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Benefits, Barriers and Facilitators to Golf Participation Among Disabled People: Identifying Opportunities to Increase Uptake and Foster Inclusion

Javier Monforte¹ , Brett Smith¹ , Tony Bennett² 

¹ Department of Sport and Exercise Sciences, Durham University, ² European Disabled Golf Association

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Golf can have a positive impact upon physical and psychosocial health. However, it is not widely promoted to and for disabled people. In response, this review explores the benefits, barriers, and facilitators to golf participation among this population. 18 empirical studies, research reports, or other forms of grey literature documenting golf in relation to health for disabled people were identified. The results suggest that golf can yield a variety of health benefits for disabled people, of which we need stronger evidence. Sometimes, personal, social, and environmental barriers might prevent them to obtain such benefits. These include lack of adequate services, accessibility issues, classism, and ableism. Little evidence was found regarding facilitators. However, social interactions as well as free courses and equipment appear crucial to support regular participation. Despite evidence limitations, multiple recommendations are compiled that might be useful to orient future practice and policymaking. Overall, the article provides a modest but accessible resource to help transforming golf into a more inclusive and pleasurable activity for disabled people.

Introduction

This article connects golf with disability and health. Before developing this connection, it is worth defining health and disability, as these concepts can mean different things. Throughout this article, health is not understood as “a fixed end-point, a ‘product’ we can acquire, but rather [as] something ever changing, always in the process of becoming” (Haglund et al., 1991, p. 3). This conceptualisation prevents us from equating health to the absence of disease or deficit. Simultaneously, it invites us to think about the resources that people draw on to be healthy and the various forces that can hinder the process of ‘doing health’ (Quennerstedt, 2019). Meanwhile, we approach the concept of disability following the social model, using the label ‘disabled people’ instead of ‘people with disabilities’ (Bricher, 2000). Disability refers to people who experience one or diverse long-term impairments which, in interaction with diverse barriers, might frustrate their full and equal participation in society. A wide range of impairments exist which can be physical (e.g. cerebral palsy), sensory (e.g. hearing impairment), cognitive (e.g. dementia), and/or mental (e.g. post-traumatic stress disorder).

Being disabled “doesn’t automatically equate with being unhealthy” (Martin, 2013, p. 2035), but the health of disabled people is often poor (World Health Organization, 2011). For example, individuals might experience pain and fatigue, as well as secondary conditions such as obesity, heart disease and muscle atrophy (Rimmer & Marques, 2012). Likewise, having a disability can cause lower quality of life and life satisfaction (Addabbo et al., 2016). Instances

of isolation and feelings of abandonment are also prevalent among disabled people (Macdonald et al., 2018). When performed at an appropriate level and intensity, physical activity (PA) can help manage many of the aforementioned health issues (Martin Ginis et al., 2021; Smith et al., 2018). Therefore, PA promotion needs to be taken seriously within this population.

One potentially valuable PA for disabled people is golf (Luscombe et al., 2017). There is now evidence on the positive impact of golf on health and wellbeing in the general population (Matthews et al., 2018; Murray, Daines, et al., 2017b; Murray, Jenkins, et al., 2017; Murray, Archibald, et al., 2018). It has been also suggested that golf's combination of attributes makes the game suitable for a wide range of abilities. There are few age or skill limits to golf participation, which, in principle, makes it an accessible and socially inclusive sport (Carless & Douglas, 2004). Despite the above, golf is not yet as popular among disabled people as it is amongst their nondisabled counterparts (Stoter et al., 2017). Moreover, when disabled people do try to play golf, their attempts are often curtailed, as evidenced by high dropout rates and a small transition into regular participation (Fry et al., 2017; Kenny et al., 2015; Piggott et al., 2011; Sandt et al., 2014).

