



Physical education as a means of socialisation for youth with physical disabilities

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Abstract. The social integration of youth with physical disabilities remains a priority issue in society, and physical education serves as a tool for overcoming social isolation and developing communication skills. The study aimed to provide a theoretical justification for the mechanisms, organisational forms and stages of socialisation of youth with physical disabilities through a system of adaptive physical education and sport. A theoretical analysis of 36 scientific publications from the international databases Web of Science, Scopus, PubMed and Google Scholar for the period 2019-2025 was carried out using methods of systematisation, comparative and structural-functional analysis to identify conceptual approaches and develop a procedural model. Seven interrelated mechanisms of the socialising influence of physical education were identified, including communicative, integrative, normative-role, compensatory, emotional-volitional, value-orientational and status-positional, each of which activates specific social competences. The organisational forms of involving youth from specialised institutions in inclusive sections and public organisations have been systematised, with their socialisation potential being determined. Analysis of sources showed a 37% improvement in quality of life and a 62% reduction in symptoms of depression and anxiety among youth involved in systematic physical education and sports activities, while 52.8% of coaches reported insufficient equipment and conditions. The developed procedural model conceptualises socialisation as a sequence of four stages – engagement, integration, identification, transformation – with specific tasks, mechanisms of influence and transition criteria for each stage. The results form a theoretical framework for designing differentiated socialisation programmes and recommend the integration of technological innovations to expand the accessibility of adaptive sports

Keywords: adaptive sports; quality of life; inclusive environment; emotional health; communication skills; competitive activities

Introduction

Physical education is a means of social integration and adaptation for youth with physical disabilities by overcoming isolation and developing social skills. Youth with physical disabilities often face social exclusion, limited access to

full participation in public life, and the formation of negative self-identity. Systematic participation in physical education and sports activities creates unique opportunities for gaining social experience, expanding communication

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networks, and transforming personal status. I. Yevtyfieva *et al.* (2025) conducted an eight-week study of the effectiveness of an adaptive tennis programme for people with musculoskeletal disorders at the National Technical University “Kharkiv Polytechnic Institute”. The researchers found statistically significant positive changes in the physical and psychosocial status of the participants, in particular, an improvement in the SF-36 questionnaire scores, and the level of pain on the Visual Analogue Scale (VAS) decreased by an average of 49%. Participants reported an increase in satisfaction with physical activity from 3.8 to 7.4 points and an improvement in social interaction from 4.1 to 7.2 points. O. Stepaniuk & I. Kogut (2023) analysed key aspects of the implementation of the Special Olympics “United Sports” volunteer programme to determine the possibilities for its implementation in Ukraine. The researchers found that as of 2021, the programme brings together 535,223 athletes with disabilities and 593,149 partners worldwide and is implemented in three inclusive models. The main changes in participants include improved physical fitness and technical skills, increased self-esteem, changed attitudes of partners towards people with disabilities, the development of friendships and social inclusion.

O. Shamykh *et al.* (2025) found that involving people with disabilities in sports practices affects their socialisation and integration into society. The researchers examined the mechanisms through which adaptive sports contribute to identity development, social network expansion, and a stronger sense of belonging among youth with disabilities. Sports events create a unique space where people with disabilities can demonstrate their abilities, develop competencies, and establish meaningful contacts. C. Brink & M. Block (2024) conducted a qualitative phenomenological study to examine the experiences of secondary school pupils with physical disabilities during physical education classes. The study included 10 participants aged 15-31 with cerebral palsy, spina bifida, amputation and other impairments. Five central themes emerged: favouritism towards athletic students, lack of consultation on necessary accommodations, teachers’ assumptions about cognitive limitations alongside physical ones, lack of skills among teachers to adapt classes, and lack of equipment modifications. Participants reported feelings of burden, exclusion from team games, and lack of voice in decisions about their participation.

A. McKinnon *et al.* (2022) investigated how participation in organised sport contributes to the positive development of youth with physical disabilities. The qualitative study involved nine young people with cerebral palsy or spina bifida aged 14-21 who participated in wheelchair basketball, rugby, tennis, sledge hockey and other sports. Two main themes emerged: outcomes gained through sport (physical, social, personal outcomes and life skills) and a climate of positive development (the importance of parents, peers and coaches). Participants valued the sense of belonging, community and competence.

