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# Facilitating Disability Sport and Physical Recreation during the Initial Months of COVID-19: Examining Organizational Innovation in Third Sector Organizations

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## ABSTRACT

This article explores the organizational innovation of third sector sport organizations (TSSOs) that deliver or facilitate the delivery of sport and physical recreation for disabled participants during the first five months of COVID-19 suppression measures in England. Drawn from qualitative data with key personnel, findings first demonstrate the strategic, financial, user, and human resource dimensions of constraint placed upon the TSSOs. The blend of online/digital and physical innovations adopted by the TSSOs, and how they have contributed to the implementation of novel administrative processes, and technical services and products by the organizations to continue to engage with their target audiences during this time are then documented.

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## KEYWORDS

COVID-19; disability sport and physical recreation; inclusion; innovation; third sector

## Introduction

Governmental responses to the novel coronavirus disease (COVID-19) across the globe have typically included restrictions on mass public gatherings and non-essential travel, as well as social distancing measures (Evans et al., 2020). The extent of such restrictions in England have undulated in line with the infection rate of the virus, meaning that millions of people have found themselves confined to their own homes for several months at a time since March 2020. Naturally, such social and physical restrictions acting upon the population have altered the ways that people have been able to engage with sport and recreation during this period, whilst simultaneously suspending or heavily constraining the operations of those organizations that provide, deliver, and support such activities (Evans et al., 2020). Concerningly, the European Non-Governmental Sports Organization (2020) expressed that the implications of COVID-19 could lead to an economic crisis which threatens to bankrupt nonprofit sport associations and clubs.

Historically positioned on the margins of society, the impacts of COVID-19 can serve to exacerbate the inequalities that disabled people face in accessing and engaging in sport and physical activity (Fitzgerald et al., 2020; Kamyuka et al., 2020). Indeed, research in the UK by the Activity Alliance (2021) found that 59% of disabled people

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considered their ability to undertake sport and physical activity to have been reduced during the pandemic, with the proportion of disabled people who felt that they had the opportunity to be as active as they wanted to be decreasing from 58% to 39%. The same research also reported that being less active during the pandemic adversely impacted the mental and physical health of disabled people and contributed to feelings of loneliness and isolation (Activity Alliance, 2021).

As key agents in the provision of disability sport and physical recreation in England, this article combines an innovation framework with a disability studies lens to understand the ways in which third sector<sup>1</sup> sport organizations (TSSOs) have adapted to continue to engage disabled participants during the pandemic. The innovative capability of TSSOs to “act on the different possibilities of access” to sport and recreational physical activities for disabled participants is thus of critical importance (Winand & Hoerber, 2017, p.16). As Damanpour (1996) suggested, innovation is a means of re-orienting an organization to be able to respond effectively to such changes.

To situate this article within the timeline of the pandemic, this research was undertaken between May and July 2020, thus spanning the first and second of four phases of COVID-19 restrictions in England that stretched from March to December 2020. Phase 1 occurred between mid-March to mid-May 2020 and reflects the period in which the UK was in full lockdown (commencing March 23) whereby the main forms of physical activity that people could undertake included individual activities such as walking, cycling, running and home-based activities (Activity Alliance, 2021). The second phase observed the easing of lockdown restrictions between mid-May to mid-September 2020 in which some outdoor activities were allowed to return (e.g. golf and water sports) whilst gyms, pools, and leisure centers were allowed to re-open and grassroots team sports recommence toward the end of July (Activity Alliance, 2021). Focusing specifically on timeline phases 1 and 2, this article therefore addresses the following research objectives:

1. To understand how COVID-19 constrained the organizational functioning and service delivery of TSSOs
2. To examine how TSSOs innovated to continue to support their users in response to the implications befallen them due to the global pandemic.

## Context

### *Third sector organizations*

Despite limited evidence for the successful implementation of mainstreaming<sup>2</sup>, mainstream sport organizations (MSOs) in the UK—such as national governing bodies of sport (NGBs)—have responsibility for the provision of disability sport (Thomas & Guett, 2014). When reviewing literature concerning the mainstreaming of disability sport,

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<sup>1</sup>The term *Third Sector* is commonly used in the UK and refers to a broad range of non-governmental non-profit organizations located between the state and market sectors: the term may function synonymously with that of the *non-profit and voluntary sector*, elsewhere (Seibel & Anheir, 1990).

<sup>2</sup>The policy of integrating the responsibility for formalized disability sport provision into non-disabled sport organizations (Kitchin & Crossin, 2018).

Kitchin and Crossin (2018) noted that the organizational practices of MSOs can serve to marginalize disabled participants due to, for instance, an emphasis upon performance outcomes which can undermine the grassroots development of inclusive participation opportunities, often reinforcing practices which prioritize the least disabled athletes.

Whilst disability sport policy is included within mainstream sport policy in many Western European countries, disability sport organizations (DSOs) play a key role in disability sport and physical activity development (Kitchin & Crossin, 2018). In the UK, many DSOs and some MSOs (e.g. some NGBs) are registered as charities and therefore operate within the *third sector* (Brown & Pappous, 2018; King, 2017). Such nonprofit organizations are governed by a voluntary board of trustees, and, barring any salaries deducted, income generated is re-invested into the operation of the organization (King, 2017). Organized around a charitable purpose, charitable status affords an organization in the UK exemption from tax on profits made from membership fees or generated from services delivered and allows them to claim gift aid on donations (King, 2017). In addition, TSSOs may pursue Sport Council funding grants as well as those from charitable trusts or foundations, corporate donors and sponsorship from local businesses, education and skills funding, commissioned projects, the creation of new services, and fundraising (Walker & Hayton 2017; 2018).

This research draws on the work of three charity TSSOs. None of the organizations operate member-based subscription models and are all geared toward developing grassroots and recreational sport and physical activity, as opposed to elite athletes. *Organization A* is a disability sport development charity that operates across the North East of England. The organization's staff are experienced disability sport practitioners and work with disabled people with intellectual, physical and sensory impairments. The organization delivers disability sport and activity in the community, in care homes and day centers, and for families. The organization is funded via grant and project funding, and the revenue its services generate. Prior to COVID-19, the organization had 12 members of staff, and this includes 'sport activators' who undertake session delivery and liaise with groups and organizations.

