POLICY RECOMMENDATIONS FOR INCLUSIVE, ACCESSIBLE AND SUSTAINABLE WHEELCHAIR BASKETBALL IN EUROPE

Recommendation Paper developed within the project

Inclusive Wheelchair Sport Events – InWheel

July 2026

Funded by the European Union. Views and opinions expressed are, however, those of the authors only and do not necessarily reflect those of the European Union or the granting authority. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

1. EXECUTIVE SUMMARY

Wheelchair basketball is one of the most established and dynamic Para sports in Europe. It provides opportunities for physical activity, competition, social participation, personal development and community belonging. Its historical development is closely connected with rehabilitation after spinal cord injury, but its contemporary importance extends far beyond rehabilitation. Wheelchair basketball is a sport in its own right and participation in it is part of the right of persons with disabilities to take part in recreational and sporting activities on an equal basis with others.

This Recommendation Paper was developed within the Inclusive Wheelchair Sport Events – InWheel project. It consolidates findings from local training sessions, consultations, surveys and country reports conducted in Serbia, Ireland, North Macedonia and Spain, Bulgaria, and Croatia and the broader European policy framework.

The country findings reveal a consistent pattern. Athletes, coaches and clubs repeatedly identify the cost and limited availability of sports wheelchairs, insufficient and unstable financing, inaccessible or only partially accessible facilities, transport difficulties, shortages of trained coaches, limited local playing opportunities and low public visibility as obstacles to participation. The intensity of these barriers differs between countries, but the same underlying challenges are present even in environments with functioning clubs, regular competition and relatively strong support from coaches. The development of wheelchair basketball cannot therefore depend only on individual clubs, committed athletes or temporary projects. Sustainable progress requires coordinated action involving public authorities, national basketball and wheelchair basketball federations, Paralympic committees, municipalities, sports clubs, schools, universities, health and rehabilitation services, the private sector, media and organisations of persons with disabilities.

This paper proposes action in eight connected areas:

- governance and institutional responsibility;
- sustainable financing and affordable equipment;
- accessible facilities and transport;
- education and professional development of coaches;
- recruitment and long-term participation pathways;
- cooperation between wheelchair basketball and mainstream sport;
- visibility, public awareness and media representation;
- data collection, monitoring and participation of athletes in decision-making.

2. ABOUT THE INWHEEL PROJECT

KOM 018 from Serbia, together with its partners: IWA from Ireland, HOPE from North Macedonia, Levski from Bulgaria, Barcel'hona Sport Events from Spain and HSKUK from Croatia implement the project "Inclusive Wheelchair Sport Events – InWheel" in order to promote social inclusion in and through wheelchair basketball and to encourage more participation in this unique and inclusive sport. "Inclusive Wheelchair Sports Events / InWheel" project directly addresses the objectives and priorities of the Not-for-Profit European Sport Events action, particularly focusing on priority social inclusion through sport. The project's main aim is to promote wheelchair basketball as a dynamic and inclusive sport, creating opportunities for people with disabilities to participate and thrive. It directly tackles the barriers that people with disabilities face in sports, promoting integration between traditional basketball and wheelchair basketball. The project intends to enhance the visibility, European wheelchair basketball tournament and effectiveness of wheelchair basketball through structured training, local engagement and awareness raising, and policy recommendations. Through awareness raising and community engagement, wider public will be more informed and more sensitive to the position of people with disabilities, they will be more sensitive about issues of social exclusion and empowered to take supportive actions in building more inclusive local communities and ultimately society. "InWheel" project will be organized in Bulgaria, Croatia, Ireland, North Macedonia, Serbia and Spain in the period 01.11.2025 to 31.10.2027 and it is co-funded by the European Union.

3. PURPOSE AND BASIS OF THE RECOMMENDATION PAPER

The purpose of this document is to identify practical and policy measures that can improve access to wheelchair basketball, strengthen clubs and coaches, increase participation and create more sustainable development pathways across Europe.

The paper is primarily based on:

- consultations and surveys involving players, coaches, sports professionals and local stakeholders;
- country needs assessments from Serbia, Ireland, North Macedonia, Bulgaria, Croatia and Spain;
- reports and reflections from local training activities;
- examples of good practice submitted by project partners;
- relevant international and European policy and human rights frameworks.

The amount and type of information available differ between countries. Consequently, this paper does not attempt to rank national systems or calculate a single comparative level of accessibility. Percentages and national findings are used selectively to illustrate concrete issues rather than to suggest that the country samples are nationally representative.

The strongest comparative finding is the recurrence of the same obstacles across different contexts. Financial costs, equipment, transport, facility accessibility, qualified staff, limited local opportunities and visibility appear repeatedly in countries with different levels of economic development and different sporting traditions. International human rights monitoring has similarly identified inaccessible environments, inadequate resources, limited awareness and institutional barriers as major restrictions on the participation of persons with disabilities in sport.

This consistency demonstrates that the recommendations are relevant across local, national and European levels. The scale and sequencing of action may differ, but the fundamental responsibility to provide accessible, affordable and good-quality opportunities remains the same.

4. WHY WHEELCHAIR BASKETBALL MATTERS

4.1 From rehabilitation to organised and competitive sport

The development of the Paralympic Movement is closely connected with the use of sport in rehabilitation. In 1944, Dr Ludwig Guttmann established the National Spinal Injuries Centre at Stoke Mandeville Hospital in Great Britain and introduced sport as part of remedial treatment, rehabilitation and recreation. Over time, rehabilitation sport developed into organised recreational and competitive sport.

Wheelchair basketball emerged during this broader post-war development, including programmes involving injured veterans in the United States and patients with spinal cord injuries in Great Britain. National and international structures gradually followed, and wheelchair basketball was included in the programme of the first Paralympic Games in Rome in 1960. It has since developed into one of the world's most recognisable Paralympic team sports. Its rehabilitation history remains important because it demonstrates the potential of sport to support recovery, mobility, confidence and reintegration following injury or the acquisition of a disability. However, contemporary wheelchair basketball should not be reduced to therapy. Athletes participate for many of the same reasons as athletes in any other sport: enjoyment, competition, achievement, friendship, identity, teamwork and personal ambition.

