGF for the benefit of National Federations. The secondary data is collated from various reliable sources and provides an indication of the opportunity. Data is also emerging from The R&A supported 'EDGA 8-Step Development Programme' which is being implemented in several countries. Should you wish to discuss the above paper further or discover more specific actions to increase the opportunity to grow the number of disabled participants in golf, then please feel free to contact me.

Tony Bennett - Head of Disability and Inclusion of the IGF & President of EDGA

- (1) [The UN Convention of Human Rights of Persons with Disabilities](#)
- (2) [Worldometers](#)
- (3) [United Nations Statistics on Disability](#)
- (4) [The International Golf Federation](#)
- (5) [Sports Marketing Surveys \(based on UK estimates\)](#)

For more information please contact:

tonybennett@igfmail.org / tb@edgagolf.com
www.edgagolf.com / www.igfgolf.org



PORTUGAL

Prepare for the Future

Golf is commonly perceived by the general public as being a game for the socially elite, financially well-off, and predominantly played by older males. This perception is flawed, but frequently expressed by non-golfers, and so the golf industry must do more if it is to reposition itself as the most inclusive of all sports. Inclusion, in its broadest sense, would result in the make-up of the golf club being similar to the local population, with a mix of gender, age, race, religion and ability. Rarely is this the case, and so many golf clubs and facilities leave themselves exposed to governmental scrutiny or through social pressure and challenge. This short paper looks at one specific area, that of persons with disabilities. [Article 30-5a](#) of The UN Convention of Human Rights of Persons with Disabilities⁽¹⁾. states, "To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels." Starting with golf's leading Organisations, Federations, PGAs, Clubs and Associations, every entity must respect the convention and as such can be reactive or proactive.

The Numbers

Having a grasp of the landscape is important before making any decision on how to progress. With a population of 10.20 million⁽²⁾ in PORTUGAL and just 15,292 registered players⁽⁴⁾, the penetration percentage of golf is calculated at 0.15%. The reported number of people with a disability is 1.79 million⁽³⁾, which equates to 17.58%. This market is largely untapped and as such golf has an amazing opportunity.

1,344 golfers with a disability

If golf for the disabled achieved just half of the demand, so 0.07%, then an estimated 1,344 golfers with disability could well be playing the game.

We can assume two types of avid golfers; a person who is a nomad non-member golfer, who may or may not be registered with the National Federation, and a golfer who is both registered and a club member. A further assumption based on the caveat of 'good estimate' by Sports Marketing Surveys reveals that an avid golfer will have at least a 25 year involvement with the game.

€27.92 - €64.21 million over 25 years

Annual Average Revenue ⁽⁵⁾



Non-Member €831



Member €1911

The estimated revenues for the golf industry from golfers with a disability are significant with an annual total of between €1.12 and €2.57 million. The cost to benefit ratio is therefore overwhelmingly positive.

'First Touch' introducers and coaches should be prepared with the appropriate knowledge and skills to introduce sampling sessions and participation activities for individuals with a disability. Golf clubs should be alerted to the opportunity that exists to bring in an hitherto untapped significant market.

THE OPPORTUNITY



A woman with a disability participating in golf, not only adds to the number of golfers, but also adds to both the number of disabled golfers and women golfers, so satisfying three participation targets.

This paper is an EDGA initiative with the support of the IGF for the benefit of National Federations. The secondary data is collated from various reliable sources and provides an indication of the opportunity. Data is also emerging from The R&A supported 'EDGA 8-Step Development Programme' which is being implemented in several countries. Should you wish to discuss the above paper further or discover more specific actions to increase the opportunity to grow the number of disabled participants in golf, then please feel free to contact me.

Tony Bennett - Head of Disability and Inclusion of the IGF & President of EDGA

- (1) [The UN Convention of Human Rights of Persons with Disabilities](#)
- (2) [Worldometers](#)
- (3) [United Nations Statistics on Disability](#)
- (4) [The International Golf Federation](#)
- (5) [Sports Marketing Surveys \(based on UK estimates\)](#)

For more information please contact:
tonybennett@igfmail.org / tb@edgagolf.com
www.edgagolf.com / www.igfgolf.org



ENGLAND

Prepare for the Future

Golf is commonly perceived by the general public as being a game for the socially elite, financially well-off, and predominantly played by older males. This perception is flawed, but frequently expressed by non-golfers, and so the golf industry must do more if it is to reposition itself as the most inclusive of all sports. Inclusion, in its broadest sense, would result in the make-up of the golf club being similar to the local population, with a mix of gender, age, race, religion and ability. Rarely is this the case, and so many golf clubs and facilities leave themselves exposed to governmental scrutiny or through social pressure and challenge. This short paper looks at one specific area, that of persons with disabilities. [Article 30-5a](#) of The UN Convention of Human Rights of Persons with Disabilities⁽¹⁾. states, "To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels." Starting with golf's leading Organisations, Federations, PGAs, Clubs and Associations, every entity must respect the convention and as such can be reactive or proactive.

The Numbers

Having a grasp of the landscape is important before making any decision on how to progress. With a population of 56.29 million⁽²⁾ in ENGLAND and just 692,500 registered players⁽⁴⁾, the penetration percentage of golf is calculated at 1.23%. The reported number of people with a disability is 11.50 million⁽³⁾, which equates to 20.43%. This market is largely untapped and as such golf has an amazing opportunity.

70,739 golfers with a disability

If golf for the disabled achieved just half of the demand, so 0.62%, then an estimated 70,739 golfers with disability could well be playing the game.

