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Article

A Qualitative Study of the Barriers to and Factors Enabling Sport Participation for People with Sight Loss from Ethnically Diverse Communities in the UK

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Abstract: There is a growing body of evidence regarding the barriers to participation in sport for people with sight loss and for people from ethnically diverse communities. However, far less is known about the experience of people with sight loss who are also from ethnically diverse communities. Semi-structured interviews with people with lived experience and focus groups with civil society organisations that work with people with sight loss in the UK were undertaken. The aim was to explore how issues concerning ethnicity, culture, and heritage overlap with sight loss to affect sport participation. This research found that the intersecting occurrences of sight loss and ethnicity/cultural factors, as well as other socio-demographic factors like gender, compound and exacerbate the barriers to sport participation for people with sight loss from ethnically diverse communities. Further research is needed in different settings to unpack the heterogeneity related to sight loss, ethnicity, and sport.

Keywords: visual impairment; sight loss; blind; sport; physical activities; participation; ethnicity; culture; intersectionality



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1. Introduction

There is a growing evidence base regarding what helps or hinders people with sight loss to participate in sport and physical activity. In terms of access, the perceived safety of the environment, transport [1,2], suitability of equipment, accommodating venues [3], staff knowledge [4], cost [2], and availability of information [3] could all be barriers and enablers. The barriers/enablers concerning opportunities to take part in sport and physical activity include the chance to try different sports [1], opportunities for children outside of school [5] and ‘prescribing’ exercise [6]. A supportive social environment [1,7], fun/enjoyment, and gaining rewards and encouragement [8] are all enablers of sport participation. Finally, support from family and friends [1,7] and input from other professionals that people with sight loss may encounter (e.g., health professionals, teachers, physiotherapists, etc.) can be both barriers to and enablers of sport and physical activity. However, research into the

experience of people with sight loss from ethnically diverse communities that explores factors related to ethnicity, culture, or heritage that enable or prevent sport participation and physical activity is all but non-existent.

A study of 176 blind or partially sighted adults in the United States of America identified differing patterns of behaviour between people with sight loss from different social groups, including ethnicity [2]. However, the study did not unpack specific cultural or ethnicity-related issues beyond identifying ethnicity (broadly defined) as a significant variable in the sport participation for people with sight loss. Mendoza-Vasconez et al. [9] and Lucas et al. [10] stressed the importance of accommodating the cultural needs of people from underserved communities, including people with sight loss, to facilitate sport participation, but without specifying what these might be or how it could be achieved. Moreover, in the United Kingdom, while national surveys are regularly conducted that collect data about sport participation and physical activity among people from ethnically diverse communities and people with disabilities, these groups are typically dealt with in very general terms. The specific experiences of people with sight loss from ethnically diverse communities is not well captured. On the one hand, the amount of data available is very small—potentially too small to perform a meaningful analysis. For example, Sport England's Active Lives Survey [11] had around 2600 responses from people with sight loss, of which the number of 'Asian' ($n = 130$) and 'black' ($n = 70$) respondents was small. On the other hand, these national surveys are almost always quantitative and lack experiential detail.

The fact that people from ethnically diverse communities can experience barriers to sport participation and physical activity is well documented. Holdsworth et al. [12] suggested three themes that effect participation: migration, health and health communication, and social and material resources. Migration issues include discrimination, acculturation, lack of knowledge of the dominant/host culture, stereotypes, immigration policy [12,13], religious beliefs [14], and cultural values concerning sport [10]. In terms of health, people from ethnically diverse communities can be at greater risk of poor mental and physical health, which can prevent participation [12]. They may also be less aware of the health and wellbeing benefits of participation [10] or believe they do not have opportunities to take part [15]. A lack of social and material resources, including equipment, living in communities lacking appropriate spaces or good transport links, and lack of time can be barriers to participation in sport [9,10,12,15,16]. Conversely, improving knowledge about opportunities and possibilities for taking part, improving self-efficacy, beliefs and attitudes [9,17], tailoring activities and provisions to cultural needs [9,18,19], introducing activities to alleviate material deprivation [9,10,18], and encouraging support from family and friends [20,21] may be means of increasing participation among people from ethnically diverse communities.

There is a need to understand the specific intersectionalities [22] affecting participation in sport and physical activity that people with sight loss from ethnically diverse communities may experience and what strategies, if any, might support their future participation. There is some evidence of intersectionalities that affect sport participation for either people with sight loss, including education, health, and digital literacy [7], or people from ethnically diverse communities, such as socio-economic status [12,16]. Gender is an issue that affects the sport participation and physical activity of both groups independently [2,9,23]. Therefore, it is reasonable to assume that people at the intersection of sight loss and ethnicity will have (at least some) distinct experiences of sport participation.