Organization B is a national charity that delivers—as a core function—adapted cycling programs for “all children and adults with disabilities and differing needs” from its dedicated centers across England. The charity is funded via project commissions, service revenue, donors, and fundraising initiatives. Alongside the core operational staff, the organization employs trained ride leaders to lead cycling activities out of each center. Participants are referred to the charity, for example, by disability agencies, health practitioners, or word-of-mouth. Pre-pandemic, the charity employed a staff of 25.

Organization C operates regionally as a strategic organization that forges links with local partners across all sectors to develop, coordinate and facilitate sport and physical activity. The strategic foci of the charity are to increase sport and physical activity in adults, children and young people, and to support other organizations to diversify and develop the paid and non-paid sport and physical activity workforce. In relation to the current research, the organization works with enterprises such as disability sport clubs, charities supporting young people with or at risk of mental health issues, as well as youth enterprises providing alternative activities for people with learning disabilities. The charity supports a network of Satellite Clubs—local sport and physical activity

clubs—intended to respond to the needs of young people who are inactive or at risk of ceasing their engagement with sport and recreation. Predominantly funded by Sport England, the Organization’s 18 staff have worked throughout the pandemic.

### ***Impact of COVID-19 on the third sector***

In the UK, the operational hiatus imposed upon third sector organizations by the COVID-19 pandemic and resulting state response has deepened the financial “crisis” in the sector, undermining the ability of charities to support often marginalized groups and calling into question the long-term sustainability of such organizations (Butler, 2020). According to Third Sector (2020), charity funding streams during the COVID-19 pandemic were heavily constrained with the sector estimated to have lost £4.3bn in income during the first 12 weeks of the crisis. Many third sector organizations had to fall back on their reserves, yet only a quarter of UK charities were estimated to have reserves large enough to sustain them for three months at the outset of the crisis, whilst others had no financial reserves (National Council for Voluntary Organizations, 2020; Walker & Hayton, 2017).

For TSSOs, the financial detriment, furloughed workforce, and the potential redundancies facing the sector are likely to affect the capacity of and speed at which such providers can reestablish pre-lockdown operations (Fitzgerald et al., 2020; Smith, 2020). Sport England (2020), however, have committed a package of £195million to provide succor to the community sport and physical activity sector.

### ***COVID-19, disability, and the ‘extremely clinically vulnerable’ classification***

Between March and August 2020, the UK government issued guidance for the protection of persons classified as “clinically extremely vulnerable<sup>3</sup>” (2.5 million people) to the deleterious effects of the coronavirus and who were “strongly advised to stay at home at all times and avoid any face-to-face contact” (shielding; Cabinet Office, 2020). However, both the use of such a term and the categories of “pre-existing health conditions” that it refers to have drawn criticism for several reasons. First, describing a person as “vulnerable” can depict weakness and dependence, and use of such terms undermines their human right to services relevant to their needs and that are enabling of “access to the same environment as everyone else” (Campbell, 2020). Consequently, the discursive construction of vulnerability may serve to inhibit such groups’ access or engagement with settings and organizations which provide the contexts for sport and physical recreation (Evans et al., 2020).

Second, limited reference is made to “disability”, and this restricts the eligibility of disabled people to essential support and protections accorded those officially designated as “extremely clinically vulnerable” (Shakespeare et al., 2021). In conjunction, to

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<sup>3</sup>In England, those categorized as clinically extremely vulnerable include older people; those with respiratory conditions; those with chronic neurological conditions such as multiple sclerosis (MS), or cerebral palsy; adults with Down’s Syndrome; those suffering from severe illnesses such as cancer and rare diseases; solid organ transplant recipients, and those with severe underlying health conditions (Cabinet Office, 2020). Organization’s A and B that of the current research study work with individuals who identify with some of these categories (e.g. cerebral palsy and Down’s Syndrome).

overlook “disability” is to obscure the risks posed by social and environmental factors: for example, in the case of those disabled people who live in congregate settings or who require social care provided by care workers who visit large numbers of disabled people (Shakespeare et al., 2021).

Indeed, the World Health Organization (2020) warned that some disabled people may be at a greater risk of contracting COVID-19 for several reasons: it may be impractical to implement sanitizing or social distancing protocols due to physical difficulty enacting taken-for-granted hygiene measures such as washing hands; a lack of or inaccessible facilities; the need for physical assistance by a carer; or because one may need to touch surfaces to gain feedback from the environment or to physically support themselves. In a sporting context for example, wheelchair users likely require more physical distance from others, yet space restrictions in sport clubs and facilities, as well as the behaviors of other people, may not allow for safe distancing (Kamyuka et al., 2020). Kamyuka et al. (2020) also illustrated that disabled people with mobility issues harbored concerns about the likelihood of making unavoidable contacts with potentially unsanitized surfaces when away from their homes.

### ***Disabled people’s access to sport and physical recreation during the COVID-19 pandemic***

Research undertaken to assess the impact of COVID-19 upon disabled people’s sport engagement thus far has tended to reveal greater insights about the experiences of athletes on ‘performance pathways’ and any provisions made by their coaches or clubs to sustain some form of training provision during this extended period of disruption to sport (Hu et al., 2021; Kamyuka et al., 2020; Urbański et al., 2021). Indeed, in their research to examine the status of prospective Paralympians’ athletic identity during the pandemic, Hu et al. (2021) highlighted that, as well as a hiatus in competition, opportunities for these athletes to continue to practice their sports were also constrained considerably. Furthermore, work by Urbański et al. also suggests that, when the usual sports facilities are off limits, the capacity of disabled athletes to train on an individual basis during periods of lockdown or related social restrictions is heavily constrained due to reduced and “insufficient contact with assistants/caregivers or due to a lack of access to assistive training devices” (2021, p. 3). Kamyuka et al. (2020) also illustrated that while many sport organizations have been providing weekly training plans, regular online contact, or group training sessions for disabled athletes on performance pathways, such forms of support were said to be less readily available to recreational participants.

### **Disability studies**

A central line of critique within disability studies is to unpack and challenge the dominant ideology of ableism which devalues and oppresses disabled people (Berger, 2013). Ableism follows assumptions that “some people (and bodies) are ‘normal’ and superior while other people (and bodies) are ‘abnormal’ and inferior”, and such ableist attitudes in turn become institutionalized in practices and policies which privilege those who more closely approximate with such able-bodied norms, and which consequently

devalue disabled people (Berger, 2013, p. 14; Townsend et al., 2015). Hegemonic ableist assumptions are reinforced by the medical model of disability, according to which a person is understood to be disabled by their impairments which are problematized as an issue of and for the individual to overcome (Smith & McGannon, 2018; Townsend et al., 2015).