In the light of this background, there is a serious need to encourage and support disabled people to participate in golf as one possible PA for them to take-up. Knowledge on how to do this is however scarce, which represents an important limitation. Without knowing what is already working and needed to make golf more attractive and approachable for disabled people, participation rates will be unlikely to increase, and the quality of participation for disabled golfers restricted. In order to be in the optimum position to promote golf amongst disabled people, having a knowledge base is critical. Knowledge about the different benefits, barriers, and facilitators for golf participation among disabled people may be especially valuable 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 et al., 2014). One way to identify and understand the benefits, barriers and facilitators of PA for disabled people is through conducting a review of the literature. We chose to conduct a rapid review. Some researchers have regarded this approach of research synthesis as inferior compared to systematic and scoping reviews, turning other researchers away from using it. However, researchers have to use the most suitable strategy for doing their work, and a rapid review was the most suitable method for achieving the goals of this paper due to several reasons.

First, given our previous knowledge on the field, we were cognisant of the lack of high-quality studies published on golf and disability. In other words, the topic of the review is still in its infancy, with little strong evidence available. However, rapid reviews allow examining emerging areas, to produce a broad overview of the available evidence irrespective of study quality, and to identify gaps that might require additional research. Another rationale for using a rapid review is that such 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 our 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, we wanted to move from the ‘neutral’, theory-free standpoint frequently adopted in academic reviews. Inspired by impactful reviews (e.g., Martin, 2013), our design included the possibility of adding conceptual and provocative notes so that information was not only made available but also compelling to golf workers and policymakers. Finally, the time and cost to produce a systematic or a scoping review was incompatible with the shortened timeframe required by The Golf and Health Project (see funding), which emphasized on taking advantage from the momentum generated by recent reports (e.g., The Golf and Health Report 2016-2020). Given the importance of embedding a rationale for taking certain methodological decisions in review studies, several of these points will be expanded throughout the paper.

Methods

This work was oriented by the WHO guidance on rapid reviews (Tricco et al., 2017). It was conducted between February and March 2021 as follows. First, we formulated the review question: ‘What are the benefits, barriers and facilitators in golf participation amongst disabled people?’. Next, we 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, we used the following concepts to create our search strategy: ((disability OR disabled OR impairment OR “people with disabilities”) AND (golf)) AND (benefits or barriers for facilitators or enablers). The first author screened the identified articles by titles and abstracts. Duplicates of studies and any studies that did not meet the eligibility criteria captured in [Table 1](#) were removed. In order 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 disabled person thinking about start playing golf, two golf academics, one sport psychologists, 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 said they would rather read meaningful messages they could take home than disembodied statistics, and they expressed interest in finding out innovative but straightforward and achievable practical recommendations, as well as other useful information about how to help disabled people be more active through playing/involvement with golf, how golf agents can gain awareness about their own assumptions about disability, and how to make golf more attractive for

Table 1. 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 rapid review.
Disabled people, 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.

this collective. Their suggestions were incorporated in the screening process and influenced the rest of the study. As a caveat, stakeholders were not invited so that we could call this work ‘co-produced research’. Co-production means and involves much more (see Smith et al., forthcoming). Lest we contribute to misrepresenting this approach, let us describe the stakeholder consultation as a modest attempt to incorporate different views in the study, instead of participatory research.

Following 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. The authors also 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 ([Table 2](#)).

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 prevent or hindered occasional or regular participation participating in golf, or that generated negative experiences for disabled people. Drawing on the definition provided by International Classification of Functioning, Disability and Health (World Health Organization, 2002), a factor can be considered a barrier either because of its manifestation (e.g., negative attitudes towards disabled people) or its absence (e.g., lack of adapted equipment). Facilitators included factors that enabled or make it easier for disabled people to participate in golf, as well as 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 were also compiled and then organised.