The aim of this paper is to explore how issues concerning ethnicity, culture, and heritage overlap with sight loss to affect sport participation and physical activity for people with sight loss. This paper reports the findings from qualitative research among people

with lived experience and civil society organisations that work with people with sight loss in the UK.

Reflecting the broad scope of this paper, inclusive definitions of the three key concepts in operation (sight loss, sport and physical activity, and ethnically diverse communities) are used. Firstly, ‘sight loss’ can present a multitude of types and degrees, and precise definitions vary by context [24]. The World Health Organization [25] recognises three categories of sight loss (mild, moderate, severe), as well as total blindness, based on a person’s distance and near vision. For this paper, it is sufficient to understand sight loss to be any degree of impairment to a person’s ability to see that cannot be corrected with glasses or contact lenses and blindness to be a total loss of sight [26]. We recognise the debate concerning person-first language [27] and are using ‘people with sight loss’, as was agreed by our research advisory group. Secondly, the UK Chief Medical Officer defined physical activity as ‘any bodily movement produced by skeletal muscles that requires energy expenditure’ and stated that it can take many forms, occur in many settings, and have many purposes (e.g., daily activity, active recreation, and sport) [28]. Here, we are principally concerned with activities where participants have a deliberate intention to take part in a formal or informal activity for the purposes of fun/enjoyment, exercise, or competition [29] rather than routine physical activity as part of day-to-day life (e.g., walking as a means of travel). We use ‘sport’ or ‘sport participation’ to refer to this activity. Thirdly, this paper avoids the once popular but now outdated ‘BAME’ (Black, Asian and Minority Ethnic) terminology that homogenises diverse individuals and communities. Instead, ‘ethnically diverse communities’ is used to reflect the diversity of individuals and communities referred to and to allow space for more specific groups to be denoted as necessary [30]. In the UK, there are 287 separate ethnic groups and 74.4% of people identify as ‘White—English, Welsh, Scottish, Northern Irish or British’ [31]. In this paper, ‘ethnically diverse communities’ is used broadly to encapsulate anyone outside of this majority.

2. Materials and Methods

A qualitative methodology, using semi-structured interviews and focus groups, was used to achieve this study’s aim. The approach is reported here in accordance with the COREQ guidelines [32]. This study is underpinned by a pragmatic epistemology to develop ‘practical understandings’ of real-world issues, rather than engaging in metaphysical debates about the nature of ‘truth’ [33]. The methods used to collect (e.g., interviews, focus groups) and analyse (e.g., framework analysis) data align with this paradigm [34].

2.1. Participatory Design

This research utilised a participatory methodology to involve stakeholders in the research process [35]. An expert advisory group (EAG) of people with lived experience and representatives from the civil society organisation *British Blind Sport* was set up at the beginning of the project (April 2022). The group met remotely three times during the project: during inception to inform and sense check the overall research aims, question and design; to refine the research focus and data collection tools after the pilot interviews; and to discuss the emergent findings and review key messages.

2.2. Individual Semi-Structured Interviews

Semi-structured interviews were used to explore the lived experience of people with sight loss from ethnically diverse communities in terms of taking part in sport. The semi-structured format ensured some consistency in the questioning across all the interviews whilst also allowing for unique lines of enquire to emerge. The interview schedule (Supplementary File S1) consisted of fifteen questions, separated into five sections—*About you,*

Current physical activity, Enablers, Barriers, and Next steps. The schedule was designed by the research team based on the overarching research questions and insights from the existing research literature about potentially significant enablers/barriers regarding sport participation. The fact that people with sight loss were not directly involved in designing the interview questions is a limitation. Questions informed by the lived experience of these people may have produced more insightful data. The schedule was piloted with two people with sight loss from ethnically diverse communities and then amended by the research team. The final version was ratified by the EAG and then used for the remaining interviews.

The interviews were carried out remotely (either via telephone or videoconferencing). While this may have excluded some potential participants and biased the results [36], it did allow participants to be recruited from across the country. All the members of the research team, which included a mix of male and female persons and persons from different ethnic backgrounds, conducted at least one interview. However, it is a potential limitation that none of the team had sight loss [37]. At the beginning of each interview, the interviewer was open with the participants that we had no direct lived experience of the subject matter but that our purpose was to listen to, and record, their experience as best we could.