As Townsend et al. (2015) explain, models of disability are central to disability studies, and enable scholars to capture the different ways in which disability is understood in society. Contemporary literature that examines sport from a disability studies perspective has highlighted four approaches to understanding disability in particular: these are the medical, social, social relational, and human rights models of disability (Smith & McGannon, 2018; Townsend et al., 2015). The social model--developed by disabled activists in the UK and Northern Ireland--challenges the historically dominant medical discourse by asserting that it is society (for example, social attitudes and structural barriers) and not one's impairment (physical, intellectual, or sensory) that disables a person, therefore placing the onus on society's institutions to provide fully inclusive solutions (Kitchin & Crossin, 2018). It is in accordance with the UK social model that the term "disabled people" is used throughout this article (rather than "people with disabilities"), and such "disability first" language emphasizes disability as an affirmative identity and an underpinning facet of the lived experience of a person with an impairment (Berger, 2013; Smith & Bundon, 2018).

The social relational model (SRM) reconceptualizes disability and disablism as manifestations of social relationships of oppression between people (Smith & McGannon, 2018; Townsend et al., 2015). Disabled people can face several forms of social oppression, such as structural disablism (being excluded from opportunities and services, for example) and detrimental cultural constructions of and attitudes toward disability (Haslett et al., 2017). According to the SRM, disablism reflects "the social imposition of restrictions of activity on people with impairments", and disability is therefore to be understood as the lived experience of such restrictions (Haslett et al., 2017; Thomas, 2007, p. 73). However, the SRM also recognizes that impairment is a bodily reality that can directly restrict activity and manifest in pain symptoms -- aspects of impairment which have been described as "impairment effects", and which can serve to undermine psycho-emotional wellbeing (Smith & McGannon, 2018). Furthermore, impairment effects--and their psycho-emotional impacts--can also be socially engendered as a consequence of the detrimental attitudes, assumptions, and behaviors toward a disabled person (Smith & McGannon, 2018).

The human rights model of disability explicitly speaks to the heterogeneity of disability and impairment groups and trains our attention toward the social and economic processes that constitute disability (Misener & Darcy, 2014; Townsend et al., 2015). Emphasizing that the cultural and social rights of disabled people must be considered as equal to those of their non-disabled peers, the human rights model espouses inclusive policies and practices that recognize and accommodate for the differing issues that affect disabled people's participation in all areas of citizenship, including recreational, leisure, and sporting opportunities (Misener & Darcy, 2014; Smith & McGannon, 2018).

### ***Barriers to the participation of disabled people in sport and physical recreation***

Engaging with the field of disability studies, Silva and Howe draw attention to the limitations of the social model of disability by highlighting that it a) overlooks an individual's lived experience of impairment, and b) fails to acknowledge that the primary cause of disability oppression is rooted in a culturally engrained "belief in able-bodiedness as the only viable and valid way of being fully human" (2018, p.399). To exemplify this point, the Paralympic Games is popularly considered as a beacon of empowerment for disabled people (Silva & Howe, 2012), however, Brittain and Beacom (2016) contend that the narratives relating to the Paralympic Games have increasingly focused on sporting excellence, marking Paralympians as the "norm" by which all other disabled people are then measured. Consequently, Brittain and Beacom (2016) argue that Paralympic athletes are judged in the context of their approximation to nondisabled Olympic athletes. For Brittain and Beacom (2016), what this means is that notions of able-bodiedness—perpetuated via the media—present a widely adopted frame of reference by which the physical capabilities of disabled people are assessed.

What is more, and in contrast to able-bodied athletes, Paralympic athletes have frequently been described as "super-human" and their feats portrayed and praised as extraordinary within the media: in so doing, such images and representations overemphasize difference between disabled people and nondisabled people by drawing attention to a person's impairment whilst concomitantly distracting from the athletic prowess underpinning the athlete's achievements (Silva & Howe, 2012). Silva and Howe suggest that by presenting disabled athletes in this way "can disseminate the message that only 'super' people" can be successful in sport" (2012, p.189) and this equates successful athletes "with an ability to overcome one's impairment and display able-like qualities" (2018, p.400). Silva and Howe (2018) stress that difference is a relational product based on the selection of specific traits, rather than any essential attribute, and representations of elite disability sport reflect and drive attempts to emulate able-bodiedness, and therefore continue to disadvantage and exclude those whose impairments place them further from the able-bodied norm. Indeed, such "ableist" discourses are typically at odds with the lived reality of disability for many, estranging those who are unwilling or unable to engage in sport (Brittain & Beacom, 2016).

Howe (2008) has previously highlighted that such norms and perceptions have "made it difficult for national sporting organizations to effectively implement integrated sporting policy" (2008, p.145). If the form and structure of disability sport provision is oriented according to ableist perspectives then they are likely to neglect to appropriately cater for those whose needs increasingly deviate from such norms (Brittain & Beacom, 2016). For example, research by Darcy and Dowse (2013) investigated participation in sport and active recreation by Australian people with intellectual disabilities and highlighted that it was those with high-to-very high support needs who were marginalized from participating in sport and recreation activities due to systemic organizational constraints characterized by a lack of appropriate activities, programs and trained personnel. More recently, Darcy et al. investigated the influence of disability type and level of support needs of disabled people on their sport and leisure participation, finding that the greater the level of support needs of an individual, the more the constraints that

they encounter “diversify and compound, making participation more challenging” (2017, p.36).

Within sport-oriented environments wherein disabled participants do not perceive their capabilities to approximate to such ostensible able-bodied norms, they may instead be drawn to alternative leisure activities where, as Howe (2008) suggests, the body—and the benefits exercise brings to it—may not be the central focus. As such, and taking a human rights-based approach, Kiuppis (2018) argues that alternative disability specific opportunities—such as those presented by TSSOs—are equally as important, valid, and inclusive settings for people with impairments as those presented by mainstreamed systems for engendering access to and participation in sport and physical recreation. By the same token, Silva and Howe (2018) express that those responsible for fully inclusive sport and physical recreation must recognize, validate, and provide for the gamut of human ability thus shifting the narrative to one that both celebrates and normalizes difference.