Table 2. Summary of reviewed papers

RESEARCH ITEM	COUNTRY	TYPE OF STUDY	PURPOSE	PARTICIPANTS	KEY MESSAGES
<i>Mittelstaedt (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 disabled golfers; the perceptions and experiences that disabled golfers have had on the golf course; and the status of golf instruction programs that are introducing disabled people into the game.	Golf course owners and operators, organizations that provide services for golfers with disabilities, and golfers with disabilities	there are not enough programs to provide an introduction into the game for people with disabilities. people with disabilities 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 et al. (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
<i>Barbookles (2003)</i>	USA	Essay	To examine the possible accommodations and structural improvements that golf course owners may be required to provide for disabled golfers to comply with 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 disabled golfers.
<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 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>Piggott 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	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	GolfMark and the issues it intends to address; and understand how different club cultures may lead to exclusion. To test the hypothesis that there will be significant increases in engagement of golf-related activities over the 5 week period of Project GAIN Project GAIN (Golf: Accessible and Inclusive Networks)	327 individuals with disabilities and 295 mentors with and without disabilities	The Project GAIN curriculum successfully contributed to improving participants' belief that they could play 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 physically challenged golfers 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 in 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's 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, Archibald, 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.
<i>Skorulski (2018)</i>	USA	Commentary	To provide suggestions to make golf facilities more inclusive and accessible to people with disabilities	Not applicable	Providing an accessible forward tee is a relatively inexpensive way to accommodate disabled golfers 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 and details case studies considering 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 golf for the disabled in 36 countries, to tackle some negative perceptions about golf and to help make golf more inclusive.
<i>Bennett (2020b)</i>	UK	Commentary	To comment on the impact of golf for disabled people in different areas, including therapeutic, competitive, recreational and biographical	Not applicable	Golf for the disabled is growing but is not commonly found on the menu of sporting options offered to the newly disabled.

Wynter Bee & Carmody (2020)	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 both amateur and professional golf are able to resume safely following the COVID-19 pandemic
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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) reminded that “rapid reviews should prioritize 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, then, we gave more importance to reaching the right audience than to meeting methodological and technical conventions.

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 (*Golf and Health Report*, 2020; Murray, Daines, et al., 2017b; Murray, Jenkins, et al., 2017). Disbenefits include (mostly overuse) injuries (Cabri et al., 2009; McCarroll, 1996; Murray, Daines, et al., 2017b) and an increased risk of skin damage and potential cancers (Hanke et al., 1985; Matthews et al., 2018). Infographics (see Murray, Barton, et al., 2018; Murray, Daines, et al., 2017a) 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 have an amplified importance for disabled people (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; Kim et al., 2011; Schachten & Jansen, 2015; Shatil et al., 2005; Unverdorben et al., 2000). In a Delphi study, a 100% of agreement was established amongst experts in that playing golf can improve the overall health of disabled people (Murray, Archibald, et al., 2018). Additionally, experts agreed that golf can be associated with mental health benefits for every player, including an improvement of self-esteem, self-efficacy, self-worth and social relationships. Such potential benefits are major for disabled people 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 elderly people 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, 2020b). Another example, highlighted in #GolfMedicine, is Vivien Hamilton's story. Hamilton, who has experienced cancer and a stroke, told how golf has helped her coping with her health problems and meeting her ongoing challenges. The following fragment 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. On the whole, 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 76 people living with diverse impairments can be found in a library of player stories that the European Disabled Golf Association (EDGA) pulled together (Bennett, 2020a, also see Bennett & Evans, 2020). The documentary *Mulligan* (to be broadcasted in Sky Golf) focuses on six of these personal stories (Bennett, forthcoming). However, stories can also be collective. A collective story is a commonplace tale that different people tell about experiences they share, and it has the capacity to link these people into a mutual consciousness (L. Richardson, 1990). Collective stories of disabled people can be useful for helping to promote and sustain PA in certain spaces and programmes (E. V. Richardson et al., 2017). One example of this is in the context of golf the case of *Golf in Society*, a collective that organises golf activities for older adults with Parkinson's disease, dementia and other conditions in order to enhance health in later life. This story, as it is intended, might inspire and compel people to get involved (Wynter Bee & Carmody, 2020).

Barriers

Access to the benefits that can be encountered through golf is often limited by material, environmental, and social barriers. A study pointed out that "low levels of 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 disabled people 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., specialized carts) (Barbookles, 2003). One barrier that particularly affects young disabled people is that physical educators are unsure how to teach golf to disabled people (Fry et al., 2017).

Carless and Douglas (2004) listed a series of specific issues that might have threatened attendance to a golf programme in people with mental health issues. For example, the authors highlighted that a participant called Ali dropped out of the programme partly because the bus taking him to the golf course went over a bridge, and Ali 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 personal is not considered, otherwise well-designed programmes to promote golf might result unsuccessful and even turn people away from participation.