We can assume two types of avid golfers; a person who is a nomad non-member golfer, who may or may not be registered with the National Federation, and a golfer who is both registered and a club member. A further assumption based on the caveat of 'good estimate' by Sports Marketing Surveys reveals that an avid golfer will have at least a 25 year involvement with the game.

£1.31 - £3.01 billion over 25 years

Annual Average Revenue ⁽⁵⁾


Non-Member £740


Member £1700

The estimated revenues for the golf industry from golfers with a disability are significant with an annual total of between £52.35 and £120.26 million. The cost to benefit ratio is therefore overwhelmingly positive.

'First Touch' introducers and coaches should be prepared with the appropriate knowledge and skills to introduce sampling sessions and participation activities for individuals with a disability. Golf clubs should be alerted to the opportunity that exists to bring in an hitherto untapped significant market.

THE OPPORTUNITY



A woman with a disability participating in golf, not only adds to the number of golfers, but also adds to both the number of disabled golfers and women golfers, so satisfying three participation targets.

This paper is an EDGA initiative with the support of the IGF for the benefit of National Federations. The secondary data is collated from various reliable sources and provides an indication of the opportunity. Data is also emerging from The R&A supported 'EDGA 8-Step Development Programme' which is being implemented in several countries. Should you wish to discuss the above paper further or discover more specific actions to increase the opportunity to grow the number of disabled participants in golf, then please feel free to contact me.

Tony Bennett - Head of Disability and Inclusion of the IGF & President of EDGA

- (1) [The UN Convention of Human Rights of Persons with Disabilities](#)
- (2) [Statista - UK Population by country](#)
- (3) [UK National Statistics gov.uk - Family Resources Survey](#)
- (4) [The International Golf Federation](#)
- (5) [Sports Marketing Surveys \(based on UK estimates\)](#)

For more information please contact:

tonybennett@igfmail.org / tb@edgagolf.com
www.edgagolf.com / www.igfgolf.org

(Appendix 12: p.198) Fact sheet data complete

A full file (with clickable links) to documents relating to the size of the population with disability for each country can be found at:

<https://www.dropbox.com/s/on86m0qolkk38zh/APPENDIX%20C7-A10%20ALL%20FACT%20SHEET%20DATA.xlsx?dl=0>

Fact Sheets 2020 (currency exchange updated at 06.01.2022)