### **Theoretical framework: organizational innovation**

The current study follows Zaltman, Duncan, and Holbek’s definition of innovation as “any idea, practice, or material artefact perceived as new by the relevant unit of adoption” (1973, p.10). Hoerber et al. (2015) explain that a unit of adoption can be an industry, market, organization, or customer. This article therefore examines how TSSOs sought to innovate to sustain operations and continue to reach and engage users in ways novel to their pre-COVID-19 practices. Innovation outcomes can be understood and unpacked according to the key attributes of a focal innovation (Wolfe et al., 2006). Two of the predominant attributes utilized within the literature are of *type* (administrative or technical) and *form* (process or product; Hoerber et al., 2015).

An innovation can be *administrative* or *technical* in form. Technical innovations are directly concerned with the primary work activity of the organization, and therefore refer to innovations that either change its products or services, or that modify the process by which such outputs are produced or performed (Damanpour & Evan, 1984; Gopalakrishnan & Damanpour, 1994). In sport-oriented organizations, Hoerber et al. (2015) elaborate that technical innovations concern those directly related to the delivery of sport itself in the context of the products and services that are provided to users and members. For example, Winand and Hoerber (2017) differentiate between novel sport products like equipment and technologies, and new sport services such as exercise activities and training programs. In contrast, and of indirect influence upon its core work activities, administrative innovations represent changes to an organization’s broader administrative, structural, and management processes, and entail “those rules, roles, procedures, and structures that are related to the communication and exchange among people and between the environment and people” (Damanpour & Evan, 1984, p. 394; Gopalakrishnan & Damanpour, 1994). To improve or support the delivery of sport programs in nonprofit organizations, administrative innovations might include the introduction of new registration and scheduling systems, and methods of communication (Hoerber et al., 2015; Winand & Hoerber, 2017). Apposite to the nonprofit context,

Damanpour and Evan (1984) noted that administrative innovations may also include novel ways to recruit personnel, structure tasks, or to allocate resources.

*Product* or *service* innovations refer to the introduction of new products, technologies, or services to directly meet the needs of the organization's current or targeted userbase (Damanpour, 1996; Hoerber et al., 2015). Winand and Hoerber (2017) suggest that because the core activity of TSSOs is geared around the delivery of sport and physical recreation services, that they will likely have a greater propensity to develop service innovations—which alter the conditions for the service to take place—rather than product innovations. In contrast to products—which are bought and owned in permanence by customers—when users purchase a service, they do not receive ownership of that service but access to it for a predefined period of time and for a set fee (Winand & Hoerber, 2017). *Process* innovations, on the other hand, refer to the introduction of new elements—such as equipment, methods, technology, modes of communication, and task specifications—to an organization's operating procedures and production system, and which modify and develop how products and services are rendered (Crossan & Apaydin, 2010; Damanpour, 1996).

Importantly, Winand and Hoerber (2017) articulate that the ability of nonprofit sport organizations to innovate is shaped by specific constraints and opportunities, of which can be illustrated according to four principal dimensions: strategic; user; financial, and human resources. The *strategic* dimension may entail relationships with funding and partner agencies, as well as the target market of a TSSO—which may be restricted by its organizational values and a primary purpose of meeting social needs (Winand & Hoerber, 2017). The *user* dimension, in reference to customers or members, relates to the ability of an organization to reach and engage participants, and to subsequently satisfy their needs and expectations (Winand & Hoerber, 2017). The *financial* dimension pertains to an organization's ability to mobilize monetary resources, whilst the *human resources* dimension refers to paid staff and volunteers who will likely be required to operate and deliver service innovations (Winand & Hoerber, 2017).

Winand et al. (2013) remind us that not-for-profit sport organizations do not compete for profit, and this means that they may approach innovation differently. Winand and Hoerber (2017) highlight that innovations in TSSOs are guided by their organizational mission and values, and consequently their flexibility is naturally restricted to the markets or target audiences to which they are set up to serve. According to Hoerber et al. (2015), nonprofits have previously been viewed as 'low-technology' organizations, and when set up to deliver sport and physical activity then emphasis is perhaps understandably focused offline. Also, nonprofits have traditionally been portrayed as being more risk averse in their strategic decision making in contrast to for-profit enterprises for reasons connected to their organizational objectives, funding structure, and internal capacity and resource constraints (Byers et al., 2021; Damanpour, 1996; Hoerber et al., 2015; Winand & Hoerber, 2017).

## Purpose statement

As Silva and Howe (2018) emphasize, in order to provide opportunities that genuinely promote the participation of all disabled people in sport and physical recreation, it is

imperative to consider the range of obstacles that participants may variously face. In this vein, drawing on the field of disability studies and outlining the four models of disability—as I have done above—offers a framework by which to: a) problematize how access to, engagement in, and experience of sport and physical recreation for disabled people may be inhibited within a hegemonic non-disabled world, b) understand what is necessary to overturn the inequalities of and in the opportunities disabled people face to meaningfully engage in sport and physical recreation, and c) situate the importance, role, and place of the TSSO in society, and most pertinently during the COVID-19 pandemic.

It is compelling then, to understand how TSSOs such as those discussed in this article respond to the challenges imposed upon both themselves and their participant-base during the pandemic to continue to reach and engage their users at a time when many disabled people have found it difficult to be as active as they would have liked to have been (Activity Alliance, 2021). The current study therefore combines an innovation framework with a disability studies lens to do this.

## **Methods**

### ***Participants***

Participants were purposively recruited from an inclusive sport and recreation network established in the North East of England in February 2020 at one of the region's universities. The participants recruited therefore represented TSSOs that serve or facilitate disability sport and physical recreation and presented information-rich cases from whom to gain insight into the impacts of COVID-19 on such organizations and the innovations triggered in response (Smith, 2018). Six participants representing the three TSSOs introduced above were directly recruited via email. These participants included the Managing Director and Sport Activator from Organization A, the Charity Director and Development Officer from Organization B, and the Club Development Manager and Development Officer from Organization C.

### ***Data collection***

Participants were interviewed twice between May and July 2020. Each participant was interviewed via the Zoom online communications platform. Technologies such as Zoom can be referred to as Voice over Internet Protocol (VoIP) systems and enable users to transmit synchronous voice and video across the internet (Iacono et al., 2016). All data were recorded using a digital audio recording device laid beside the researcher's laptop. Consent and participant information sheets were emailed to and returned by participants prior to the interviews, and verbal consent to be audio recorded was also given at the outset. As made clear in the participant consent forms, all interviewees are referred to by their job title and the anonymized organization that they belong to. Full ethical approval for this research was received from the author's institution.