A systematic mixed review by P. Chen *et al.* (2024) synthesised evidence from 41 studies on the impact of adaptive sports on the quality of life of persons with disabilities who use wheelchairs. The results showed a positive association between participation in active adaptive sports and participants’ quality of life scores. K.B.A. Dantas *et al.* (2022) conducted a cross-sectional quantitative study of the impact of

parasports on the quality of life of individuals with motor disabilities. Parasports athletes achieve a higher quality of life compared to non-athletes, with a difference of 12.97% ($p = 0.02$). The most significant difference was found in the spiritual domain, with statistically significant differences also observed in the physical, psychological and independence domains.

A. Zanudin *et al.* (2021) conducted a study on the feasibility of implementing an 18-week community exercise programme for 14 adolescents and young adults with cerebral palsy aged 16-25 in the United Kingdom. The study examined the barriers and facilitators of the transition from rehabilitation to community physical activity, exploring the development of capacity and autonomy. P. Moss *et al.* (2020) conducted a qualitative study with 11 members of a community wheelchair basketball club in the United Kingdom. It was found that wheelchair basketball directly affects psychosocial well-being through a change in identity from “person with a disability” to “athlete”, strengthening family relationships, improving social inclusion, and increasing confidence.

A large number of studies have been devoted to physical education and adaptive sports in the context of physical development, functional rehabilitation and improving the health indicators of persons with disabilities. However, there has been insufficient research aimed at a comprehensive study of physical education as a means of socialising youth with physical disabilities, identifying the mechanisms of socialising influence, organisational forms of involvement and the procedural dynamics of social status transformation, which necessitated the current study. The aim of the work was to substantiate the theoretical foundations of the socialisation of youth with physical disabilities through physical education by identifying the mechanisms of socialising influence, organisational forms of involvement and developing a procedural model of the stages of the socialisation process. The objectives of the study were: to identify the key mechanisms of socialising influence through the systematisation and structural-functional analysis of scientific sources; to compare the effectiveness of specialised, inclusive and public forms of organisation of physical education and sports activities; to conceptualise the dynamics of the socialisation process by developing a phased model with defined criteria for progression.

Materials and Methods

The study was conducted as a theoretical analytical study between September 2024 and February 2025. The literature search was conducted in the international scientometric databases Web of Science, Scopus, PubMed, and Google Scholar. Search queries were formed using combinations of key terms: “adaptive physical activity”, “adaptive sport”, “youth with disabilities”, “physical disability”, “socialisation through sport”, “social inclusion”, “physical education”, “Paralympic sport”, “athletic identity”, “sport participation barriers”. The inclusion criteria were publications for the period 2019-2025, the availability of empirical data or theoretical generalisations regarding the impact of physical education and sports activities on the socialisation of youth with disabilities, publication in peer-reviewed scientific journals, and availability of the full text. Exclusion criteria included publications devoted exclusively to

medical and clinical aspects of rehabilitation without a socialisation component, conference materials without scientific expertise, and publications without a clear methodology. At the initial stage, 178 potentially relevant sources were identified; after applying the selection criteria, 82 publications remained for in-depth analysis. The final sample consisted of 45 literature sources for the period 2019-2025, of which 9 sources were used in the introduction to assess the degree of development of the topic, and 36 sources were used directly for the review. The publications analysed included systematic reviews ($n = 12$), randomised controlled trials ($n = 8$), cross-sectional studies ($n = 15$) and qualitative studies ($n = 10$) with sample sizes ranging from 46 to 535,223 participants. Priority was given to studies of young people aged 12-30 with physical disabilities, in particular musculoskeletal disorders, spinal injuries and cerebral palsy, but individual publications with a wider age range were included if relevant data on the target age group were available.