| Country | (TP) Tot Population | (RG) Registered Golfers | (GP) Golf Penetration | (DP) Disabled Population | % of IWD | GwD penetration potential | Projected number of GwD | (NMV) Projected Non member Annual value | (MV) Projected Member Annual value \$2297 | Projected market value 25 years NMV | Projected market value 25 years MV |
|--------------------|---------------------|-------------------------|-----------------------|--------------------------|----------|---------------------------|-------------------------|---|---|-------------------------------------|------------------------------------|
| Afghanistan | 38,928,346 | 72 | 0.0002% | 924,000 | 2.37% | 0.0001% | 1 | \$ 854 | \$ 1,963 | \$ 21,362 | \$ 49,069 |
| Algeria | 43,851,044 | 600 | 0.0014% | 2,192,552 | 5.00% | 0.0007% | 15 | \$ 15,000 | \$ 34,455 | \$ 375,000 | \$ 861,375 |
| Andora | 77,334 | 330 | 0.4267% | 0 | 0.00% | 0.2134% | 0 | \$ - | \$ - | \$ - | \$ - |
| Argentina | 45,195,774 | 51,152 | 0.1132% | 5,114,000 | 11.32% | 0.0566% | 2,894 | \$ 2,893,980 | \$ 6,647,472 | \$ 72,349,499 | \$ 166,186,799 |
| Armenia | 2,963,243 | 50 | 0.0017% | 192,907 | 6.51% | 0.0008% | 2 | \$ 1,627 | \$ 3,738 | \$ 40,687 | \$ 93,459 |
| Australia | 25,499,884 | 1,100,000 | 4.3137% | 4,300,000 | 16.86% | 2.1569% | 92,746 | \$ 92,745,520 | \$ 213,036,459 | \$ 2,318,637,999 | \$ 5,325,911,483 |
| Austria | 9,006,398 | 103,225 | 1.1461% | 1,340,000 | 14.88% | 0.5731% | 7,679 | \$ 7,679,069 | \$ 17,638,821 | \$ 191,976,720 | \$ 440,970,527 |
| Azerbaijan | 10,139,177 | 104 | 0.0010% | 659,046 | 6.50% | 0.0005% | 3 | \$ 3,380 | \$ 7,764 | \$ 84,500 | \$ 194,096 |
| Bahamas | 393,244 | 570 | 0.1449% | 10,138 | 2.58% | 0.0725% | 7 | \$ 7,347 | \$ 16,877 | \$ 183,686 | \$ 421,926 |
| Bahrain | 1,701,575 | 1,310 | 0.0770% | 10,712 | 0.63% | 0.0385% | 4 | \$ 4,123 | \$ 9,472 | \$ 103,086 | \$ 236,789 |
| Bangladesh | 164,689,383 | 6,325 | 0.0038% | 14,822,044 | 9.00% | 0.0019% | 285 | \$ 284,625 | \$ 653,784 | \$ 7,115,625 | \$ 16,344,590 |
| Barbados | 287,375 | 650 | 0.2262% | 11,495 | 4.00% | 0.1131% | 13 | \$ 13,000 | \$ 29,861 | \$ 325,000 | \$ 746,525 |
| Belarus | 9,449,323 | 398 | 0.0042% | 387,422 | 4.10% | 0.0021% | 8 | \$ 8,159 | \$ 18,741 | \$ 203,975 | \$ 468,530 |
| Belgium | 11,589,623 | 60,867 | 0.5252% | 1,043,066 | 9.00% | 0.2626% | 2,739 | \$ 2,739,015 | \$ 6,291,517 | \$ 68,475,370 | \$ 157,287,926 |
| Benin | 12,123,200 | 125 | 0.0010% | 92,495 | 0.76% | 0.0005% | 0 | \$ 477 | \$ 1,095 | \$ 11,921 | \$ 27,383 |
| Bermuda | 62,278 | 2,250 | 3.6128% | 13,794 | 22.15% | 1.8064% | 249 | \$ 249,177 | \$ 572,360 | \$ 6,229,427 | \$ 14,308,994 |
| Bolivia | 11,673,021 | 180 | 0.0015% | 343,000 | 2.94% | 0.0008% | 3 | \$ 2,645 | \$ 6,075 | \$ 66,114 | \$ 151,864 |
| Bosnia & Herzegovi | 3,280,819 | 165 | 0.0050% | 294,000 | 8.96% | 0.0025% | 7 | \$ 7,393 | \$ 16,982 | \$ 184,824 | \$ 424,541 |
| Botswana | 2,351,627 | 1,500 | 0.0638% | 98,768 | 4.20% | 0.0319% | 31 | \$ 31,500 | \$ 72,355 | \$ 787,497 | \$ 1,808,881 |
| Brazil | 212,559,417 | 9,202 | 0.0043% | 12,400,000 | 5.83% | 0.0022% | 268 | \$ 268,407 | \$ 616,530 | \$ 6,710,171 | \$ 15,413,262 |
| Bulgaria | 6,948,445 | 843 | 0.0121% | 474,000 | 6.82% | 0.0061% | 29 | \$ 28,753 | \$ 66,046 | \$ 718,833 | \$ 1,651,161 |
| Cambodia | 16,718,965 | 500 | 0.0030% | 240,753 | 1.44% | 0.0015% | 4 | \$ 3,600 | \$ 8,269 | \$ 90,000 | \$ 206,730 |
| Canada | 37,742,154 | 5,590,000 | 14.8110% | 3,776,000 | 10.00% | 7.4055% | 279,632 | \$ 279,632,159 | \$ 642,315,069 | \$ 6,990,803,969 | \$ 16,057,876,718 |
| Cayman Islands | 65,722 | 650 | 0.9890% | 2,993 | 4.55% | 0.4945% | 15 | \$ 14,801 | \$ 33,997 | \$ 370,015 | \$ 849,924 |
| Chile | 19,116,201 | 22,251 | 0.1164% | 2,837,000 | 14.84% | 0.0582% | 1,651 | \$ 1,651,115 | \$ 3,792,611 | \$ 41,277,871 | \$ 94,815,271 |