Each of the six participants directly recruited to the study first took part in in-depth interviews lasting between 60 and 90 minutes. Interviewees were asked, for example, about the implications of lockdown measures on their organization's operational and

service delivery, and how they have innovated in response; the impact upon the availability of key resources and what forms such resources take; whether respondents' organizations were sufficiently set-up to adapt quickly to new modes of working; if and how they had continued to engage with their participants, and what forms such engagement had taken. Participants then took part in a follow-up interview 4-6 weeks later to inform of if and how the status of their operations and innovations had evolved, and to provide clarification or further elaboration on pertinent content from the first interview.

### **Data analysis**

The interviews were transcribed verbatim by the sole researcher and manually coded via deductive thematic analysis. The overarching research foci were to explore a) the operational constraints imposed on TSSOs due to COVID-19 and, b) organizational innovations implemented in response to the pandemic. The *strategic, user, financial, and human resources* dimensions of constraint presented by Winand and Hoeber (2017) comprised the four *a priori* codes informing the analysis of data in relation to research objective one. To address research objective two, *a priori* codes based upon the innovation attributes of type (*administrative and technical*) and form (*product, service, process*) were applied to the data (Crossan & Apaydin, 2010; Hoeber et al., 2015).

Several processes were undertaken during the data analysis process to enhance the trustworthiness of the data. Throughout the analysis, reflective notes were frequently made in the margins of the hard copies of the transcripts before being transferred, developed, and often updated in the researcher's jotter. These memos contained: the author's interpretation of a particular piece or passage of data at a given point in time; questions about specific aspects of the data that needed to be followed-up with interviewees for added depth or clarity of information; deliberations and decision-making about, for example, which type, or form of innovation attribute a segment of data most accurately represented, and considerations about how content should be linked together within the discussion.

To assist with some of the deliberations implied above, the researcher regularly turned to a critical friend otherwise unconnected from and disinterested in the research to encourage reflection upon and develop interpretations made of the data, and to feedback on advanced drafts of the manuscript (Smith & Bundon, 2018). Such conversations facilitated additional plausible interpretations of the data and were, for example, especially helpful in aiding distinctions between administrative process or technical service innovations.

Post interviews, member reflections were sought with participants to enable the researcher and participants to share and discuss their interpretations of the findings, and to explore aspects of the data that had been less well-understood, misunderstood, or under-examined by the researcher (Smith & Bundon, 2018). As a prime example of how member reflections were used to strengthen the research findings, such conversations allowed the researcher to return to the participants, reiterate to them the definition of innovation guiding the study, and ensure from their perspective that the processes, products and services reported had been newly introduced during the pandemic.

## Findings and discussion

### ***Addressing research objective 1: pandemic-induced organizational impacts and constraints***

To begin the findings and discussion, the strategic, user, financial, and human resource related circumstances affecting TSSOs are outlined (Winand & Hoerber, 2017). From a financial perspective, the Managing Director of Organization A described the acute onset of such constraints:

We felt it a lot sooner than other places because the care homes started to shut down three weeks before the UK went into lockdown, and they're what make us money, really. So, from that point on we were losing work, it was a financial thing, straight away. And we didn't have reserves which was a major problem.

For Organization B, the spring and summer represent the peak periods for both cycling by and custom from participants, and so the seasonal implications of curtailed services during the first lockdown were sharply felt:

This is the time of year that we deliver all our programs: the fees from sessions, the training courses, from new centers being launched, to events, all of that is gone! All of our surplus, all of that revenue would go towards core costs. For the most part, we've lost this big period of time between March and August, ideally six months of revenue coming into the organization. (Charity Director)

The biggest financial impact upon organizations A and B therefore was to their revenue generation streams, however, Sport England's COVID-19 fund was available for them to tap into:

We picked up £500, £1,000 ones for COVID-19 emergency funds, not much. But because some projects couldn't be delivered, we weren't paying out staff salaries, van hires, expenses. And the job retention scheme, we're using that. Most of our staff actually went into furlough as well, so for a long time there was 3 of us managing a national charity, which wasn't easy. (Charity Director, Organization B)

Whilst revenue from services was curtailed, some operational costs were saved. In terms of human resources, for example, both organizations had to call upon the government *Coronavirus Job Retention Scheme*<sup>4</sup> to furlough many of their employees.

As well as having to furlough the majority of staff during lockdown, many were unable or unwilling to return as government restrictions began to ease as either they or their dependents were or perceived themselves to be at a heightened risk from the virus, if contracted. As the Sport Activator for Organization A explained: "70% of our staff and volunteer team are disabled, which is great up until 70% of your staff team now need to shield or isolate. Some won't come back until there's a vaccine". The Managing Director added that:

The short-term impacts were financial and staffing. We're going to have to go back to relying on funding a lot more rather than generating income, which then means we're looking at less staff. So, we've got twelve at the minute and I think when we come to October there will just be three of us.

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<sup>4</sup>A government scheme running until October 2020 that has enabled employers to furlough their staff (take a leave of absence) rather than having to make them redundant (Fitzgerald et al., 2020).

It was anticipated that Organization A's paid staff body would need to reduce due to the curtailment of face-to-face services as a consequence of the pandemic. However, organizations A and B rely directly on the support of committed volunteers, and as indicated above, many of whom considered themselves at heightened risk from the virus – adversely affecting their capacity to cope with the potential downsizing of paid personnel. Such concerns were echoed by the Development Officer for Organization B: “The volunteers themselves are in their sixties, seventies and older, so they are a consideration themselves”.

The magnitude of the potential risk to staff and volunteers if they were to contract the virus is of course a shared concern for the participants that the organizations engage with. To put the user constraints faced by the organizations into perspective, the Managing Director of

Organization A explains that:

Everyone we work with is vulnerable so literally there was no capacity to keep going. For our weekly sessions, about 80, 90% of the people we work with, it would be life-threatening. They just cannot get Corona. So, we need a different target market. I've forecasted all our budgets as us not delivering activity until June next year. So, I'm working on the basis of another twelve months of us not really delivering.

As nonprofit enterprises are guided by their organizational mission and values, the strategic dimension for innovation in TSSOs like organizations A and B is thus heavily constrained as they are naturally restricted to the markets or target audiences to which they are set up to serve (Winand & Hoerber, 2017). Of course, the considerable hiatus anticipated in the delivery of face-to-face activities not only stood to impact Organization A's revenue generation, but also users' access to sport and physical activity services, as brought into sharp relief by the Managing Director:

We are pretty unique. There are sport companies that say they are inclusive and they'll do sessions with people with disabilities or for people with slight physical difficulties, we work with the really complex guys, and the demand for services like ours is really high. So, if we're not here, I'm not sure what they would do particularly.