Interview participants were recruited in collaboration with *British Blind Sport* through a combination of purposive and opportunistic approaches. Firstly, the research team and *British Blind Sport* purposively selected eight regional/local civil society organisations involved in delivering sport to people with sight loss in the UK. Organisations were selected based on the geographic spread and *British Blind Sport's* 'insider' knowledge of the organisations' activities with people from ethnically diverse communities. *British Blind Sport* emailed each organisation, introducing the research project, inviting them to participate in a focus group (discussed below), and asking them to share interview recruitment material (e.g., recruitment leaflet, participant information sheet) with their networks/members. *British Blind Sport* and the research team also shared recruitment material on 'X' with relevant sight loss and sport networks/groups. People with sight loss who were interested in participating were encouraged to contact the research team via telephone or email to find out more about the project, ask questions, and, if they wanted to, arrange an interview. The inclusion criteria for the interview participants were as follows: (1) to self-identify as someone with sight loss, (2) to self-identify as part of an ethnically diverse community (e.g., not 'White British'), (3) to have experience of participating in, or a desire to participate in, sport, and (4) to be eighteen years old or older. A limitation of this approach was that it excluded potential participants who were not known to or connected to one of the civil society organisations initially contacted. There was also a risk of the civil society organisations 'gatekeeping'. The reliance on telephone, videoconferencing, and email almost certainly also excluded potential participants who were not comfortable with, or unable to use, these modes of communication.

Twenty-five people with sight loss from ethnically diverse communities in the UK were interviewed (see Table 1 for a demographic breakdown). Both male and female (self-identified) participants took part. The vast majority self-identified as 'Asian or Asian British' and were aged 18–39 years. This potentially skews the findings towards these groups at the expense of, for example, older people or people from different ethnic backgrounds. With the participants' permission, interview data were captured via both written notes taken by the interviewer and audio recordings. Only one participant asked not to be audio-recorded and so only written notes were taken. The interviews lasted between twenty and seventy minutes and were carried out in September/October 2022. Participants each received GBP 40 (plus up to GBP 20 expenses) for taking part.

Table 1. Interview participants' self-identified demographics.

Demographic	Frequency
Ethnicity	
Asian or Asian British	19
Black, Black British, Caribbean or African	3
White (non-British)	2
Mixed or multiple ethnic groups	1
Gender	
Female	14
Male	11
Transgender/non-binary	0
Age (years)	
18–24	5
25–29	3
30–34	6
35–39	4
40–44	2
45–49	2
50–54	1
55–59	2
60–64	1
65+	0

2.3. Organisational Focus Groups

To supplement the individual interviews, focus groups were conducted with civil society organisations involved in facilitating sport participation for people with sight loss from ethnically diverse backgrounds. This was intended to capture the breadth of experience of these organisations and potentially identify any system-level factors affecting participation. In addition to the eight civil society organisations approached as part of recruiting interview participants, *British Blind Sport* emailed their remaining contacts involved in delivering sport to people with sight loss in the UK. Organisations were invited to send a representative/representatives to join one of four planned focus groups in August/September 2022. The email invitation contained the participant information sheet, and potential participants were able to contact the research team via telephone or email prior to the focus group(s) to ask questions.

In total, ten civil society representatives took part across the four focus groups. These included participants who self-described as an activity coordinator, sport coach, and team manager. It is a limitation that the participating organisations/representatives were treated as a homogenous group in our data collection and analysis. For example, collecting demographic data about focus group participants and categorising the types of activity/sport delivered by different organisations may have resulted in a more nuanced understanding.

The focus groups lasted between fifty and ninety minutes. They were each led by two members of the research team (L.H., M.R.) and the discussion followed a semi-structured guide. The focus group questions were also developed by the research team based on the overall research questions and existing research evidence and then validated by the EAG. Not involving people with lived experience in designing the focus schedule is a limitation. Moreover, the focus group questions were not piloted with potential participants, which is an additional limitation. The questions covered the organisations' work with people with sight loss from ethnically diverse communities, the barriers that these people can experience, and the focus group participants' experience of what works to facilitate sport

participation among people with sight loss from ethnically diverse communities. With the participants' permission, each focus group was audio-recorded and written notes were taken by the attending research team members.

2.4. Data Analysis

The audio recordings of the semi-structured interviews and focus groups were transcribed verbatim by three members of the research team (M.R., C.T., G.E.). Framework analysis [38] was used to understand the data. Thematic headings (see Table 2) formed the field/column headings of the analysis matrix. The themes were drawn by the research team from the existing research literature concerning sport participation for people with sight loss and sport participation for people from ethnically diverse communities. An open theme was also included to allow unexpected themes to emerge. This approach and the specific thematic headings were discussed and ratified by the EAG at the second advisory group meeting. While a more inductive approach may have afforded further space for unique themes to emerge, the chosen approach reduced the risk of bias from individual team members coding the data and aligned with the pragmatic epistemology underpinning the whole project. The approach was also justified given the eventual goodness of fit of the data to the analysis matrix.