| | | | | | | | | | | | | | | | |
|-----------------------|---------------|---------|---------|------------|--------|---------|--------|----|------------|----|-------------|----|---------------|----|---------------|
| China | 1,439,323,776 | 358,000 | 0.0249% | 82,960,000 | 5.76% | 0.0124% | 10,317 | \$ | 10,317,234 | \$ | 23,698,686 | \$ | 257,930,847 | \$ | 592,467,155 |
| Columbia | 50,882,891 | 14,745 | 0.0290% | 2,625,000 | 5.16% | 0.0145% | 380 | \$ | 380,340 | \$ | 873,642 | \$ | 9,508,507 | \$ | 21,841,040 |
| Congo Democratic RE | 91,250,830 | 503 | 0.0006% | 9,851,754 | 10.80% | 0.0003% | 27 | \$ | 27,153 | \$ | 62,370 | \$ | 678,820 | \$ | 1,559,250 |
| Cook Islands | 17,564 | 390 | 2.2205% | 333 | 1.90% | 1.1102% | 4 | \$ | 3,697 | \$ | 8,492 | \$ | 92,426 | \$ | 212,303 |
| Costa Rica | 5,094,118 | 2,500 | 0.0491% | 453,000 | 8.89% | 0.0245% | 111 | \$ | 111,158 | \$ | 255,329 | \$ | 2,778,940 | \$ | 6,383,226 |
| Côte D'Ivoire | 26,378,274 | 307 | 0.0012% | 0 | 0.00% | 0.0006% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Croatia | 4,105,267 | 1,520 | 0.0370% | 760,000 | 18.51% | 0.0185% | 141 | \$ | 140,697 | \$ | 323,182 | \$ | 3,517,433 | \$ | 8,079,543 |
| Cyprus | 1,207,359 | 1,394 | 0.1155% | 241,471 | 20.00% | 0.0577% | 139 | \$ | 139,400 | \$ | 320,201 | \$ | 3,484,988 | \$ | 8,005,018 |
| Czech Republic | 10,708,981 | 53,252 | 0.4973% | 1,078,000 | 10.07% | 0.2486% | 2,680 | \$ | 2,680,258 | \$ | 6,156,552 | \$ | 67,006,441 | \$ | 153,913,794 |
| Denmark | 5,792,202 | 150,699 | 2.6018% | 482,000 | 8.32% | 1.3009% | 6,270 | \$ | 6,270,233 | \$ | 14,402,726 | \$ | 156,755,837 | \$ | 360,068,159 |
| Dominican Republic | 10,847,910 | 13,210 | 0.1218% | 1,348,395 | 12.43% | 0.0609% | 821 | \$ | 821,001 | \$ | 1,885,840 | \$ | 20,525,034 | \$ | 47,146,004 |
| Ecuador | 17,643,054 | 1,252 | 0.0071% | 816,000 | 4.63% | 0.0035% | 29 | \$ | 28,953 | \$ | 66,505 | \$ | 723,820 | \$ | 1,662,615 |
| Egypt | 102,334,404 | 4,000 | 0.0039% | 10,949,781 | 10.70% | 0.0020% | 214 | \$ | 214,000 | \$ | 491,558 | \$ | 5,350,000 | \$ | 12,288,950 |
| El Salvador | 6,486,205 | 335 | 0.0052% | 265,934 | 4.10% | 0.0026% | 7 | \$ | 6,867 | \$ | 15,775 | \$ | 171,687 | \$ | 394,366 |
| Emirates, United Arab | 9,890,402 | 6,250 | 0.0632% | 1,068,163 | 10.80% | 0.0316% | 337 | \$ | 337,500 | \$ | 775,237 | \$ | 8,437,497 | \$ | 19,380,930 |
| England | 56,290,000 | 680,000 | 1.2080% | 11,500,000 | 20.43% | 0.6040% | 69,462 | \$ | 69,461,716 | \$ | 159,553,562 | \$ | 1,736,542,903 | \$ | 3,988,839,048 |
| Estonia | 1,326,535 | 2,492 | 0.1879% | 149,900 | 11.30% | 0.0939% | 141 | \$ | 140,799 | \$ | 323,416 | \$ | 3,519,986 | \$ | 8,085,408 |
| Fiji | 896,445 | 4,770 | 0.5321% | 122,812 | 13.70% | 0.2661% | 327 | \$ | 326,742 | \$ | 750,527 | \$ | 8,168,561 | \$ | 18,763,184 |
| Finland | 5,540,720 | 142,778 | 2.5769% | 449,000 | 8.10% | 1.2884% | 5,785 | \$ | 5,785,108 | \$ | 13,288,392 | \$ | 144,627,688 | \$ | 332,209,800 |
| France | 65,273,511 | 408,388 | 0.6257% | 12,000,000 | 18.38% | 0.3128% | 37,539 | \$ | 37,539,393 | \$ | 86,227,986 | \$ | 938,484,832 | \$ | 2,155,699,659 |
| Gabon | 2,225,734 | 485 | 0.0218% | 48,966 | 2.20% | 0.0109% | 5 | \$ | 5,335 | \$ | 12,254 | \$ | 133,375 | \$ | 306,361 |
| Gambia | 2,416,668 | 432 | 0.0179% | 38,666 | 1.60% | 0.0089% | 3 | \$ | 3,456 | \$ | 7,938 | \$ | 86,398 | \$ | 198,457 |
| Germany | 83,783,942 | 643,158 | 0.7676% | 9,091,000 | 10.85% | 0.3838% | 34,893 | \$ | 34,893,019 | \$ | 80,149,265 | \$ | 872,325,478 | \$ | 2,003,731,622 |
| Ghana | 31,072,940 | 3,000 | 0.0097% | 932,188 | 3.00% | 0.0048% | 45 | \$ | 45,000 | \$ | 103,365 | \$ | 1,125,000 | \$ | 2,584,124 |
| Greece | 10,423,054 | 2,000 | 0.0192% | 1,896,995 | 18.20% | 0.0096% | 182 | \$ | 182,000 | \$ | 418,054 | \$ | 4,549,998 | \$ | 10,451,345 |
| Guam | 168,775 | 2,100 | 1.2443% | 12,793 | 7.58% | 0.6221% | 80 | \$ | 79,589 | \$ | 182,816 | \$ | 1,989,727 | \$ | 4,570,404 |
| Guatemala | 17,915,568 | 620 | 0.0035% | 1,827,387 | 10.20% | 0.0017% | 32 | \$ | 31,620 | \$ | 72,631 | \$ | 790,500 | \$ | 1,815,778 |
| Haiti | 11,402,528 | 150 | 0.0013% | 467,503 | 4.10% | 0.0007% | 3 | \$ | 3,075 | \$ | 7,063 | \$ | 76,875 | \$ | 176,582 |
| Honduras | 9,904,607 | 0 | 0.0000% | 1,287,598 | 13.00% | 0.0000% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Hong Kong | 7,496,981 | 136,700 | 1.8234% | 607,255 | 8.10% | 0.9117% | 5,536 | \$ | 5,536,346 | \$ | 12,716,986 | \$ | 138,408,645 | \$ | 317,924,657 |
| Hungary | 9,660,351 | 2,300 | 0.0238% | 408,000 | 4.22% | 0.0119% | 49 | \$ | 48,570 | \$ | 111,565 | \$ | 1,214,242 | \$ | 2,789,113 |