Wheelchair basketball must therefore be supported simultaneously as:

- a competitive and recreational sport;
- a possible continuation of rehabilitation;
- a means of improving health and well-being;
- a space for social participation and community belonging;
- a platform for leadership and visibility;
- a right and an equal opportunity.

4.2 Physical health and functional independence

Regular physical activity provides significant physical and mental health benefits, including improved cardiovascular health and fitness, better management of non-communicable diseases, and reduced symptoms of anxiety and depression. Persons with disabilities should have equitable opportunities to obtain these benefits, with activities adapted to their needs and preferences.

Research concerning wheelchair and adaptive sports identifies benefits related to cardiovascular fitness, strength, endurance, wheelchair mobility skills, functional

independence and general physical well-being. Adaptive sport participation among persons with spinal cord injuries has also been associated with positive health and psychosocial outcomes.

Wheelchair basketball is particularly valuable because it combines repeated wheelchair propulsion, changes of direction, passing, shooting, tactical decision-making and team interaction. Participants can improve not only sports-specific abilities but also confidence in controlling and manoeuvring a wheelchair in everyday environments.

At the same time, participation must be supported by appropriate equipment, qualified coaching, workload management and injury-prevention measures. Wheelchair basketball places considerable demand on the shoulders and upper limbs, and poor technique, unsuitable seating, excessive training load or inadequate recovery may increase the risk of pain and overuse injuries. This reinforces the need for trained coaches, individualised equipment and access to physiotherapy and sports medicine rather than weakening the case for participation.

4.3 Mental health, confidence and identity

Sport can contribute to psychological well-being by providing routine, meaningful goals, a sense of achievement and opportunities to develop competence. Wheelchair basketball can be especially important for people adapting to an acquired disability, as it creates a setting in which the wheelchair is connected with movement, skill and sporting performance rather than only with limitation or medical need.

Studies of wheelchair basketball and adaptive sport participants describe benefits related to motivation, self-confidence, psychological well-being and a more positive perception of personal ability. Participants have also described adaptive sport as transformative in the way they view themselves and their possibilities.

These benefits should not be understood as automatic. They depend on the quality of the sporting environment. Poorly trained staff, inaccessible facilities, discrimination, excessive costs or the absence of meaningful progression can instead reinforce exclusion. A good-quality programme must therefore combine technical coaching with respect, safety, autonomy and realistic opportunities for development.

4.4 Social participation and community belonging

Wheelchair basketball is a team sport. It provides regular contact with teammates, coaches, volunteers, families, supporters and other clubs. This social dimension can reduce isolation and create networks of practical and emotional support.

Research has connected wheelchair sport participation with community integration and quality of life. Participants in wheelchair basketball have particularly emphasised social connection, friendship and benefits for mental health.

These relationships often extend beyond the court. Athletes and families exchange information about rehabilitation, equipment, education, employment, travel and everyday accessibility. Coaches and clubs can become important points of connection between individuals and wider community services. Inclusive activities involving athletes with and without disabilities can additionally challenge stereotypes. When wheelchair basketball is presented as a skilled, demanding and competitive sport, the public is encouraged to recognise athletes primarily through their abilities and sporting performance.

4.5 A human right and a public responsibility

Article 30 of the United Nations Convention on the Rights of Persons with Disabilities requires States Parties to enable persons with disabilities to participate in recreational, leisure and sporting activities on an equal basis with others. This includes participation in mainstream sporting activities, opportunities to organise and participate in disability-specific sport, access to training and resources, and access to sporting venues.

The European Union also recognises sport as a means of social inclusion and as a setting in which persons with disabilities can participate in society, demonstrate their talents and challenge stereotypes. *The European Union Work Plan for Sport 2024–2027* provides the current strategic framework for cooperation in sport, while the *EU Strategy for the Rights of Persons with Disabilities 2021–2030* supports full and equal participation in society.

Public support for wheelchair basketball should therefore not be treated as charity or an optional welfare measure. It is part of the responsibility to remove barriers and provide equal access to public facilities, funding, education and community life.

5. COMMON CHALLENGES AND EUROPEAN CONTEXT

The available country findings show that motivation and interest are not the only factors determining participation. Athletes may be highly motivated and supported by their immediate club but still be unable to train regularly because of the cost of equipment, travel distances, limited hall availability or insufficient local opportunities.

The most frequently recurring challenges are:

Financial costs and unstable funding. Sports wheelchairs, maintenance, spare parts, court rental, competition fees and transport create costs that many athletes and small clubs cannot independently cover. Funding is often project-based or allocated annually, which makes long-term planning difficult.

Limited availability of appropriate equipment. Wheelchair basketball requires sports wheelchairs that differ significantly from everyday wheelchairs. Equipment must be available in different sizes and configurations, maintained regularly and, at more advanced levels, adapted to the individual athlete.

Partially accessible facilities. A building entrance may be accessible while changing rooms, toilets, showers, spectator areas, storage rooms or public transport connections remain inaccessible. Formal accessibility therefore does not always amount to independent and dignified participation.

Transport barriers. Athletes may need to travel considerable distances to reach a suitable club. Accessible public transport may be unavailable, while private transport must accommodate both the athlete's everyday wheelchair and a sports wheelchair.

Shortage of trained coaches and support staff. Some coaches are motivated to work inclusively but lack technical knowledge, practical experience or accessible education. Smaller clubs may depend on one or two individuals, making programmes vulnerable when those people are unavailable.

Limited local training and competition opportunities. In some communities, training is available only once a week or only in a small number of cities. Limited numbers of players may also restrict the establishment of age groups, women's teams and regular leagues.