One important barrier that discourages participation is feeling unwanted and excluded from a golf environment. A study found that disabled golfers 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). It is suggested that the lack of disabled people actually going to golf courses to play is a major 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 disabled people feel that golf is out of their reach. The study concluded that golf course policies and accessibility issues generate specific barriers that make disabled golfers feel un-welcome and out of place, which can have a detrimental effect on their wellbeing.

Golf experts agree that a barrier that may hinder interest and participation in golf include perceptions that it is less accessible for those from lower socioeconomic groups (Murray, Archibald, et al., 2018; Robb, 1999). In the UK, a too high number of disabled people 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 great barrier for disabled people (Piggott et al., 2011). Being deeply ideological, 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, but also 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. That is, it can negatively affect people's readiness to engage with golf or, by way of association, other sports.

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 disabled players experiences show positive change. For example, a woman with Dwarfism called Ellie 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, 2020a). It is important to resist a sensationalist reading of these kind 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 disabled people has privileged the study of barriers over the study 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 disabled people to play golf (Parziale, 2014). In the US, The Americans with Disabilities Act has improved access for physically challenged golfers (Barbookles, 2003; Parziale, 2014).

Within golf programmes, meeting new people and opportunities to gain independence are perceived as a 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 of to consider continuing to play golf after the programme; creating a non-competitive, caring environment; and having a social after play in which stories about the game are shared. Of particular significance is that the golf programme was free, which encouraged attendance among individuals with limited disposable income (Carless & Douglas, 2004).

Recommendations

Several of the reviewed studies, alongside with 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 a disabled individual. Recommendations are made on how to: understand and assess disabled peoples’ particular impairments, needs, medical concerns, motivations, and perceptions; determine the appropriate instructional method; modify rules, skills and equipment; create a psychologically safe environment and minimize the risk of injury. The book also includes detailed information about how to organize, develop and promote a more inclusive golf programme. In a smaller scale, suggestions for managers to make golf facilities

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

Following an extensive list of recommendations, Kim et al. highlighted that there is merit in providing participants with a fitness plan, as well as local resources where they can become involved in golf (Kim et al., 2011). They also suggested developing a comprehensive strategy to ensure that more accommodation and inclusiveness is extended to disabled individuals and their families by the golf industry. Engaging young people from urban and working-class backgrounds in clubs is also recommended to widen participation amongst disabled people (Piggott et al., 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 disabled people via mailings to all rehabilitation centers and administration hospitals, as well as conducting instructional tours to introduce the game to disabled people. He also suggested sending accomplished disabled golfers to regional locations with the purpose of telling and showing practitioners and potential players about the benefits of the game. These “tours” can be extended 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 disabled golfers in golf courses, as well as 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 et al., 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 as part of broader informative videos and written sources (Mittelstaedt, 1997).

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 disabled people. Accordingly, credible golf messengers are needed who share information and resources with disabled people to facilitate golf participation. In the case of young disabled people, physical educators are potential messengers to support disabled students adopt golf as a lifelong PA and move from school-based golf to community-based golf opportunities (Sandt et al., 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 scarce, but peers are cited as one of the

most preferred sources of PA information amongst disabled people (Letts et al., 2011). Finally, social workers are overlooked but key messengers to promote PA amongst disabled people (Smith & Wightman, 2019). An ongoing project is developing a training programme for UK social workers on how to promote PA to and for disabled people, which will ensure that golf is widely promoted (Smith, Monforte, et al., 2021).

Importantly, messengers tasked with promoting regular engagement in golf amongst disabled people are invited to look beyond the “usual suspects” (e.g., reducing risk of type II diabetes, heart disease, obesity etc.) and bring the notion of pleasure into the foreground of policy making (Ekkekakis, 2017; Phoenix & Orr, 2014). According to this, prescribing golf around affect – golf that will be enjoyable – should supersede prescriptions based on physiological health. The rationale underpinning this allegation is that golf must be enjoyable if it is to be sustained long-term, a hypothesis that holds particular relevance for disabled individuals 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 need to be made. Barbookles (2003) highlighted the following ones: “allowing disabled golfers to use these carts to access greens, tees and bunkers” (p. 72); “permitting them to use their specialized 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); and “enacting guidelines for golf course architects and developers” (p. 102).