| | | | | | | | | | | | |
|--------------------|---------------|------------|----------|------------|--------|---------|---------|----------------|----------------|------------------|-------------------|
| Iceland | 341,243 | 16,054 | 4.7046% | 27,640 | 8.10% | 2.3523% | 650 | \$ 650,171 | \$ 1,493,443 | \$ 16,254,273 | \$ 37,336,066 |
| India | 1,380,004,385 | 137,500 | 0.0100% | 26,815,000 | 1.94% | 0.0050% | 1,336 | \$ 1,335,888 | \$ 3,068,535 | \$ 33,397,199 | \$ 76,713,366 |
| Indonesia | 273,523,615 | 163 | 0.0001% | 5,255,000 | 1.92% | 0.0000% | 2 | \$ 1,566 | \$ 3,597 | \$ 39,145 | \$ 89,916 |
| Iran | 83,992,949 | 3,000 | 0.0036% | 1,018,000 | 1.21% | 0.0018% | 18 | \$ 18,180 | \$ 41,760 | \$ 454,502 | \$ 1,043,992 |
| Iraq | 40,222,493 | 3 | 0.0000% | 6,033,373 | 15.00% | 0.0000% | 0 | \$ 225 | \$ 517 | \$ 5,625 | \$ 12,921 |
| Ireland | 6,735,106 | 184,017 | 2.7322% | 1,043,131 | 15.49% | 1.3661% | 14,250 | \$ 14,250,246 | \$ 32,732,815 | \$ 356,256,155 | \$ 818,320,387 |
| Israel | 8,655,535 | 780 | 0.0090% | 751,000 | 8.68% | 0.0045% | 34 | \$ 33,838 | \$ 77,727 | \$ 845,962 | \$ 1,943,174 |
| Italy | 60,461,826 | 91,713 | 0.1517% | 3,200,000 | 5.29% | 0.0758% | 2,427 | \$ 2,426,999 | \$ 5,574,817 | \$ 60,674,979 | \$ 139,370,426 |
| Jamaica | 2,961,167 | 700 | 0.0236% | 97,718 | 3.30% | 0.0118% | 12 | \$ 11,550 | \$ 26,530 | \$ 288,748 | \$ 663,255 |
| Japan | 126,476,461 | 13,166,000 | 10.4098% | 7,000,000 | 5.53% | 5.2049% | 364,344 | \$ 364,344,477 | \$ 836,899,263 | \$ 9,108,611,918 | \$ 20,922,481,575 |
| Jordan | 10,203,134 | 100 | 0.0010% | 1,326,407 | 13.00% | 0.0005% | 6 | \$ 6,500 | \$ 14,930 | \$ 162,500 | \$ 373,262 |
| Kazakhstan | 18,776,707 | 1,000 | 0.0053% | 665,000 | 3.54% | 0.0027% | 18 | \$ 17,708 | \$ 40,676 | \$ 442,703 | \$ 1,016,888 |
| Kenya | 53,771,296 | 8,000 | 0.0149% | 1,182,968 | 2.20% | 0.0074% | 88 | \$ 88,000 | \$ 202,136 | \$ 2,199,999 | \$ 5,053,398 |
| Korea, Republic of | 25,842,344 | 11,300 | 0.0437% | 4,409,149 | 17.06% | 0.0219% | 964 | \$ 963,987 | \$ 2,214,279 | \$ 24,099,683 | \$ 55,356,972 |
| Kuwait | 4,270,571 | 1,100 | 0.0258% | 65,766 | 1.54% | 0.0129% | 8 | \$ 8,470 | \$ 19,455 | \$ 211,747 | \$ 486,384 |
| Kyrgystan | 6,524,195 | 45 | 0.0007% | 195,725 | 3.00% | 0.0003% | 1 | \$ 675 | \$ 1,550 | \$ 16,875 | \$ 38,762 |
| Latvia | 1,886,198 | 900 | 0.0477% | 182,000 | 9.65% | 0.0239% | 43 | \$ 43,421 | \$ 99,737 | \$ 1,085,517 | \$ 2,493,433 |
| Lebanon | 6,825,445 | 462 | 0.0068% | 273,017 | 4.00% | 0.0034% | 9 | \$ 9,240 | \$ 21,224 | \$ 230,999 | \$ 530,605 |
| Libya | 6,871,292 | 300 | 0.0044% | 100,320 | 1.46% | 0.0022% | 2 | \$ 2,190 | \$ 5,030 | \$ 54,750 | \$ 125,760 |
| Liechtenstein | 38,128 | 1,025 | 2.6883% | 0 | 0.00% | 1.3442% | 0 | \$ - | \$ - | \$ - | \$ - |
| Lithuania | 2,722,289 | 1,000 | 0.0367% | 263,000 | 9.66% | 0.0184% | 48 | \$ 48,305 | \$ 110,956 | \$ 1,207,623 | \$ 2,773,911 |
| Luxembourg | 625,978 | 3,557 | 0.5682% | 78,750 | 12.58% | 0.2841% | 224 | \$ 223,741 | \$ 513,933 | \$ 5,593,522 | \$ 12,848,321 |
| Macedonia | 2,083,374 | 48 | 0.0023% | 364,590 | 17.50% | 0.0012% | 4 | \$ 4,200 | \$ 9,647 | \$ 105,000 | \$ 241,185 |
| Madagascar | 27,691,018 | 435 | 0.0016% | 2,076,826 | 7.50% | 0.0008% | 16 | \$ 16,312 | \$ 37,470 | \$ 407,812 | \$ 936,745 |
| Malawi | 19,129,952 | 860 | 0.0045% | 2,219,074 | 11.60% | 0.0022% | 50 | \$ 49,880 | \$ 114,574 | \$ 1,247,000 | \$ 2,864,358 |
| Malaysia | 32,365,999 | 120,000 | 0.3708% | 409,000 | 1.26% | 0.1854% | 758 | \$ 758,203 | \$ 1,741,592 | \$ 18,955,077 | \$ 43,539,812 |
| Malta | 441,543 | 535 | 0.1212% | 20,678 | 4.68% | 0.0606% | 13 | \$ 12,527 | \$ 28,775 | \$ 313,184 | \$ 719,383 |
| Mauritius | 1,271,768 | 1,063 | 0.0836% | 60,000 | 4.72% | 0.0418% | 25 | \$ 25,075 | \$ 57,598 | \$ 626,883 | \$ 1,439,951 |
| Mexico | 128,932,753 | 27,631 | 0.0214% | 4,528,000 | 3.51% | 0.0107% | 485 | \$ 485,188 | \$ 1,114,476 | \$ 12,129,692 | \$ 27,861,903 |