Indications are that the pandemic has exacerbated the barriers to physical activity faced by disabled people (Activity Alliance, 2021; Kamyuka et al., 2020), and as Smith and McGannon (2018) state, the restriction of sport and physical activity presents a form of oppression. In the passage above the Managing Director problematizes access to fully inclusive sport and physical activity provision for disabled people with “really complex” support needs during the pandemic if organizations like theirs were unable to operate, at once emphasizing both the importance of such TSSOs and the necessity for them to be able to apply innovative solutions to the constraints of the pandemic.

### ***Addressing research objective 2: organizational innovation***

The article will now address the second research objective and examine the organizational innovations implemented by TSSOs to enable them to continue to engage with and facilitate activity for their participant-base.

### ***Embracing online and digital communication platforms***

To enable organizations to remain in communication with colleagues, volunteers, participants, and partners, TSSOs quickly embraced VoIP systems as they transitioned to online working: “We didn’t have [Microsoft] Teams until about February, so I think our Chief Exec had been keeping an eye on the situation” (Development Officer, Organization C). Whilst such online platforms were novel to each of the organizations studied, VoIP systems such as Microsoft Teams and Zoom appeared to be most popularly adopted:

I’d never heard of Zoom before COVID. So now a lot of things are on Zoom. We have our team meetings, we stay in touch with participants, and we attend COVID-specific webinars hosted by bodies like Sport England where we can share and receive ideas with other projects. (Sport Activator, Organization A)

As Hoerber et al. (2015) infer, the embedding of digital infrastructure represents an administrative innovation which would subsequently come to support the delivery of technical innovations as lockdown measures gradually relax.

### ***Two-pronged technical innovation***

The adoption of VoIP communication systems provided a platform from which TSSOs could develop a number of online sport and fitness delivery programs to reach and engage participants during lockdown. As the core business of TSSOs is to deliver sport and physical recreation programs, Organization A and B both utilized digital platforms to develop technical service innovations because such tools allowed them to alter the conditions through which physical activity could be conducted (Winand & Hoerber, 2017). For example, Organization A “have recently started doing inclusive online exercise sessions on Zoom.” (Managing Director).

However, whilst the adoption of digital communication infrastructure has allowed TSSOs to develop and roll out innovative technical services online for sections of their user-base, such platforms are not always accessible or practical for some participants, as the Sport Activator for Organization A explained: “Zoom exercise works for some, but for quite a lot of them it just won’t be practical at all—it doesn’t necessarily work with the nature of the people that we typically work with”. The Managing Director for Organization A elaborated:

A lot of our guys either don’t understand the technology, don’t know how to use it or don’t have it. It’s amazing how many of our families don’t have computers. They might have a phone, but a lot of the physically disabled guys don’t have smartphones because they can’t use a touchscreen.

The quotations above highlight that some participants might simply not possess the technology required to access VoIP systems such as Zoom, whilst others may not be able to manually operate them. The Sport Activator described how Organization A countered this problem: “It’s a bit like digital exclusion. So, for us it’s kind of getting past that barrier, which is why we have been sending them actual physical boxes of equipment and doing a Zoom.” Alongside the online services that Organization A now provides, it also produces physical resources in the form of “activities packs” (containing a range of sports equipment as well as ideas and instructions) which it sends out to households in which one or more members of the family has a disability:

We've got a project where we're working with families to get them active at home together, rather than us being there, they can do it together. We give each family an activity pack with fundamental sports equipment like balls and beanbags, along with a physical copy of these activity sheets. (Sport Activator)

Such activity packs therefore represent a technical innovation in the form of a product as the recipient families can keep the activities packs permanently to help them facilitate home-based physical activity (Winand & Hoerber, 2017). Organization C supports a similar innovation:

At the beginning we gave activity packs out to thousands of households across the area, beanbags and balls and tennis rackets and different things [two racquets, bean bags, soft balls, skipping rope, chalk, rubber rings, Hula Hoop]. These activity packs were very much distributed to those most in need of them. Yeah, they've got to those with disabilities, and then the online resources are there as well for them to access. (Club Development Manager).

TSSOs have therefore sought to develop and implement digital and physical solutions to provide opportunities and support for physical activity. The activity packs equipment-based scheme reflects a redistribution of resources necessary to ensure parity of opportunity and participation – and which, in the case of Organization C, were driven by English Sport Council funding (Darcy et al., 2017; Misener & Darcy, 2014). Moreover, in terms of available digital resources, disability sport and activity organizations have promoted and provided a range of web content and online exercise classes to support disabled people to participate in adapted home-based physical activity (Fitzgerald et al., 2020). According to research by the Activity Alliance (2021), however, just 20% of disabled people are accessing online activities led by an instructor, whereas 35% were undertaking self-led physical activity at home, and 41% were reported to undertake physical activities by themselves outdoors. Despite the availability of such resources, access to or engagement with them appears constrained for many disabled people, whereas TSSOs involved in the current study would appear to offer an important conduit by which to translate opportunities into actual engagement (Misener et al., 2019; Misener & Darcy, 2014).

Organization A also established a separate technical service innovation in the form of an “equipment library” scheme which was launched to assuage the financial impacts of the widescale cancellation of the physical activity sessions that they would have ordinarily delivered in care homes – one of the charity's largest revenue generating services:

More care homes were saying we can't risk it, we're going to have to stop you coming in, so they were cancelling sessions. So, we needed to come up with something just to keep us ticking over. So, we came up with the equipment library scheme and I think it might become a major way of delivering. So, we make loads of boxes up with different sports and activities, like boccia, basketball, tennis, athletics... So, each box comes with a session plan, activity instruction cards, game cards and we've laminated them and stuck them in the box. So, the box will also come with a “this box was cleaned and sealed by...” on such and such and a contents list about what's in the box. (Sport Activator).

Logistically, the equipment library scheme works as follows:

So, we literally drop it off on the doorstep on a Monday and pick it up on the following Monday. This is collected and then it goes to the next place. So, it's effectively a library. Just like a loan scheme so they pay a certain amount each week to borrow the equipment and they do it themselves (Managing Director).