Separation from mainstream sport. Wheelchair basketball clubs and mainstream basketball clubs often operate in parallel, with limited sharing of facilities, coaches, promotion, sponsorship or development resources.

Low visibility and limited information. Potential participants and their families may not know where or how to join. Media coverage often concentrates on major international competitions and provides little regular coverage of local clubs, training opportunities or athlete achievements.

These barriers are interconnected. Limited visibility affects recruitment and sponsorship. Limited funding affects equipment, transport and coaching. A small number of participants makes regular competition difficult, while limited competition can reduce motivation and public interest. Effective policy must address the system rather than treating each obstacle in isolation.

The findings collected by partners do not show a simple division between “developed” and “underdeveloped” wheelchair basketball systems. Countries with established clubs, national federations and international participation still report costs, partial accessibility, transport difficulties and shortages of local opportunities. Countries with weaker structures face the same issues, but they are often intensified by fragmented institutional responsibility and more limited resources. The appropriate conclusion is therefore not that every national experience is identical. Rather, the same categories of barriers appear across countries, while their scale and consequences vary. This makes coordinated European learning valuable, but also requires national and local solutions adapted to geography, existing structures and community needs.

6. POLICY RECOMMENDATIONS

6.1. Principles for implementation of recommendations

All recommendations should be implemented according to the following principles:

Rights-based approach. Participation is a right and should not depend on charity, personal connections or exceptional individual effort.

Nothing about athletes without athletes. Players and organisations of persons with disabilities must participate in planning, implementation and evaluation.

Accessibility by design. Accessibility should be included from the beginning rather than added after programmes, facilities or events have already been designed.

Local availability. International competition is important, but sustainable development depends on regular opportunities close to where people live.

Integration without losing specialised expertise. Cooperation with mainstream basketball should increase resources and visibility while preserving the knowledge, identity and decision-making role of wheelchair basketball organisations.

Quality and safety. Participation must be supported by appropriate coaching, equipment, safeguarding, injury prevention and respect for individual needs.

Long-term sustainability. Temporary projects should contribute to permanent structures, staff capacity, equipment and partnerships.

Because countries have different starting points, the indicators below should be used to create national and local targets after an initial baseline assessment.

6.2. Recommendations

AREA 1: GOVERNANCE AND INSTITUTIONAL RESPONSIBILITY

1) Adopt national and local wheelchair basketball development plans

Proposed action: National authorities and sports governing bodies should develop dedicated, time-bound plans for wheelchair basketball or clearly integrate wheelchair basketball into wider national sport, disability and physical-activity strategies.

The plans should define:

- responsibilities of public institutions and sports bodies;
- funding mechanisms;
- objectives for participation and geographical coverage;
- equipment and facility needs;
- coach education and workforce development;
- junior and adult participation pathways;
- competition development;
- measures for women and underrepresented groups;
- data collection and evaluation.

Municipalities in areas with existing or potential clubs should prepare corresponding local action plans covering facilities, transport, promotion and cooperation with schools, universities and health services.

Responsible actors: National ministries responsible for sport, health, education and social policy; national basketball and wheelchair basketball federations; national Paralympic committees; local governments; organisations of persons with disabilities; clubs and athlete representatives.

Why it matters: Wheelchair basketball is often affected by fragmented responsibility. Sport authorities may treat it as a disability issue, while disability institutions may view it as a specialised sports matter. A clear plan prevents responsibility from being transferred between institutions and enables clubs to plan beyond individual projects or annual funding calls.

Possible indicators:

- adoption of a national or local plan;
- designation of a lead institution and responsible contact persons;
- annual public progress report;
- percentage of planned actions with secured funding;
- number of municipalities integrating wheelchair basketball into local sport plans.

2) Establish permanent coordination and athlete participation mechanisms

Proposed action: National and local coordination groups should be established to bring together sports federations, wheelchair basketball clubs, public authorities,

rehabilitation professionals, schools, universities, transport providers, sponsors and organisations of persons with disabilities. Athletes should hold formal positions in these bodies and participate in decisions concerning funding, competition structures, equipment, facility design and promotion. Consultations should include active players, former players, young people, women and people who have discontinued participation.

Responsible actors: Public authorities; national federations; Paralympic committees; clubs; organisations of persons with disabilities; athlete commissions.

Why it matters: Policies developed without the direct participation of athletes may meet formal requirements while failing to address practical barriers. Athletes can identify issues such as inaccessible changing rooms, inappropriate training times, unsuitable transport or equipment that are often overlooked in administrative planning.

Possible indicators:

- establishment and regular meetings of coordination groups;
- proportion of members who are athletes or representatives of persons with disabilities;
- number of policy or funding decisions reviewed through athlete consultation;
- publication of consultation findings and institutional responses.

AREA 2: SUSTAINABLE FINANCING AND EQUIPMENT

3) Introduce stable and multiannual funding for wheelchair basketball

Proposed action: Public funding systems should provide multiannual core support rather than relying exclusively on short-term projects or reimbursement after activities have taken place. Eligible costs should include:

- staff and coaching fees;
- court rental;
- equipment and maintenance;
- accessible transport;
- competition and registration fees;
- physiotherapy and medical support;
- communication and recruitment;

- administrative and safeguarding costs.

Funding criteria should recognise the higher real cost of disability sport. Equal treatment does not mean allocating identical amounts to activities with substantially different equipment, transport and accessibility requirements.

***Responsible actors*:** National ministries; national and regional sport authorities; municipalities; public sport funds; national federations; lottery and corporate social responsibility programmes.

Why it matters: Unstable funding prevents clubs from retaining coaches, maintaining regular schedules or planning recruitment. It also transfers costs to athletes and families, creating exclusion based on income rather than motivation or sporting potential.

Possible indicators:

- existence of a dedicated or ring-fenced funding line;
- proportion of club income secured for more than one year;
- percentage of essential club costs covered through predictable funding;
- reduction in direct participation costs paid by athletes;
- number of clubs receiving operational rather than only project funding.