Each transcript was assigned a row in the matrix. Coding involved reading the transcripts and extracting data (e.g., quotes) into the relevant field/column. The analysis matrix and process was piloted by all the team members initially coding the same two transcripts. The team members then met to discuss the procedure, and no changes were deemed necessary. The remaining transcripts were coded independently by research team members. Each team member analysed at least one transcript. Once complete, the research team, including the *British Blind Sport* representatives, met to reflect on the emergent findings. The hierarchy of themes and subthemes was reorganised to reflect the relative volume of data in different areas. The team settled on five overlapping and interconnected top-level themes (see *Results*, Section 3). Individual interview and focus group participants were not given the chance to comment on the analysis. The findings were discussed with the EAG at the final expert advisory group meeting.

Table 2. Thematic headings in the analysis matrix.

Theme	Subthemes
Participant demographics	Location Ethnicity Gender Age Sight loss Disabilities (other) Impact of impairment (on day-to-day functioning)
Current physical activity	Type Duration Location Organised/ad hoc Ethnic composition (of group) Sight-loss-specific
Motivators	Fun/enjoyment Improved health Competitive Socialising/leaving the house Other

Table 2. *Cont.*

Theme	Subthemes
Enablers	Practical support Access to venue, adaptive equipment, etc Encouragement from family/friends Self-belief, self-confidence Taster sessions Affordability/cost Matched abilities/characteristics Other
Barriers	Lack of support (at sessions) Struggle to find activities Cost (attending, equipment) Travel (time, cost) Venues not adapted Negative attitudes/experience at activities Language Anxiety/lack of confidence Lack of adapted equipment Personal beliefs, attitudes Family influence (beliefs, attitudes) Racism Other
Other	

2.5. Ethics

This research was scrutinised and approved by the Research Ethics Committee from the lead author's university. All the participants received written and verbal information about the project before agreeing to take part, and all the participants provided written or verbal (audio-recorded) consent to take part.

2.6. Trustworthiness

Given their subjective nature, taking steps to ensuring the trustworthiness of qualitative findings is crucial [39]. Trustworthiness in qualitative research comprises the 'truth value' of the findings (credibility), how much the findings can be extrapolated to other contexts (transferability), whether the findings endure or waver over time (dependability), and the impartiality of the findings (confirmability) [40]. The credibility of the findings in this study was enhanced through triangulating data from different sources (e.g., multiple people with sight loss from ethnically diverse communities, multiple civil society organisations). The interview and focus group participants were geographically dispersed across the UK. Moreover, the research team met periodically throughout the project to reflect on and discuss emerging issues during data collection and data analysis. Multiple team members were involved in the data analysis in order to minimise the risk of individual bias influencing the results. The transferability of the findings was supported through detailing the interview participants' demographic details, thus allowing readers to assess how relevant the findings are to other people with sight loss from ethnically diverse communities. We discuss above how the sample is dominated by people who self-identified as 'Asian or Asian British' and were 18–39 years old, thus limiting the transferability of the findings. We have described all the steps taken throughout the research process to produce the findings; for example, the development of thematic headings for the data coding, to uphold the dependability of the findings. Team discussions and decisions made by the research team and AEG were recorded in the meeting minutes to produce an audit trail, although these have not been made publicly available. Finally, the confirmability of the

findings was strengthened through discussing significant decisions, emergent findings, and final conclusions with the EAG. The confirmability could have been improved through ‘member checking’ with interview and focus group participants to confirm the accuracy of the data transcripts and/or comment on our interpretation of the data.

3. Results

This research identified five overlapping and interconnected top-level themes concerning sport participation for blind and partially sighted people from ethnically diverse communities in the UK. These are as follows: (1) personal values, (2) family and community values, (3) opportunities, (4) awareness, and (5) access. Each theme is described below in terms of the challenges to participation but also the enablers and potential solutions. Anonymised quotes are used as evidence.

3.1. Personal Values, Attitudes, Beliefs and Experiences

Participants suggested that people with sight loss from ethnically diverse communities had a greater internalised sense that sport was not for them compared to people with sight loss who were ‘White British’.

“Some disabled people don’t want to partake, they feel like they can’t. They have this understanding or belief that they can’t.”—British Indian man, 30–34

In addition to general concerns about safety and the appropriateness of adaptations for all people with sight loss, participants’ specific cultural needs not being accommodated created additional barriers to sport. Very often, this most disadvantaged women. Examples mentioned during the interviews were having to wear specific kit (e.g., shorts, swim caps not designed for Afro-style hair), only mixed-gender sessions being available or oversubscribed single-gender sessions, not accommodating prayer times and fasting schedules, a lack of vegan and halal food options, a culture of drinking alcohol (e.g., a ‘team drink’ after matches), and a dislike of assistance dogs grounded in cultural views about the cleanliness of animals.