| | | | | | | | | | | | | | | | |
|--------------------|-------------|------------------------|----------|-----------------------|----------|---------|-----------|----|---------------|----|---------------|----|----------------|----|-----------------|
| Moldova | 4,033,963 | 182 | 0.0045% | 205,732 | 5.10% | 0.0023% | 5 | \$ | 4,641 | \$ | 10,660 | \$ | 116,025 | \$ | 266,509 |
| Monaco | 39,242 | 779 | 1.9851% | 0 | 0.00% | 0.9926% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Mongolia | 3,278,290 | 160 | 0.0049% | 108,000 | 3.29% | 0.0024% | 3 | \$ | 2,636 | \$ | 6,054 | \$ | 65,888 | \$ | 151,345 |
| Morocco | 36,910,560 | 10,000 | 0.0271% | 1,703,000 | 4.61% | 0.0135% | 231 | \$ | 230,693 | \$ | 529,901 | \$ | 5,767,320 | \$ | 13,247,533 |
| Myanmar | 54,409,800 | 510 | 0.0009% | 2,311,000 | 4.25% | 0.0005% | 11 | \$ | 10,831 | \$ | 24,878 | \$ | 270,772 | \$ | 621,962 |
| Namibia | 2,540,905 | 1,756 | 0.0691% | 119,422 | 4.70% | 0.0346% | 41 | \$ | 41,266 | \$ | 94,788 | \$ | 1,031,645 | \$ | 2,369,689 |
| Netherlands | 17,134,872 | 374,274 | 2.1843% | 1,787,000 | 10.43% | 1.0921% | 19,517 | \$ | 19,516,564 | \$ | 44,829,547 | \$ | 487,914,090 | \$ | 1,120,738,664 |
| New Zealand | 4,822,233 | 110,776 | 2.2972% | 1,100,000 | 22.81% | 1.1486% | 12,635 | \$ | 12,634,562 | \$ | 29,021,588 | \$ | 315,864,041 | \$ | 725,539,701 |
| Nicaragua | 6,624,554 | 490 | 0.0074% | 165,613 | 2.50% | 0.0037% | 6 | \$ | 6,125 | \$ | 14,069 | \$ | 153,124 | \$ | 351,726 |
| Nigeria | 206,139,589 | 22,000 | 0.0107% | 3,253,169 | 1.58% | 0.0053% | 174 | \$ | 173,595 | \$ | 398,748 | \$ | 4,339,882 | \$ | 9,968,709 |
| Norway | 5,421,241 | 122,000 | 2.2504% | 637,000 | 11.75% | 1.1252% | 7,168 | \$ | 7,167,547 | \$ | 16,463,856 | \$ | 179,188,677 | \$ | 411,596,390 |
| Oman | 5,106,626 | 1,150 | 0.0225% | 63,000 | 1.23% | 0.0113% | 7 | \$ | 7,094 | \$ | 16,294 | \$ | 177,343 | \$ | 407,357 |
| Pakistan | 220,892,340 | 12,900 | 0.0058% | 11,044,500 | 5.00% | 0.0029% | 322 | \$ | 322,497 | \$ | 740,775 | \$ | 8,062,415 | \$ | 18,519,366 |
| Panama | 4,314,767 | 1,506 | 0.0349% | 125,128 | 2.90% | 0.0175% | 22 | \$ | 21,837 | \$ | 50,159 | \$ | 545,924 | \$ | 1,253,987 |
| Papua New Guinea | 8,947,024 | 3,000 | 0.0335% | 1,118,378 | 12.50% | 0.0168% | 188 | \$ | 187,500 | \$ | 430,688 | \$ | 4,687,500 | \$ | 10,767,188 |
| Paraguay | 7,132,538 | 924 | 0.0130% | 763,181 | 10.70% | 0.0065% | 49 | \$ | 49,434 | \$ | 113,550 | \$ | 1,235,849 | \$ | 2,838,745 |
| Peru | 32,971,854 | 2,918 | 0.0088% | 1,575,000 | 4.78% | 0.0044% | 70 | \$ | 69,694 | \$ | 160,086 | \$ | 1,742,338 | \$ | 4,002,151 |
| Philippines | 109,581,078 | 116,900 | 0.1067% | 1,453,000 | 1.33% | 0.0533% | 775 | \$ | 775,023 | \$ | 1,780,228 | \$ | 19,375,574 | \$ | 44,505,693 |
| Poland | 37,846,611 | 2,563 | 0.0068% | 4,737,000 | 12.52% | 0.0034% | 160 | \$ | 160,397 | \$ | 368,431 | \$ | 4,009,914 | \$ | 9,210,771 |
| Portugal | 10,196,709 | 14,094 | 0.1382% | 1,793,000 | 17.58% | 0.0691% | 1,239 | \$ | 1,239,152 | \$ | 2,846,332 | \$ | 30,978,797 | \$ | 71,158,296 |
| Puerto Rica | 2,860,853 | 2,170 | 0.0759% | 617,944 | 21.60% | 0.0379% | 234 | \$ | 234,360 | \$ | 538,325 | \$ | 5,858,998 | \$ | 13,458,118 |