4) Create national and regional equipment programmes

Proposed action: National and regional equipment funds should be established for the purchase, adaptation, maintenance and replacement of sports wheelchairs and related equipment. A shared equipment model should be introduced where individual ownership is not immediately possible. Regional equipment pools or “wheelchair libraries” can provide different chair sizes for introductory sessions, schools, junior programmes and new clubs. The programme should include:

- a national inventory of available sports wheelchairs;
- transparent allocation criteria;
- maintenance and repair budgets;
- technical assessment and individual fitting;
- accessible storage and transport solutions;
- planned replacement cycles;
- support for clubs to access specialised suppliers.

Joint procurement at national or European level should be explored to reduce prices and improve access to spare parts.

Responsible actors: Public sport authorities; federations; Paralympic committees; clubs; municipalities; equipment manufacturers; universities and technical institutions; European sports bodies.

Why it matters: A potential participant cannot realistically try wheelchair basketball without access to an appropriate sports wheelchair. Equipment scarcity restricts recruitment, training quality and safety and can prevent new programmes from starting even when coaches and facilities are available.

Possible indicators:

- number and geographical distribution of usable sports wheelchairs;
- average waiting time for access to an introductory chair;
- number of regional equipment pools;
- annual maintenance and replacement budget;
- number of athletes receiving individually fitted equipment;
- reduction in sessions cancelled or restricted because of insufficient equipment.

AREA 3: ACCESSIBLE FACILITIES AND TRANSPORT

5) Audit and upgrade the full accessibility of sports facilities

Proposed action: Authorities and facility managers should conduct accessibility audits in cooperation with wheelchair users. Audits should assess the complete participant journey rather than only the building entrance.

The assessment should include:

- accessible parking and drop-off areas;
- routes from public transport stops;
- entrances and internal circulation;
- court access and playing surfaces;
- changing rooms, toilets and showers;
- spectator areas;
- emergency procedures and evacuation;

- reception and signage;
- storage for sports wheelchairs;
- access to fitness, physiotherapy and meeting spaces.

Facilities receiving public funding should be required to publish improvement plans and timelines. Accessibility conditions should also be included in procurement, renovation and event-hosting criteria.

Responsible actors: Municipalities; national and regional infrastructure authorities; facility managers; sports federations; accessibility experts; organisations of persons with disabilities; athlete representatives.

Why it matters: Partial accessibility can still prevent independent participation. An athlete may enter the hall but be unable to use the changing room, toilet or shower, store equipment or reach the court safely. Facility accessibility also affects coaches, officials, volunteers, family members and spectators with disabilities.

Possible indicators:

- number and proportion of facilities independently audited;
- publication and implementation of accessibility improvement plans;
- number of priority barriers removed;
- proportion of regular wheelchair basketball venues meeting agreed standards;
- athlete satisfaction with facility accessibility.

6) Provide accessible and affordable transport support

Proposed action: Transport support should form part of wheelchair basketball policy and club funding rather than being treated as a private responsibility. Measures may include:

- accessible municipal or club minibuses;
- reimbursement of mileage and travel expenses;
- transport vouchers;
- agreements with accessible taxi providers;
- coordinated transport from rehabilitation centres or neighbouring municipalities;
- subsidies for travel to training and competition;
- appropriate vehicles and trailers for sports wheelchairs;
- scheduling that takes accessible public transport availability into account.

Regional programmes should be prioritised where athletes currently travel long distances to reach the nearest club.

Responsible actors: Municipalities; transport authorities; ministries; federations; clubs; social services; private transport providers and sponsors.

Why it matters: Transport is not separate from sports participation. When an athlete and one or more wheelchairs cannot reach the venue, an accessible hall and trained coach have no practical value. Travel costs also disproportionately affect athletes living outside major cities.

Possible indicators:

- number of clubs with organised accessible transport;
- proportion of athletes receiving travel support;
- average distance and cost of reaching regular training;
- number of missed sessions attributed to transport;
- geographical expansion of participation beyond major urban centres.

AREA 4: COACH EDUCATION, STAFF AND QUALITY OF PRACTICE

7) Integrate wheelchair basketball into formal coach education

Proposed action: Wheelchair basketball and disability inclusion should be incorporated into mainstream basketball coach-licensing systems, physical education programmes and university sport curricula.

Training should combine theory with supervised practical experience and cover:

- wheelchair mobility and sports wheelchair set-up;
- technical and tactical adaptations;
- functional classification;
- individualisation of coaching;
- communication and respectful terminology;
- safeguarding and inclusive team culture;
- injury prevention and load management;
- cooperation with physiotherapists and medical staff;

- mixed and introductory sessions;
- recruitment and retention of athletes.

Experienced wheelchair basketball athletes and coaches should participate as trainers and mentors. Continuing professional development should be available both online and in person, particularly for coaches outside major cities.

Responsible actors: National basketball and wheelchair basketball federations; coach education bodies; universities; faculties of sport; Paralympic committees; clubs and experienced athletes.

Why it matters: A coach's willingness to be inclusive is important but does not replace specialised knowledge. Formal integration prevents wheelchair basketball from depending on a very small number of experts and creates a broader workforce capable of supporting local programmes.

Possible indicators:

- inclusion of wheelchair basketball in licensing curricula;
- number of coaches completing practical education;
- number and geographical distribution of active qualified coaches;
- percentage of clubs with more than one trained coach;
- athlete evaluation of coaching quality and safety.

8) Build multidisciplinary rehabilitation-to-sport pathways

Proposed action: Hospitals, rehabilitation centres, physiotherapists, occupational therapists, doctors and peer-support services should routinely provide information about local adaptive sport opportunities. Referral systems should allow interested individuals to attend introductory sessions with appropriate support. Clubs should be able to communicate directly with rehabilitation professionals about safe participation, equipment and individual needs, subject to the athlete's consent. Former and current athletes should be involved as peer mentors. Participation should remain voluntary and based on personal interest rather than being presented as a required medical intervention.