For making golf courses genuinely accessible to disabled golfers, it is not enough to modify the rules of play. In addition, and perhaps more importantly, it is needed to educate staff and nondisabled members on how to treat disabled golfers properly. Here, ‘educating properly’ means paying critical attention to ableism: the systematic and often invisible privileging of nondisabled people that results in the discrimination and prejudice against disabled people. Crucially, 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 court”, 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, Mallick, et al., 2021, p. 1). Professionals (e.g., golf coaches) will either welcome or resist this sort of change on the grounds of their attitudes and beliefs. Therefore, studying golf professionals’ attitudes towards different pathways of disability inclusion, as has been done with other sports such as swimming (Hammond et al., 2014, 2019), would be valuable moving forward.

Finally, disabled editors and writers should be included in sports and golf magazines and digital media (Maas & Hasbrook, 2001). The appropriate representation and recognition of disabled people in golf can facilitate the development of a 'golfer identity' within this population. The promotion of 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, we 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).

Final thoughts and perspectives

This paper has synthesised key evidence and recommendations in relation to the benefits, barriers, and facilitators to playing golf among disabled people. This knowledge has been generated to ensure that golf organizations, health professionals, social care providers, policymakers, public health departments, disability associations and national disability organisations can recommend golf to disabled people for physical and psychosocial benefits more confidently. The results of our review suggest that it is decisive to promote the availability of inexpensive golf courses and remove barriers such as lack of services, transport, support, and equipment, as well as ableist attitudes and practices. Facilitators are under-researched compared to benefits and barriers, being social support and affordable courses some highlighted ones. It is worth acknowledging that, given the lack of research, it is a bit concerning 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 harms of physical inactivity. Moving forward, evidence needs to be expanded and updated to better represent the current state of disability, health, and golf, which in some respects is better than the bygone days thanks to diverse initiatives, laws, and programmes.

In future research, it is important to consider that barriers and facilitators are context-dependent and ambivalent (Monforte et al., 2021). This means that factors can operate either as barriers or facilitators, or both, depending on the context in which they are experienced. In practice, the upshot of such ambivalence is that stakeholders should understand how factors operate, as opposed to rely on decontextualized lists of barriers and facilitators. One way of developing a deep understanding of barriers and facilitators in context, professionals should learn to think with theory. This suggestion might be viewed with surprise and reticence, as it is often believed that theory is just related to academic endeavors, and not to professional practice. Yet, as McPherson, Gibson and Leplege (2015) contended, theory can do more than frame research; it can help professionals questioning and better understanding what they are doing and why, and how things could be otherwise. To be sure, this is not to invoke 'high theory' or the use of unnecessarily dense and abstract language, inaccessible and irrelevant to those outside the academy. Rather, we

refer to theory as a thinking tool that people can use to identify problems and find ways of solving them beyond the technical and the immediate. The most basic element of theory is the concept. Especially important for golf professionals (i.e., any person working in the golf industry) are sensitising concepts: ideas that “give the user a general sense of reference and guidance in approaching empirical instances” (Bulmer, 1954, p. 7). Sensitising concepts can act on and for professionals by orienting their action and reflection. For instance, the concept of ableism (defined earlier) can interrupt the assumption that disabled people cannot play golf and, simultaneously, draw attention to the inappropriate language that is often used (even if unintentionally so) to express beliefs that seek to affirm disability, such as ‘these people’ can play golf ‘just like us’ (McKay et al., 2021). Working on concepts that one already know (or think they know) can also be fruitful. For instance, distinguishing between integration and inclusion can help breaking the illusion of inclusion (Haegele, 2019), or the feeling that something is inclusive enough when it is not (Hammond et al., 2019). Certainly, golf workers cannot be left alone with the vague recommendation of thinking with theory and concepts (Monforte et al., 2021). In this regard, concept-based educational resources that accommodate their background, interest, and expertise need to be developed (Garzón Díaz & Goodley, 2019). This might include presenting concepts through stories, more concretely the stories by disabled golfers. We hope that this modest review raises awareness about this possible way forward.

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