“There [can be] a culture of, ‘We’ll go get a pint after the session’. Then when you explain that you don’t drink, that you don’t mind coming with them, but could we go for a curry instead or something different, sometimes you’ve changed something that’s always been the same, the routine. That can cause a bit of friction.”—British Indian man, 25–29

“... Religiously we don’t see dogs as the cleanest animals, and individually I have a phobia of them. Sometimes I haven’t joined certain teams—there’s nothing wrong with it, they use guide dogs because they have to, a majority of people use guide dogs. I just don’t want to be in that environment. That’s sometimes caused barriers.”—British Indian man, 25–29

Experiences of conscious or unconscious bias, as well as overt discrimination, connected to both disability and ethnicity transcended most participants. However, these experiences appeared most common among older participants thinking back about sport during their adolescence or early adulthood, and participants who described living in monoethnic and/or rural communities rather than more diverse urban areas.

“I can feel it in blind cricket, but it’s unspoken. You can tell in people’s reactions, whatever vision I have left I can see it. . . People don’t say what they want to say. Certain teams you play against, you know. . . you aren’t wanted there.”—British Pakistani man, 55–59

“It’s classic unspoken things which make you feel, is it because I’m brown or an Asian, is that why, and I’m feeling isolated and you’ve already got your team and I’m on the

substitutes] bench because I don't fit in—'is that what it is, or is it my disability, what's the issue?.'"—British Indian man, 30–34

Participants felt that a potential solution to address the more negative personal values, attitudes and beliefs held by people with sight loss from ethnically diverse communities would be to have more relatable role models to inspire participation and dispel myths and anxieties about taking part. Promoting the social benefits of participation, as well as focusing on sports that are popular within different communities, was thought to be a better incentive than focusing on health-based activities. Finally, opportunities to try and build confidence in a range of sports, especially ones they might be otherwise unlikely to try, from a young age would help develop early physical activity habits.

"I didn't have people leading by example. There was no one for me. . . I couldn't identify with anyone—that's changing now. You have to be the change you want to see—I don't want young children growing up now thinking they can't do [sport]."—British Asian other woman, 30–34

"Focus advertising mostly on the social aspect, [there is] a huge benefit to seeing people do something that you thought was too challenging and sharing that experience."—Sports provider

"Without exposure to swimming lessons at school I would never be interested now."—Black African woman, 18–24

3.2. Family and Community Values, Attitudes, and Beliefs

Broader family and community values, attitudes, and beliefs could adversely affect sport participation for people with sight loss from ethnically diverse communities. Interviewees described both a lack of encouragement as well as being actively discouraged to play sport.

Ableist stigma and prejudice from both their families and their wider communities were commonly described. This included concerns about the safety of sport for people with sight loss or pity and shame towards people with sight loss. However, this was partly attributed to older generations not being educated about sight loss and disability.

"I also think that my parents were overprotective, which I understand if you have a child with a disability who is prone to falling over things. You might think twice sending [them to] physical education activities. . . when I was younger it stopped me from doing many things, they didn't want me in danger. [This] was imprinted in my head when I was younger."—White other, Woman, 45–49

"It's seen as quite a negative, a thing to be pitied, rather than celebrated and just making the best of what you've got. Everything can be done just in a different way."—British Indian woman, 25–29

"If you are disabled, other Asians expect you to behave in a disabled way. In Pakistan disabled people just stay at home, and don't live independently."—British Pakistani man, 35–39

"It partly goes back to leaving school and parents not having right resources. [It's] two-fold when, yes information wasn't available when I was younger, but secondly, I do think that my parents didn't have the same education for what a child with a disability can do for someone not from an ethnic background."—British Indian woman, 35–39

Interview participants described a lack of value given to sport by their families and communities, instead prioritising education and employment-related activities, or a preference for only sports that were popular in their own communities/culture (e.g., cricket

within South Asian communities). This was particularly significant where adapted activities and equipment were more costly than non-adapted activities.