Responsible actors: Health ministries; hospitals and rehabilitation centres; medical and rehabilitation professionals; clubs; federations; organisations of persons with disabilities; municipalities.

Why it matters: Wheelchair basketball historically developed through rehabilitation, yet many people leaving contemporary rehabilitation services receive little information about community sport. A structured pathway can support continued physical activity, social connection and confidence after discharge.

Possible indicators:

- number of rehabilitation services providing sport information;
- number of formal referral agreements;
- number of introductory visits originating through health and rehabilitation services;
- proportion of referred participants continuing after the introductory period;
- participant feedback on the quality and voluntariness of referral.

AREA 5: PARTICIPATION, RECRUITMENT AND LONG-TERM PATHWAYS

9) Establish regional wheelchair basketball hubs and regular local opportunities

Proposed action: Countries should develop a network of regional hubs rather than concentrating programmes in one or two national centres. A hub may be led by a specialist wheelchair basketball club or by a partnership between a mainstream basketball club, municipality, school, university and organisation of persons with disabilities.

Each hub should provide:

- regular and predictable training;
- introductory equipment;
- qualified coaching;
- open sessions for new participants;
- links to competition and national programmes;
- support for nearby communities and emerging clubs;
- outreach to rehabilitation centres and schools.

Where the number of players is initially small, regional combined training, camps and rotating sessions can provide continuity until local groups develop.

Responsible actors: National federations; municipalities; clubs; schools; universities; Paralympic committees; local disability organisations.

Why it matters: A national team or central club cannot provide meaningful access to people living far from the capital or major cities. Participation becomes sustainable

when people can train regularly without unreasonable travel and when new clubs receive structured support.

Possible indicators:

- number of active regional hubs;
- proportion of the population within a reasonable travel distance of a programme;
- frequency of regular sessions;
- number of new local groups supported by established hubs;
- participant retention after six and twelve months.

10) Create inclusive entry-level and junior participation pathways

Proposed action: Federations and clubs should develop regular entry-level events that prioritise enjoyment, belonging and skill development rather than immediate formal competition.

Programmes should:

- be open to non-members;
- provide sports wheelchairs;
- allow participation by siblings and friends where appropriate;
- rotate between different regions;
- include age-appropriate activities;
- connect participants with regular local training;
- provide information and peer support for families;
- offer progression to academy, club, league and national-team opportunities.

Adult beginner programmes should also be available, particularly for people acquiring disabilities later in life.

Responsible actors: Federations; clubs; schools; municipalities; youth organisations; rehabilitation centres; parents' and disability organisations.

Why it matters: Expecting new participants to enter directly into established senior competition can be intimidating and impractical. A welcoming introductory pathway allows people to experience the sport before making a long-term commitment and provides families with information and support.

Possible indicators:

- number and regional distribution of introductory events;
- number of first-time participants;
- availability of junior and adult beginner programmes;
- proportion of introductory participants moving into regular training;
- establishment of clear progression routes from introductory to competitive levels.

11) Strengthen cooperation with mainstream basketball

Proposed action: Mainstream basketball federations and clubs should include wheelchair basketball within their development, communication, sponsorship and facility systems. Cooperation may include:

- shared use of sports halls and training resources;
- joint coach education;
- wheelchair basketball demonstrations at mainstream games;
- joint club membership or umbrella structures;
- common safeguarding and administrative support;
- shared sponsors and communication channels;
- inclusive youth camps and school programmes;
- coordinated calendars and public events;
- participation of wheelchair basketball representatives in federation governance.

Cooperation should not result in specialised wheelchair basketball organisations losing autonomy or being excluded from decision-making.

Responsible actors: National and regional basketball federations; professional and grassroots basketball clubs; wheelchair basketball federations and clubs; municipalities; sponsors.

Why it matters: Mainstream basketball organisations often have stronger infrastructure, media access, sponsors and coaching networks. Sharing these resources can reduce duplication and isolation. At the same time, wheelchair basketball expertise and athlete leadership must remain central.

Possible indicators:

- number of formal partnerships between mainstream and wheelchair basketball organisations;

- number of shared facilities, coaches or events;
- wheelchair basketball representation in basketball federation bodies;
- proportion of mainstream federation communications including wheelchair basketball;
- resources transferred or shared through partnerships.

12) Address unequal participation by gender, age, geography and income

Proposed action: Recruitment and funding measures should specifically address groups that remain underrepresented, including women and girls, children, people living in rural or remote areas and people with limited financial resources.

Measures may include:

- women's and girls' recruitment campaigns;
- women-only introductory opportunities where requested;
- mentoring by female athletes and coaches;
- regional travel support;
- participation grants and fee waivers;
- outreach through schools and rehabilitation services;
- flexible training times;
- family and personal-assistance support;
- monitoring of participation by gender, age and place of residence.

Where there are insufficient numbers for separate teams, mixed training and competition should be designed in a way that provides meaningful participation rather than merely formal inclusion.

***Responsible actors*:** Federations; clubs; public authorities; schools; organisations of persons with disabilities; gender-equality bodies; sponsors.

***Why it matters*:** An increase in total participation may conceal continuing exclusion of particular groups. Costs, transport, care responsibilities, limited representation and lack of local teams can affect women, young people and rural participants differently.

Possible indicators:

- participation data disaggregated by gender, age and region;
- number of targeted recruitment and support measures;

- representation of women and young people in coaching and governance;
- retention rates among underrepresented groups;
- geographical diversity of participants.

AREA 6: VISIBILITY, MEDIA AND PUBLIC AWARENESS

13) Develop continuous visibility and communication plans

Proposed action: Wheelchair basketball communication should move beyond occasional coverage during the Paralympic Games or major tournaments. Federations, clubs and public broadcasters should develop annual communication plans covering local training, leagues, athlete achievements, participation opportunities and community impact.