| Qatar | 2,881,053 | 2,300 | 0.0798% | 8,000 | 0.28% | 0.0399% | 3 | \$ | 3,193 | \$ | 7,335 | \$ | 79,832 | \$ | 183,374 |
| Romania | 19,237,691 | 500 | 0.0026% | 906,000 | 4.71% | 0.0013% | 12 | \$ | 11,774 | \$ | 27,044 | \$ | 294,344 | \$ | 676,108 |
| Russian Federation | 145,934,462 | 1,365 | 0.0009% | 12,850,000 | 8.81% | 0.0005% | 60 | \$ | 60,096 | \$ | 138,041 | \$ | 1,502,408 | \$ | 3,451,032 |
| Saint Lucia | 182,790 | 186 | 0.1018% | 1,528 | 0.84% | 0.0509% | 1 | \$ | 777 | \$ | 1,786 | \$ | 19,435 | \$ | 44,643 |
| Samoa | 198,414 | 1,005 | 0.5065% | 8,928 | 4.50% | 0.2533% | 23 | \$ | 22,611 | \$ | 51,937 | \$ | 565,273 | \$ | 1,298,431 |
| San Marino | 33,931 | 167 | 0.4922% | 0 | 0.00% | 0.2461% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Saudi Arabia | 34,813,871 | 5,000 | 0.0144% | 1,446,000 | 4.15% | 0.0072% | 104 | \$ | 103,838 | \$ | 238,516 | \$ | 2,595,948 | \$ | 5,962,893 |
| Scotland | 5,460,000 | 230,000 | 4.2125% | 1,200,000 | 21.98% | 2.1062% | 25,275 | \$ | 25,274,725 | \$ | 58,056,044 | \$ | 631,868,132 | \$ | 1,451,401,099 |
| Senegal | 16,743,927 | 300 | 0.0018% | 755,000 | 4.51% | 0.0009% | 7 | \$ | 6,764 | \$ | 15,536 | \$ | 169,091 | \$ | 388,402 |
| Serbia | 8,737,371 | 747 | 0.0085% | 572,000 | 6.55% | 0.0043% | 24 | \$ | 24,452 | \$ | 56,165 | \$ | 611,288 | \$ | 1,404,129 |
| Seychelles | 98,347 | 172 | 0.1749% | 2,950 | 3.00% | 0.0874% | 3 | \$ | 2,580 | \$ | 5,925 | \$ | 64,491 | \$ | 148,136 |
| Singapore | 5,850,342 | 37,000 | 0.6324% | 198,911 | 3.40% | 0.3162% | 629 | \$ | 628,998 | \$ | 1,444,808 | \$ | 15,724,950 | \$ | 36,120,211 |
| Slovakia | 5,459,642 | 7,644 | 0.1400% | 545,964 | 10.00% | 0.0700% | 382 | \$ | 382,200 | \$ | 877,913 | \$ | 9,554,996 | \$ | 21,947,827 |
| Slovenia | 2,078,938 | 4,574 | 0.2200% | 165,000 | 7.94% | 0.1100% | 182 | \$ | 181,513 | \$ | 416,936 | \$ | 4,537,834 | \$ | 10,423,404 |
| Solomon Islands | 686,884 | 204 | 0.0297% | 109,901 | 16.00% | 0.0148% | 16 | \$ | 16,320 | \$ | 37,487 | \$ | 407,998 | \$ | 937,172 |
| South Africa | 59,308,690 | 158,231 | 0.2668% | 3,843,000 | 6.48% | 0.1334% | 5,126 | \$ | 5,126,413 | \$ | 11,775,372 | \$ | 128,160,336 | \$ | 294,384,293 |
| South Korea | 51,293,860 | 11,300 | 0.0220% | 2,511,000 | 4.90% | 0.0110% | 277 | \$ | 276,586 | \$ | 635,317 | \$ | 6,914,643 | \$ | 15,882,936 |
| Spain | 46,754,778 | 283,256 | 0.6058% | 3,787,000 | 8.10% | 0.3029% | 11,471 | \$ | 11,471,453 | \$ | 26,349,927 | \$ | 286,786,324 | \$ | 658,748,186 |
| Sri Lanka | 21,413,249 | 1,000 | 0.0047% | 1,862,952 | 8.70% | 0.0023% | 43 | \$ | 43,500 | \$ | 99,919 | \$ | 1,087,500 | \$ | 2,497,987 |
| Swaziland | 1,160,164 | 684 | 0.0590% | 150,821 | 13.00% | 0.0295% | 44 | \$ | 44,460 | \$ | 102,124 | \$ | 1,111,498 | \$ | 2,553,110 |
| Sweden | 10,099,265 | 473,797 | 4.6914% | 2,819,000 | 27.91% | 2.3457% | 66,125 | \$ | 66,125,294 | \$ | 151,889,801 | \$ | 1,653,132,360 | \$ | 3,797,245,032 |
| Switzerland | 8,654,622 | 88,523 | 1.0228% | 850,000 | 9.82% | 0.5114% | 4,347 | \$ | 4,347,073 | \$ | 9,985,227 | \$ | 108,676,829 | \$ | 249,630,676 |
| Taipei, Chinese | 23,816,775 | 881,000 | 3.6991% | 1,170,199 | 4.91% | 1.8495% | 21,643 | \$ | 21,643,260 | \$ | 49,714,569 | \$ | 541,081,506 | \$ | 1,242,864,220 |