As such, this equipment library box represents a technical service innovation and differs from the activity pack initiative outlined above because it operates as a loan service whereby the client effectively rents the box for a set duration and fee (Winand & Hoerber, 2017). The Managing Director of Organization A attributes much of the credit for the success of the equipment box scheme to the Sport Activator: “To be fair, that’s all down to the Sport Activator because he was the guy that was in the care homes coaching”. This is a point of key importance in the context of innovation because technical innovations tend to be generated by the organizational subunit that has specific knowledge about the issue, problem or context at hand (Gopalakrishnan & Damanpour, 1994). Because the Sport Activator was the member of staff originally delivering the technical sport and activity coaching within the care homes, this meant that they possessed the depth of knowledge resources to effectively inform this technical innovation. Organization A therefore utilizes knowledgeable and experienced disability sport practitioners to inform and deliver key products and services to its participants, obviating structural factors (e.g., a lack of trained staff) which Darcy and Dowse (2013) and Darcy et al. (2017) stated can often constrain disabled people’s engagement with and experience of sport and physical recreation.

### ***Innovating to ‘flex’ with the easing government COVID-19 restrictions***

Indeed, TSSOs have had to pursue a number of technical innovations to their service delivery structures, and none more so than Organization B as it worked to adapt to government lockdown restrictions on group gatherings and closures to shared venues owned by public and local authorities (premises such as parks, outdoor athletics tracks, and municipal areas). To elaborate, lockdown restrictions in England were slightly relaxed in May 2020 meaning that persons from two separate households could meet outdoors; restrictions were further eased in June 2020 allowing groups of six people from separate households to meet outside, and then from July 2020 large gatherings of up to 30 people were allowed to take place in outdoor spaces outside of one’s home – albeit whilst direct social interactions were limited to up to six people from different households or two households together. To recommence led-cycle rides, the centers affiliated to Organization B had to adapt their models of delivery with each stage of lockdown-easing. Upon initial easing, one instructor, for example, would therefore be permitted to lead rides with another single person/household, before a further relaxation of the restrictions enabled group rides consisting of a maximum of six people (to which many participants would likely be assisted by a parent or carer).

Latterly, multiple groups of up to six people (and up to a maximum of 30 people in total) could participate in group rides in a designated open space or in a staggered fashion. Although operating on a reduced basis in comparison to the much larger sized pre-COVID-19 group sessions, the continually modifying modes of provision represent technical service innovations to the programs available to Organization B’s participants (Hoerber et al., 2015). To add further detail to this differentiated service, the Charity Director of Organization B noted that to comply with social distancing regulations: “We have centers which unload and sanitize the bikes, trikes, tandems, from the container and then the rides become more carer-led with the staff member remaining on hand to offer support in a more indirect role.” Therefore, as a further aspect of such program

innovation, there is a change in emphasis from delivery by the staff and volunteers to facilitating adapted cycling activity.

Moreover, technical innovations, such as those identified by Organization B's Charity Director above, often require the introduction of administrative process innovations to take effect. As Hoerber et al. (2015) state, administrative innovations often support the delivery of sport and physical recreation, and as discussed previously, by embracing digital and information technologies, TSSOs such as Organization B have been able to introduce crucial new administrative processes that have enabled its modified services to resume in a manner that follows the government's COVID-19 secure guidelines, and begin to generate revenue once again:

We have a consensus across the centers that a safe and controlled online booking system is very important, long booked or block bookings are preferable. This means the centers can better accommodate demand, provide quality experiences by working in smaller groups, but also to allow for the necessary cleaning time between sessions as our centers are delivering many more, smaller sessions than they usually would. It also helps organize the staffing rota. So, platforms like Eventbrite help with managing online bookings. It's preferable to have cashless or contactless payments rather than having to handle money, so again we have centers invoicing for block bookings and pursuing online payment systems, others use SumUp card readers for contactless, and some have honesty boxes whereby notes can then be washed. (Charity Director)

#### *Using internal process innovations to drive technical innovation in other organizations*

Elsewhere, and concerned that waiting until lockdown restrictions had sufficiently relaxed for satellite clubs to reengage their young people in person might mean that many participants may have fallen out of the 'habit' of doing sport, exercise and physical activity, Organization C "launched an emergency satellite club fund for COVID, that's one of the first things we did" (Development Officer). The emergency satellite fund was established so that Organization C could commission satellite clubs to design and deliver creative emergency satellite club programs—essentially, their own innovations—that would facilitate physical activity amongst their members and target groups in novel ways. As an administrative process innovation, the intention of the emergency satellite club fund was to create the conditions that would in turn facilitate the introduction of technical innovations by satellite clubs (Gopalakrishnan & Damanpour, 1994).

As Gopalakrishnan and Damanpour (1994) suggested of administrative innovations, the interdependence of Organization C with satellite clubs and external deliverers in working toward its objectives of increasing and sustaining physical activity in young people necessitates such collaborations. Administrative innovations can entail those processes concerned with how an organization allocates resources and modifications in the nature of exchange between parties, which may, for example, include "partnering with a third party to provide a program" or "developing an interlocal service agreement" (Damanpour & Schneider, 2009, p. 516). Not only does the emergency satellite club fund represent a novel response by Organization C to the ramifications of COVID-19, it also demonstrates an expedited administrative commissioning process to that which is typical for the organization:

What we don't want to do is make anybody fill out an application form just for the sake of it and then it gets rejected. We'd rather have a conversation before. It's almost like the

application is an expression of interest and the last step. You're almost guaranteed funding by the time you fill that out because we don't want to waste people's time. We very much have a conversation and work up a project with the organizations, they then fill in an online expression of interest form and then we have an internal panel. The internal panel will then assess it. Then once we've agreed funding, they get sent out a service level agreement that they need to sign. It's quite a solicited process. Our first step was to contact those delivering when lockdown happened. (Club Development Manager, Organization C)

To elaborate, projects supported by the Emergency Satellite Fund initially, and during the early stages of lockdown, would likely consist of prerecorded classes often accessible via organizations' exclusive YouTube channels; live classes in, for example, fitness and dance, delivered via VoIP platforms; weekly activity challenges in conjunction with vouchers and prizes; basic physical resources such as equipment and kit were distributed to participants to exercise at home.