Communication should:

- prioritise sporting skill, competition and athlete voice;
- avoid pity-based or stereotypical representation;
- provide clear information on how to join;
- include women, young athletes and different levels of participation;
- use accessible digital formats;
- connect media work with recruitment and sponsorship;
- include livestreaming and archived footage where possible;
- train athletes who wish to act as media representatives.

Publicly funded media and major basketball organisations should be encouraged to provide regular space for wheelchair basketball.

Responsible actors: Public and private media; federations; clubs; municipalities; national Paralympic committees; mainstream basketball organisations; event organisers.

Why it matters: Limited visibility affects public attitudes, athlete recruitment, sponsorship and institutional recognition. Potential participants may assume that no opportunity exists simply because local programmes are not publicly communicated.

Possible indicators:

- number and reach of media features and broadcasts;

- frequency of wheelchair basketball coverage outside major events;
- number of public enquiries and new participants linked to campaigns;
- representation of women, young people and grassroots clubs;
- percentage of national competitions available through livestream or recorded coverage.

14) Use public events to combine awareness, recruitment and institutional dialogue

***Proposed action*:** Open training sessions, demonstration games, inclusive sport festivals and tournaments should be used as structured development tools rather than one-off promotional activities.

Each event should include, where possible:

- opportunities for the public to try the sport;
- information for potential athletes and families;
- involvement of schools, universities and rehabilitation services;
- meetings with policymakers, facility managers and sponsors;
- media coverage;
- follow-up information about regular training;
- accessible event organisation;
- evaluation and participant feedback.

Responsible actors: Clubs; municipalities; federations; schools; universities; NGOs; event organisers; media and sponsors.

Why it matters: Experiencing wheelchair basketball directly can challenge stereotypes more effectively than general awareness messages. However, interest is lost when an event is not linked to regular training, available equipment or institutional follow-up.

Possible indicators:

- number of accessible open events;
- number of first-time participants and stakeholder representatives;
- number of participants subsequently joining regular programmes;
- partnerships or commitments generated through events;

- documented follow-up actions.

AREA 7: COMPETITION AND EUROPEAN COOPERATION

15) Develop competition pathways appropriate to different levels

***Proposed action*:** Countries should provide competition formats for beginners, juniors, recreational players and high-performance athletes.

Possible measures include:

- regional festivals and development leagues;
- rotating one-day events;
- junior competitions;
- 3x3 wheelchair basketball;
- mixed development events where permitted;
- national leagues and cups;
- cross-border regional competitions;
- pathways to national teams and European competitions.

Competition design should consider cost, travel distance, team size and the limited number of players in developing systems.

***Responsible actors*:** National federations; IWBF Europe; clubs; municipalities; schools and universities; event organisers.

Why it matters: Competition creates motivation, visibility and a reason for continued training. A single national league format may not meet the needs of beginners, young players or countries with small numbers of clubs. A graduated system allows participation to develop without lowering the quality of elite competition.

Possible indicators:

- number and diversity of annual competition formats;
- number of participating teams and athletes;
- junior and beginner participation;
- geographical distribution of events;
- progression of athletes between development and competitive levels.

16) Strengthen European support for developing national systems

Proposed action: European institutions and sport bodies should provide coordinated support for countries and regions with limited wheelchair basketball structures.

Priority measures should include:

- European equipment and procurement partnerships;
- coach and classifier education;
- mentoring between established and emerging clubs;
- mobility support for athletes and coaches;
- cross-border training camps and competitions;
- a shared repository of accessible coaching and management resources;
- support for national needs assessments and action plans;
- funding that covers core organisational costs and not only international events;
- exchange among candidate countries and EU Member States.

EU funding programmes should recognise the additional cost of accessible transport, specialist equipment, personal assistance and adapted facilities.

Responsible actors: European Commission; IWBF Europe; European Paralympic Committee; national federations; Erasmus+ and other European funding programmes; national sport authorities.

Why it matters: The size and resources of national wheelchair basketball systems differ considerably. European cooperation can prevent each country from independently developing the same tools and can provide smaller systems with access to expertise, equipment and competition.

Possible indicators:

- number of cross-border mentoring and training partnerships;
- volume of European funding allocated to long-term disability sport development;
- number of shared resources and their use;
- participation of developing systems in European competition and education;
- joint equipment or procurement initiatives.

AREA 8: DATA, MONITORING AND ACCOUNTABILITY

17) Establish consistent participation and accessibility data

Proposed action: National and local authorities should collect basic annual data on wheelchair basketball while protecting personal data and avoiding unnecessary administrative burdens.

Data should cover:

- number of active and new athletes;
- age, gender and geographical distribution;
- training frequency and retention;
- active clubs and coaches;
- available equipment;
- accessible facilities;
- competitions and events;
- participation costs;
- reasons for discontinuing participation;
- athlete satisfaction and reported barriers.

Data should be developed with athletes and organisations of persons with disabilities and should be used for planning rather than only for reporting completed activities.

Responsible actors: National sport authorities; federations; clubs; statistical and research institutions; universities; municipalities.

Why it matters: Without baseline information, it is difficult to assess whether investment leads to wider participation or whether existing inequalities remain unchanged. Data are also needed to demonstrate the real cost of the sport and support evidence-based funding decisions.

Possible indicators:

- adoption of common national data categories;
- annual publication of accessible summary reports;
- proportion of active clubs submitting data;
- use of findings in funding and policy decisions;
- documented changes in participation and accessibility over time.

18) Introduce public targets and regular independent evaluation

Proposed action: After completing a baseline assessment, institutions should set realistic short-, medium- and long-term targets. Progress should be reviewed annually, with a more comprehensive external evaluation every three to five years. Evaluation should assess not only the number of activities delivered but also:

- whether participation has become more regular and geographically accessible;
- whether direct costs to athletes have decreased;
- whether facilities are independently usable;
- whether equipment availability has improved;
- whether athletes feel respected and involved in decisions;
- whether new participants remain in the sport;
- whether women, young people and underserved areas benefit;
- whether temporary projects have resulted in permanent structures.