“In the Asian culture if you’re making money from it then fair enough, you’re doing something, you’re earning, but if you’re having to pay for it then you’d rather not do it. If you’re disabled and you want to do something and you have to pay for it then it’s definitely a no-no.”—British Pakistani man, 40–44

For women, cultural expectations to conform to traditional gender roles created an additional barrier to sport. Among British Asian families, interview participants described attitudes that women should not be taking part in physical activity, or not prioritising it above other, more valued roles such as caregiving. One female interviewee contrasted the encouragement they received from parents to what they felt would be a more typical experience:

“I have grown up with high achieving cultural attitude. I think from other people’s parents if they are Asian, they wouldn’t have done sport, the role would be to be a housewife, my parents are quite modern. But they still had expectations from me related to my identity and culture.”—Asian Other woman, 30–34

Having enthusiastic, active, disabled and non-disabled role models within communities was thought to be a way to influence the attitudes and beliefs of families and communities. Several participants felt that encouragement from families and communities regarding sport had started to shift, linked to growing awareness of the benefits of sport participation. When parents enjoyed sport themselves, it became a family ‘norm’ to be active. Increased, more targeted, and culturally appropriate education and support for the families of children with sight loss from ethnically diverse communities could help provide greater awareness of the opportunities for people with sight loss in sport. Networks that connect people with sight loss from ethnically diverse communities and their families, for peer support, were championed.

“I’m a volunteer with RNIB (Royal National Institute of Blind People) for South Asian visually impaired people, there’s a shared understanding based on similar experiences—it’s really nice.”—British Pakistani man, 25–29

3.3. Opportunities to Take Part in Sport

Difficulties finding sport provision that was appropriate for their sight loss or cultural needs (or both) was a reoccurring challenge for people with sight loss from ethnically diverse communities. Interview participants reported that mainstream provision and providers (e.g., not sight-loss-specific, open to all community members) were often reluctant or unable to run accessible activities or make reasonable adjustments due to a lack of awareness/knowledge. Participants also felt that sport equipment was rarely designed or adapted to be inclusive of people with sight loss, placing a burden on them to learn and memorise how to use specific pieces of equipment.

“I think the biggest barriers I’ve faced myself in wanting to participate in sport is a lack of willingness from people or organisations or centres that should be catering but just haven’t. Either they’re not willing to or they just don’t have time to.”—British Asian man, 18–24

“When I go to the gym, when I’m there on my own, the staff is there and they help me out. . . The gym I use, I’m used to it I’ve been going there for a number of years now, but if I was to move around I’d have to be taught everything from scratch again because they aren’t adapted to someone who’s got sight loss.”—Asian Other woman, 20–34

The quality and quantity of local sight-loss-specific sport provision was generally thought to be inadequate, and the situation was worse for people who lived outside of major urban areas. The range of provision available was often extremely limited and restricted to ‘off-peak’ hours, excluding people who work or have caring responsibilities. Several participants also reported negative experiences of pan-disability sport clubs that, they felt, did not accommodate their sight-loss-related needs.

“I want to get involved in VI sports but there’s only a tennis club around me and I’m not interested in tennis. I gave it a go, but it’s a bit too slow for me. . . I understand the value of it, but it’s not for me. . . [For VI golf], travelling would be over 3 hours each way so it’s out of the question.”—British Pakistani man, 25–29

“I recently left a goalball club because of their attitude towards me as a VI person. . . I made some really nice friends and it was a good club, we are a big age group, some U16s, but I’m 34 and people were treating me like a child. There was some treatment where I was made to feel like a burden, and at a disability sports club it was shocking. I felt they weren’t doing it in a nasty way, we tried to tell them don’t treat us like this, but it hasn’t had much impact.”—Asian Other woman, 30–34

For people with sight loss from ethnically diverse communities, the more generic sight-loss-related access challenges very often interacted with and were exacerbated by additional cultural concerns. For example, culturally inclusive mainstream provision (e.g., single-sex swimming sessions) could become inaccessible for people with sight loss who might want to access. Negative experiences of sport participation due to inadequate staff training/knowledge fuelled personal and family attitudes and fears concerning the appropriateness of sport.

Beyond systemic changes to increasing the amount of local sport provision available in general, which would create more space for people with sight loss, interview participants suggested increasing the amount of culturally inclusive provision (e.g., multiple single-gender swimming sessions per week) and training volunteers to provide person-centred support, such as ‘gym buddies’.

“You get people wanting to help, [but not around my] area. . . those who haven’t been trained can be trained quickly—[there are] low barriers to entry learning to work with [the person with sight loss].”—Sports provider

3.4. Awareness of Sport Provision

People with sight loss from ethnically diverse communities were described as very often not being aware of the available (local) sport provision and not knowing where to obtain this information. Some interview participants also expressed frustration that when they had searched for information, details were either missing or out of date.

“To be honest, things like this cycling [club] have been around for over 10 years but I didn’t know about it. If I knew I would have joined many years ago, before my friend told [me] I didn’t know it was a thing. It was through joining the trekkers that I found other organisations that could help me. Sometimes if you don’t know what’s there how can you access it?”—Indian woman, 40–44

An equally important issue regarding awareness was providers’ ignorance of either sight loss or cultural diversity (or both), which hindered them in appropriately facilitating participation. Some interview participants said that this was a bigger barrier than physical access issues, which tended to be the focus of interventions to increase participation. A lack of awareness among fellow participants could also be a barrier, often making people with sight loss from ethnically diverse communities concerned about taking part.