| Tanzania | 59,734,218 | 450 | 0.0008% | 5,555,282 | 9.30% | 0.0004% | 21 | \$ | 20,925 | \$ | 48,065 | \$ | 523,125 | \$ | 1,201,618 |
| Thailand | 69,799,978 | 15,076 | 0.0216% | 1,479,000 | 2.12% | 0.0108% | 160 | \$ | 159,724 | \$ | 366,885 | \$ | 3,993,089 | \$ | 9,172,126 |
| Trinidad & Tobago | 1,399,488 | 1,298 | 0.0927% | 52,000 | 3.72% | 0.0464% | 24 | \$ | 24,115 | \$ | 55,391 | \$ | 602,863 | \$ | 1,384,777 |
| Tunisia | 11,818,619 | 807 | 0.0068% | 271,828 | 2.30% | 0.0034% | 9 | \$ | 9,280 | \$ | 21,317 | \$ | 232,012 | \$ | 532,932 |
| Turkey | 84,339,067 | 6,776 | 0.0080% | 4,809,000 | 5.70% | 0.0040% | 193 | \$ | 193,183 | \$ | 443,742 | \$ | 4,829,580 | \$ | 11,093,546 |
| Turks & Caicos ISL | 383,717 | 90 | 0.0235% | 337 | 0.09% | 0.0117% | 0 | \$ | 40 | \$ | 91 | \$ | 988 | \$ | 2,270 |
| Uganda | 45,741,007 | 0 | 0.0000% | 5,671,884 | 12.40% | 0.0000% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Ukraine | 43,733,762 | 536 | 0.0012% | 2,492,824 | 5.70% | 0.0006% | 15 | \$ | 15,276 | \$ | 35,089 | \$ | 381,900 | \$ | 877,224 |
| Uruguay | 3,473,730 | 4,007 | 0.1154% | 515,000 | 14.83% | 0.0577% | 297 | \$ | 297,030 | \$ | 682,278 | \$ | 7,425,753 | \$ | 17,056,956 |
| USA | 331,002,651 | 24,700,000 | 7.4622% | 61,000,000 | 18.43% | 3.7311% | 2,275,964 | \$ | 2,275,963,645 | \$ | 5,227,888,492 | \$ | 56,899,091,119 | \$ | 130,697,212,301 |
| Uzbekistan | 33,469,203 | 50 | 0.0001% | 780,000 | 2.33% | 0.0001% | 1 | \$ | 583 | \$ | 1,338 | \$ | 14,566 | \$ | 33,457 |
| Vanuatu | 307,145 | 180 | 0.0586% | 15,357 | 5.00% | 0.0293% | 4 | \$ | 4,500 | \$ | 10,336 | \$ | 112,498 | \$ | 258,408 |
| Venezuela | 28,435,940 | 3,525 | 0.0124% | 1,455,000 | 5.12% | 0.0062% | 90 | \$ | 90,183 | \$ | 207,150 | \$ | 2,254,574 | \$ | 5,178,757 |
| Vietnam | 97,338,579 | 0 | 0.0000% | 6,813,700 | 7.00% | 0.0000% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Virgin Islands US | 104,425 | 900 | 0.8619% | 0 | 0.00% | 0.4309% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Wales | 3,150,000 | 42,830 | 1.3597% | 800,000 | 25.40% | 0.6798% | 5,439 | \$ | 5,438,730 | \$ | 12,492,763 | \$ | 135,968,254 | \$ | 312,319,079 |
| Zambia | 18,383,955 | 0 | 0.0000% | 2,003,851 | 10.90% | 0.0000% | 0 | \$ | - | \$ | - | \$ | - | \$ | - |
| Zimbabwe | 14,862,924 | 7,800 | 0.0525% | 1,233,000 | 8.30% | 0.0262% | 324 | \$ | 323,537 | \$ | 743,164 | \$ | 8,088,415 | \$ | 18,579,090 |
| | | | 99.8942% | | 1137.48% | | | | | | | | | | |
| | | Av Rate of Penetration | 0.6986% | Av Rate of Disability | 8.01% | | | | | | | | | | |

LIST OF TABLES:

| | | |
|---------|----------|----------------------------------|
| Table 1 | Page 46 | Age clusters |
| Table 2 | Page 47 | Golf handicap clusters |
| Table 3 | Page 48 | Impairment groups |
| Table 4 | Page 49 | Location by continent |
| Table 5 | Page 56 | Field notes/observation template |
| Table 6 | Page 67 | Inclusion and exclusion criteria |
| Table 7 | Page 75 | Scoping review summary papers |
| Table 8 | Page 161 | Knowledge funnel & action cycle |

LIST OF FIGURES:

| | | |
|----------|---------|-----------------------|
| Figure 1 | Page 28 | Inclusion spectrum |
| Figure 2 | Page 29 | Environmental factors |
| Figure 3 | Page 32 | Robert Martin |
| Figure 4 | Page 59 | Field notebook |
| Figure 5 | Page 60 | A moment of passion |