Results and institutional responses should be publicly available in accessible formats.

Responsible actors: Public authorities; federations; independent evaluators; universities; athlete commissions; organisations of persons with disabilities.

Why it matters: Counting events or participants does not show whether systemic barriers have changed. Transparent evaluation creates accountability and helps institutions redirect resources when measures are not producing meaningful results.

Possible indicators:

- adoption and publication of national and local targets;
- annual monitoring reports;
- regular independent evaluations;
- proportion of recommendations implemented;
- documented corrective actions following evaluation;
- accessibility of published reports.

7. TRANSFERABLE PRACTICES FROM PARTNER COUNTRIES

7.1 Irish wheelchair basketball Junior Blitz

Irish Wheelchair Association sport and junior clubs have organised a rotating series of one-day Junior Blitz events for more than fifteen years. The events focus on enjoyment, inclusion, belonging and introductory competition for children with physical disabilities aged approximately five to sixteen.

The model allows participation by children who are not yet club members and provides opportunities for children with disabilities to play alongside siblings and friends. Rotating events between different locations reduces the need for all participants to travel to one central venue. The programme also connects children with academy programmes, senior leagues and potential international pathways.

In 2026, seven events involved more than one hundred junior athletes. In addition to athlete development, the events create opportunities for parents, coaches and volunteers to exchange knowledge and build informal support networks.

Transferable elements

- open participation without an initial membership requirement;
- regional rotation of events;
- emphasis on enjoyment before high-level competition;
- inclusion of siblings and friends;
- direct progression to local clubs and development programmes;
- opportunities for parents and coaches to exchange experience;
- use of shared sports wheelchairs.

The model can also be adapted for adults who are new to the sport.

7.2 Open inclusive training and theoretical sessions in Serbia

The Serbian example brought together wheelchair basketball and other Para sport athletes, university professors and students, local clubs, sports professionals, volunteers and a youth organisation. Activities included theoretical sessions on adapted physical exercise and open practical sessions presenting wheelchair basketball, wheelchair handball, wheelchair tennis and Para table tennis.

The cooperation between the Faculty of Sport and Physical Education, specialised sports clubs and KOM 018 created both an educational and a public-awareness

dimension. Participants without disabilities could directly experience adapted sport, while students and future professionals gained practical contact with athletes and specialised methodologies. The approach also connected public promotion with recruitment, professional development and potential sponsorship.

Transferable elements

- cooperation between clubs, universities and civil society;
- direct involvement of athletes as experts;
- a combination of theoretical learning and on-court practice;
- introductory activities for people with and without disabilities;
- use of public events for recruitment and professional education;
- engagement of volunteers and future sports professionals;
- presentation of several complementary Para sports.

7.3 Inclusport Castilla y León in Spain

Inclusport Castilla y León works to include groups at risk of exclusion through sport, awareness-raising and education of instructors. Its approach combines a strategic network of inclusive activities with partnerships involving sports federations and universities.

The initiative demonstrates the value of standardised instructor training, scholarships for additional qualifications, strong public communication and participation in official competition. The involvement of a former elite athlete in leadership has also helped attract public and institutional attention.

Transferable elements

- a strategic rather than activity-by-activity inclusion plan;
- a network covering different sports and target groups;
- standardised training for instructors;
- cooperation with universities and federations;
- scholarships for professional qualifications;
- involvement of recognised former athletes as advocates;
- progression from introductory inclusion activities to official competition.

7.4 Community outreach and targeted promotion of wheelchair basketball in Croatia

The Croatian examples demonstrate how wheelchair basketball can be promoted through a combination of continuous community outreach, highly visible public events and targeted cooperation with institutions that have direct contact with potential participants.

KKOI Kostrena and KKOI Zadar regularly organise wheelchair basketball presentations and demonstrations in schools and early childhood education institutions. Through direct contact with children, teachers, parents and local communities, these activities introduce wheelchair basketball from an early age, build familiarity with Para sport and help reduce stereotypes. KKOI Kostrena complements its school visits with an active social media presence and regular community-based activities, while KKOI Zadar extends the approach to kindergartens, reaching younger children and a wider network of families and educators. These relatively simple and low-cost activities contribute to the long-term visibility of clubs and can create a future base of players, volunteers, supporters and community partners.

Public visibility is additionally strengthened through the 3x3 Wheelchair Basketball Croatia Tour, organised in cooperation with the Croatian Wheelchair Basketball Federation – HSKUK. By bringing a fast-paced and accessible competition format to different locations across the country, the tour presents wheelchair basketball directly to local audiences. The 3x3 format is particularly suitable for promotional activities because it requires fewer players and less infrastructure than a full 5-on-5 competition and can be organised in public and community spaces. It therefore combines competition, recruitment and awareness-raising while also strengthening cooperation between local clubs and the national federation.

A more targeted outreach model was implemented by KKI Zagreb, HSKUK and Policlinic Helena through a wheelchair basketball presentation organised on Spina Bifida Day. Cooperation with a trusted medical institution enabled the organisers to directly reach children and young people with spina bifida and their families, while the connection with an established awareness day increased the relevance and public visibility of the activity. The practice shows how clubs can work with hospitals, rehabilitation centres and clinics to connect people with disabilities with accessible sporting opportunities at an early stage.

Transferable elements

- regular presentations and practical demonstrations in schools and kindergartens;
- direct involvement of children, parents, teachers and local communities;
- continuous social media communication between events and competitive seasons;

- use of the 3x3 format for public demonstrations, regional tours and introductory competitions;
- cooperation between local clubs and national sports federations;
- partnerships with hospitals, clinics and rehabilitation centres;
- linking wheelchair basketball activities with relevant disability-awareness days;
- providing clear follow-up information about local clubs and regular training opportunities.