### ***Finding the capacity to innovate***

As scholars have pointed out, nonprofits can be reluctant or slow to innovate due to their often limited financial, human and technological resources, as well as the associated risks that could jeopardize both an organization's financial stability as well as its ability to effectively deliver against its mission values (Byers et al., 2021; Damanpour, 1996; Hoerber et al., 2015; Winand & Hoerber, 2017). Indeed, with modest organizational capacities, any previous approaches to innovation by Organizations A and B have been driven in accordance with their core mission and in the service of their users. As Hoerber et al. (2015) suggest, Organization B is traditionally a fairly "low technology" organization in terms of information technology and software in particular, and so and its innovations prior to the pandemic have tended to focus on the introduction of parallel services to those of its flagship programs whereby it utilizes its bikes and adapted cycles alongside the expertise of its staff to reach separate target audiences to fulfill slightly different social objectives – such as bike-to-work schemes (e.g. loaning bikes to provide people with a low-cost means of traveling to work).

Likewise, Organization A was also more inclined to adopt service innovations prior to the pandemic, and the "activities packs" innovation was borne out of a longer-term plan which has ultimately been adapted and accelerated by the nationwide virus containment strategies. To elaborate: The "activities packs" presented the final stage of a four-year strategy whereby Organization A would begin by:

“delivering courses and activity sessions to people with disabled family members to show them how to do sport and physical activity with them. In the original plan, we would then send them the activity packs and equipment library, so they had the tools to do it for themselves. The idea was to promote their independence to be active as a family without us. But due to the pandemic, we have had to start from the originally planned endpoint. (Sport Activator, Organization A).

Therefore, the onset of the pandemic has brought forward and guaranteed the fruition of this innovation: “I think this way of delivering is going to become the new normal. COVID-19 has brought it forward by about two years” (Sport Activator, Organization A).

Due to the COVID-19 pandemic and its associated restrictions therefore, the TSSOs have had to innovate in order to continue to reach and engage their user-base, and this

has challenged their modest organizational capacities and brought to the fore their willingness to serve and support their participants. As the delivery model within Organization B centers around group cycling activities in the main, they were unable to run face-to-face programs and so incurred no delivery costs, minimizing the immediate financial impact upon the charity: such lockdown hiatuses also allowed the organization to plan and prepare for the resumption of services (albeit with restrictions). Organization A, on the other hand, came to specialize in remote ways of engaging their participants and this was imperative because its operations are built around staff and participants for whom many of which self-identified as vulnerable to COVID-19, thus making face-to-face interaction much more challenging during the various phases of social pandemic restrictions and prior to the rollout of a vaccination program. With minimal income coming into the charity, and a skeleton staff, the Managing Director of Organization A highlighted both the limited organizational capacity that the charity could operate by during the pandemic restrictions as well as the lengths that they went to so it could sustain vital programs during this time:

We could only afford to pay a salary for one staff member, so my salary has disappeared. So, I have taken on a separate job working in a care home to make sure my mortgage etc is paid whilst I also cover the day-to-day, here... All this work that we have done, we need to keep it from falling by the wayside.

The drive and motivation of the charities to innovate—and finding the capacity to do so where necessary—is inextricably linked to the commitment to their organizational missions and the continuation of service provision that is so important to their users.

## Conclusion

Abrams and Abbott express that disability needs to be understood “as a way of living through the pandemic”, and this statement powerfully implores us to consider how disabled people may be supported to “live more meaningful, more productive, and more worthwhile lives” while society is in the grip of widespread virus suppression measures (Abrams & Abbott, 2020, pp. 168–170). Against the context of social and material barriers exacerbated by the pandemic, TSSOs therefore perform a crucial role in sustaining access to active forms of leisure, recreation, and sporting opportunities that can contribute to positive health and wellbeing for the disabled people that use them (Activity Alliance, 2021; Darcy et al., 2017; Misener et al., 2019). As Townsend et al. (2015) suggest, disability studies not only sensitize us to inequalities in society, but also solutions to them. The current study has therefore combined a disability lens with an innovation framework to evince the ways that TSSOs have innovated to produce or facilitate enabling environments—whether online, in the home, or in outdoor spaces—for disabled participants to engage in physical activities in the face of the pandemic-induced constraints imposed upon both the participant and the provider.

To overcome the constraints documented in this article, TSSOs have utilized digital platforms to drive administrative innovations to allow organizations to communicate with partners, participants, and personnel. Such online platforms also enabled TSSOs to launch technical service innovations in the form of online fitness classes, exercise tips, and tutorials. For those whom digital and online resources are not accessible, TSSOs

introduced further technical innovations in their service delivery by providing participants with physical resource packages comprised of equipment and activity instructions to facilitate physical activity in their own space (Hoeber et al., 2015). To this effect, and to borrow a term used by Fitzgerald et al. (2020), the TSSOs have become “curators” of sport and recreation-based activities by providing a combination of equipment, session plans and ideas for being active “in the home”. Indeed, where TSSOs provide a combination of equipment and technical guidance for participants, it can be argued that they present a mechanism for the (re)distribution of both economic and social resources—essential drivers of inclusion according to the human rights model of disability—that enable the recipients to access and engage in physical forms of leisure, recreation, and sport.

Moreover, where TSSOs have needed to innovate by modifying their models of delivery in unison with an incremental easing of lockdown restrictions, complementary administrative and technical innovations were required, as the latter enabled programs to be adapted to accommodate small-group activities that were in compliance with social distancing to allow services—albeit at reduced capacity—to resume, whilst the former assisted such delivery by facilitating booking management and payment transactions (Hoeber et al., 2015).

Future research should therefore be undertaken to assay the nature of innovation driven by the pandemic in a wider array of TSSOs across the UK and beyond. Such research should also examine the attributes of such innovations that are more permanently adopted and how this alters the complexion of sport and physical recreation provision in organizations.

It is useful then, as this article draws to a close, to present a series of practical considerations gleaned from the findings which may help inform future innovation in other disability sport and physical recreation-focused organizations in times of external uncertainty, or more generally. First, establish a digital communication infrastructure that is publicly accessible. Second, and utilizing such communication technology, develop and provide both online/web-based and physical resources by which to deliver or supplement sport and physical recreation (obviating the risk of digital exclusion). Third, consider how and where to facilitate activity in place of providing direct or face-to-face instruction – this may involve giving or loaning participants equipment and instructing them about it can be used to support activity. Fourth, and relatedly, plan adaptable delivery models for different group sizes or, indeed, remote tutelage. Fifth, embrace technology to support administrative processes to improve accessibility, efficiency, and safety of operations. Sixth, regularly review long-term plans and contingencies to see where innovations may be brought forward, where it is practicable to do so. Finally, key sport and public bodies should continue, or make available, funding and other knowledge resources to support and incentivize innovation in organizations such as sport and physical recreation charities – it may just be what sustains them in times of uncertainty.

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