“I have only found one dedicated horse-riding centre that works with people like myself with VI. Others don't have the facilities or understanding. You don't need great facilities. It's just the normal facilities but some added understanding and willingness to learn from that disabled person.”—British Indian man, 30–34

Interview participants described a need to counter ableist narratives among sport providers and families/communities by raising awareness of sight loss (and cultural diversity) and extolling the value of sport for people with sight loss from ethnically diverse communities. It was felt that information would be most effective coming from credible and trusted organisations, such as national sports bodies, local community organisations, and community hubs within ethnically diverse communities (e.g., religious centres). Organisations with a vested interest in the health and wellbeing of people with sight loss from ethnically diverse communities that they may be in regular contact with (e.g., GPs, opticians) could also be more proactive in promoting sport opportunities. Keeping registries or databases of provisions updated so that they can easily be searched was discussed. Finally, taster sessions were another proposed strategy to help people with sight loss from ethnically diverse communities participate in sport, helping to build confidence regarding specific activities, trust in providers, and familiarity with venues.

“For me, what was disappointing was that although I regularly visited specialist eye units, hospitals, clinics whatever, and charities, there was no one there to tell me that you could have done this. . . sometimes I look back and think I wish someone had told me about this before.”—British Pakistani man, 35–39

3.5. Access to Physical Activity Provision

Interview participants described issues related to accessing sport provision that, whilst being applicable to all people with sight loss, may be more prominent for those from ethnically diverse communities. There is an overlap and interrelatedness between the ‘access’ and ‘awareness’ themes. The difference is that ‘awareness’ is about information and attitudes (e.g., to disability, gender norms, cultural understanding), whereas ‘access’ is more practically orientated (e.g., money, transport).

The prohibitive cost of sports participation was discussed in many interviews. In addition to membership costs and ‘subs’ to attend sessions, interview participants shared a sense of unfairness concerning the (very often) substantial cost of adaptive equipment. Some people also had to pay for personal assistance to help them participate, with the associated bureaucratic burden of accessing funds/recruiting staff as an additional deterrent.

“You feel penalised for being disabled because it's more expensive. People ask you to bring your own ball but can you not stretch for that in your budget—a disabled person has to fork out themselves in order to participate, which is really frustrating.”—British Indian man, 30–34

“...you have to pay for [personal assistance] and do the paper work and a person like me who is blind would be going in a circle doing paper work, so if I need someone I pay for it, £10 an hour or more, so I rent someone and do it that way.”—British Asian man, 30–34

A lack of accessible provision in one's local area, resulting in a need to travel long distances to participate in sport, was a recurrent theme in the interviews. The reliability and cost of public transport, which could negate any discounts providers offered to make an activity more accessible, was a deterrent to participating. Relying on family and friends could make people with sight loss feel like a burden, and such support was not always available.

“The cost really is a barrier. Because I’m disabled, the borough I live in lets people go to the gym for free certain hours during the day. It’s just the getting there that’s discouraging.”—Black Caribbean man, 55–59

“I would have to try and get someone else to do it. When it’s your dad you feel less guilty about it. When it’s someone else you might be burdening them or causing them an inconvenience.”—British Indian woman, 25–29

Support from family and friends was very often an essential enabler of sport participation for people with sight loss from ethnically diverse communities. As well as practical support, the emotional support of a strong personal network helped facilitate participation. More opportunities to be physically active at home were discussed by some participants. Although this may not carry the same social benefits as participating in a group, some interviewees described the positive experiences of taking part in online activities in their own homes.

Interview participants said that having more affordable options, discounts on gym memberships, free or discounted ‘taster sessions’, and continued social security payments to fund personal assistants would support them in taking part. Organised transport (e.g., by sight loss sports groups) was also discussed to support participation. Sufficient and sustainable funding for providers would allow them to provide more accessible services and opportunities.

“Services have to be offered for free, as there isn’t the funding to pay people for training; sometimes the people don’t have the funds to participate in activities and the organisation doesn’t have the access to the funds to cover people. Charging immediately is a barrier, some can invest if given some free sessions.”—Sports provider

4. Discussion

Before this study, there was very little evidence about sport participation for people with sight loss from ethnically diverse communities. There was no published literature about the experience of sport for this group, and little useful national-level data. This meant that, at best, efforts to facilitate participation have not been evidence-based. At worst, the specific needs and preferences of people with sight loss from ethnically diverse communities have been ignored.