These practices demonstrate that effective recruitment and awareness-raising should not rely on a single event or communication channel. Combining early education, regular community presence, visible public competition and cooperation with health institutions can reach both the wider public and people with disabilities who may not otherwise receive information about opportunities to participate in wheelchair basketball.

7.5. Lessons from the good practices

Although the examples differ, they share several characteristics:

- they provide a clear entry point for new participants;
- they bring together actors from more than one sector;
- they combine sport with education and public communication;
- they offer regular or repeatable activities rather than isolated events;
- they provide some form of progression;
- they recognise athletes, parents and coaches as sources of knowledge;
- they use existing community resources instead of waiting for a fully developed national system.

Their transfer does not require an exact copy of the original model. Each country can adapt the format to its geography, number of players, available equipment and institutional structure.

8. IMPLEMENTATION AND MONITORING FRAMEWORK

8.1 Local level

Local governments and community stakeholders have the most direct influence on everyday participation. Their priorities should include:

- making local facilities fully accessible;
- allocating regular and appropriate training times;
- supporting accessible transport;
- funding local clubs and coaches;
- organising open and introductory sessions;
- connecting clubs with schools, universities and rehabilitation services;
- including wheelchair basketball in local media and public events;
- consulting local athletes about practical barriers.

Local action should begin with a mapping of existing participants, facilities, equipment, staff and potential partners. Even municipalities without an established club can identify a regional partner and support periodic sessions as a first step.

8.2 National level

National institutions should create the enabling system within which local programmes can survive and expand. Priorities include:

- a national development plan;
- stable and proportionate funding;
- equipment procurement and regional equipment pools;
- coach education and licensing;
- facility accessibility standards;
- competition pathways;
- athlete participation in governance;
- consistent data collection;
- national communication and recruitment;

- coordination between basketball, Paralympic, disability, health and education structures.

National action should avoid concentrating all resources around the national team. Elite performance and grassroots access are mutually supportive and should be developed together.

8.3 European level

European action should concentrate on issues where cooperation creates clear added value:

- joint education and shared resources;
- equipment procurement and technical partnerships;
- international mentoring;
- mobility and competition opportunities;
- support for countries with small or emerging systems;
- harmonised accessibility and data principles;
- continued inclusion of disability sport in European funding;
- exchange between EU Member States and candidate countries;
- visibility of wheelchair basketball within broader European sport policy.

European events should be evaluated not only by the quality of competition but also by their legacy for local participation, trained staff, equipment, accessible facilities and public awareness.

8.4 Suggested sequencing

For first 12 months institutions should:

- designate responsible bodies;
- establish athlete and stakeholder coordination groups;
- complete baseline mapping;
- audit priority facilities;
- map available equipment;
- identify immediate transport needs;
- establish or expand coach education;

- define initial funding commitments;
- begin regular communication and introductory activities.

For first 2 years institutions should:

- implement priority facility upgrades;
- develop regional equipment pools;
- establish or strengthen regional hubs;
- expand junior and beginner programmes;
- introduce multiannual club funding;
- create rehabilitation referral pathways;
- strengthen competition formats;
- publish the first annual progress reports.

For first 4-5 years institutions should:

- evaluate participation and retention;
- expand successful regional models;
- revise targets and funding according to evidence;
- strengthen women’s and youth pathways;
- improve national and European competition links;
- assess whether temporary initiatives have become sustainable structures;
- conduct an independent evaluation of policy implementation.

9. CONCLUSION

Wheelchair basketball demonstrates what inclusive sport can achieve when athletes have access to suitable equipment, knowledgeable coaches, accessible facilities, regular competition and supportive communities. It contributes to physical health, psychological well-being, independence, social connection and public recognition, while also providing a demanding and meaningful sporting environment.

The findings gathered through the InWheel project show that the principal obstacles are not a lack of athlete motivation or a lack of value in the sport. The barriers are primarily structural: cost, equipment, transport, partial accessibility, insufficiently trained staff, limited local opportunities, fragmented institutional responsibility and low public visibility.

These barriers cannot be removed by clubs and athletes alone. Public institutions, sports federations and other stakeholders must recognise wheelchair basketball as part of their ordinary responsibility for sport, health, equality and community development.

Progress does not require every country to begin from the same point or apply an identical model. Countries with established federations and international competition can focus on broadening local access, rebuilding or expanding club networks and reducing costs. Countries with emerging systems may initially prioritise equipment, coach education, regional hubs and institutional recognition. In both cases, athletes must be involved in deciding what should be developed and how success should be measured.

The central recommendation of this paper is therefore a transition from isolated activities to coordinated systems. Accessible facilities without transport are insufficient. Equipment without trained coaches remains underused. Public events without follow-up do not create lasting participation. National teams without local recruitment pathways cannot be sustainable.

A complete development approach connects these elements: rights, funding, accessibility, equipment, knowledge, local opportunities, competition, visibility and accountability. With coordinated action at local, national and European levels, wheelchair basketball can become more available not only to existing athletes but also to the many people who have never had a realistic opportunity to enter the sport.

10. REFERENCES

European Commission. *Social Inclusion through Sport*.

European Commission. *Strategy for the Rights of Persons with Disabilities 2021–2030.*

European Union. *European Union Work Plan for Sport, 1 July 2024–31 December 2027.*

International Paralympic Committee. *History of the Paralympic Movement and Stoke Mandeville Games.*

International Wheelchair Basketball Federation. *History of Wheelchair Basketball.*

Office of the United Nations High Commissioner for Human Rights. *Participation in Physical Activity and Sport under Article 30 of the Convention on the Rights of Persons with Disabilities.*

United Nations. *Convention on the Rights of Persons with Disabilities.*

World Health Organization. *Physical Activity: Key Facts and Health Benefits*.

Building Bridges project. *Manual for Wheelchair basketball*

Inclusion Reloaded project. *Manual for inclusive sport*