This paper has described qualitative research among people with sight loss from ethnically diverse communities and civil society organisations involved in sport provision. Five overlapping and interconnected themes affecting participation were identified—personal values, family and community values, opportunities, awareness, and access. Many are similar to the societal, personal and socio-economic barriers that people with sight loss and people from ethnically diverse communities, respectively, can experience.

In relation to existing evidence about people with sight loss, this research confirmed the significance of accessible facilities and adaptive equipment [8,41–43], staff and teacher training and awareness of sight loss [4,42,44], transport [2], cost [9], sight-loss-specific provision [6], early exposure [5,45], opportunities to try different sports [1], personal safety [6], familial and friendship support [7], and accessible information [3,43] as both enablers of and challenges to sport participation. From an ethnicity and cultural perspective, the findings of this research align with existing evidence on sport participation. Namely, the influence of direct and indirect discrimination and a lack of cultural awareness [12,13,15], cultural norms and religious beliefs [10,14], (un)appreciation of the health and social benefits of sport [10], social and material resources [12,15,16], local facilities [9,16], tailoring provision to cultural needs [9,18,19,46], and family and social support [9,10,20,21].

This research makes a distinct contribution to the evidence base by illuminating how the intersectionalities between sight loss and ethnicity create a unique experience of sport participation for people with sight loss from ethnically diverse communities in the UK. Issues concerning ethnicity, culture, and heritage overlap with sight loss such that this group experience barriers over and above those experienced by people with just sight loss or people just from ethnically diverse communities. For example, people with sight loss from ethnically diverse communities can simultaneously experience ableist and racial discrimination from within their families and communities and from broader society. In line with previous research [2,9,23], gender has been found to be a significant additional intersectionality, with women with sight loss from ethnically diverse communities having to navigate further gender norms and expectations to participate in sport. The findings align with a biopsychosocial model of disability [47], in that the barriers to (and enablers of) participation in sport for people with sight loss from ethnically diverse communities come from interactions between their individual impairments and broader social structures. Additional interactions with their ethnicity (and gender) create further layers, which aligns with a cultural model [48] and understanding of disability.

Given the complexity of the factors involved, no single intervention or policy will enable sports participation among people with sight loss from ethnically diverse communities. Instead, it is about creating a whole social context that is more encouraging and conducive to sport participation. The social and physical infrastructure can be made more supportive of participation by improving the availability of local facilities and provision, providing more accessible transport, and increasing collaboration and networking between and within local (and national) sport, sight loss, cultural/community-focused civil society actors, and statutory organisations [1,6,8]. Greater awareness is needed of the value of people with sight loss and of sport participation to counter ableist narratives among sports providers and within ethnically diverse communities. At an individual level, raising awareness of local sport provision via accurate and accessible information is needed. Cultural norms that may have discouraged sport participation among people with sight loss from ethnically diverse communities, especially females, need to be challenged, possibly via role models, peer support, community champions, and starting participation from a young age. These activities will inevitably require sustainable funding, both for individuals (e.g., to pay for transport, admittance, equipment, etc.) and providers, to offer more accessible services and opportunities.

While this research provided an original insight into the experience of sport participation for people with sight loss from ethnically diverse communities in the UK, the findings are limited. Specific limitations of the research design have been outlined in the methodology section (Section 2) of this paper. Further qualitative work to unpack the heterogeneity of different sight loss, ethnically diverse communities, and sports would shed further light on how participation is experienced and enabled in different contexts. Co-producing research with people with lived experiences would lead to more insightful findings. Exploring different stakeholder perspectives in more detail (e.g., family/friends, service providers, funders, policy makers), as well as quantitative work to produce more generalisable and transferable evidence, is also needed. This paper provides insight from those with lived experience in the UK. Further research is needed in different countries and settings with different norms and values concerning sight loss and sport.

5. Conclusions

Sport participation is a complex experience for people with sight loss from ethnically diverse communities in the UK. Issues to do with personal values, family and community values, opportunities, awareness, and access overlap and interact to create barriers,

many of which are shared with their peers with just sight loss and from ethnically diverse communities, respectively. However, the intersecting occurrences of sight loss and ethnicity/cultural, as well as other socio-demographic factors like gender, compound and exacerbate these issues for people with sight loss from ethnically diverse communities. An intersectionalities approach is essential to understanding this experience and supporting people to be physically active; neither the singular lens of disability or ethnicity on its own fully captures the complexities of the barriers or sufficiently illuminates potential solutions. Further research is needed to unpack the heterogeneity related to sight loss, ethnicity, and sport.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/disabilities5020047/s1>, File S1: interview schedule.

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