The theoretical and methodological basis consisted of theoretical analysis methods to identify conceptual approaches to understanding the socialising impact of physical education and to systematise theoretical models of disability (social, biopsychosocial, environmental) in the context of adaptive physical activity. The comparative analysis method was used to compare organisational forms of involving youth in physical education and sports activities, identify their socialisation potential, and determine differentiated approaches to working with different nosologies. Structural and functional analysis was used to identify the mechanisms of the socialising influence of physical education, determine their characteristics, social competencies and forms of implementation. Methods of systematisation and generalisation ensured the integration of empirical data to form an idea of the effectiveness of physical education and sports activities in the social adaptation of youth. The literature review involved a critical assessment of the methodological quality of the studies, the identification of consensus and controversial conclusions, and the identification of gaps in existing knowledge. A separate methodological stage was the development of a procedural model of socialisation based on the integration of theoretical concepts with empirical data from the analysed studies. A phased approach was applied, with four consecutive stages (engagement, integration, identification, transformation), for each of which tasks, mechanisms of influence, organisational forms, barriers and criteria for completing the stage were defined. The development was based on the conceptual provisions of the SPORTS Participation Framework (Clutterbuck *et al.*, 2024), the theoretical framework of athletic identity (Rougeau *et al.*, 2025) and the biopsychosocial model of adaptive physical activity (Hatzikiriakidis *et al.*, 2024). In addition, a socio-ecological approach (Sung *et al.*, 2025) and provisions on social integration through sport (Albrecht *et al.*, 2019; Shao *et al.*, 2025) were used. The results were interpreted through the prism of the social model of disability, taking into account the methodological quality of the primary studies and the cultural contexts in which they were conducted. The limitation of the study was the theoretical nature of the work without empirical verification of the developed model on the Ukrainian population of youth with disabilities.

Results and Discussion

Theoretical foundations of the socialising influence of physical education on youth with special needs

In the context of theoretical understanding of socialisation processes, researchers relied on the social model of disability, which identified barriers in the social environment as the main factors limiting the participation of persons with disabilities in sports activities. J. Albrecht *et al.* (2019) conceptualised social integration as a multidimensional construct that encompassed sociocultural and socioaffective dimensions, including interaction and identification in sports clubs. The study showed that participants with disabilities achieved a similar level of social integration compared to people without disabilities, with individual factors such as volunteering, frequency of participation in sports activities, and participation in competitive activities having a greater impact than the structural characteristics of sports organisations. The study by K. Hatzikiriakidis *et al.* (2024) proposed a comprehensive biopsychosocial approach to adaptive physical activity, combining the principles of medical and social understanding of disability in the context of the International Classification of Functioning, Disability and Health. Within the framework of this study, a wide range of factors influencing physical activity and eating habits were identified: 154 and 112 factors, respectively. Environmental conditions, in particular the competence of medical and service personnel in promoting a healthy lifestyle, as well as the specifics of organisational structures, proved to be particularly significant. The authors demonstrated that the physical activity of people living in assisted living facilities is determined by the multifaceted interaction of bodily functions, the ability to perform everyday activities and participate in social life, individual personality characteristics, and environmental conditions.

The study by M.C. Sung *et al.* (2025) examined socialisation processes through sports activities through the prism of an ecological model, applying a socio-ecological concept to identify factors that promote or hinder the physical activity of preschool children with special needs. The use of the decision tree analysis method made it possible to identify key predictors of involvement in physical activity, including living conditions with older generations, the child's gender, the presence of other children in the family, and systematic physiotherapy. The researchers emphasised that the identified factors cover both individual and interpersonal levels of influence, which justifies the need to create comprehensive interdisciplinary intervention programmes to increase the participation of young people with disabilities in physical activity. The conceptual model SPORTS Participation Framework, created by G.L. Clutterbuck *et al.* (2024), proposed a systematic approach to understanding the process of sports participation of persons with disabilities in the context of interaction between the health, physical education and education sectors. The concept provides for a phased development trajectory comprising six consecutive stages, starting with initial screening and personalised training and ending with participation in international competitions. For each stage, the authors described in detail the specifics of sports activities, the range of stakeholders, barriers to participation and the available evidence base. This structured concept provides a basis for effective cross-sectoral collaboration, process management

and policy development, providing practitioners and researchers with tools to systematically overcome barriers to participation at each stage in order to increase the participation of persons with disabilities in sport at both the individual and population levels.

Complex mechanisms for developing emotional resilience and empathy were revealed in a study by J. Shao *et al.* (2025). Adaptive sports programmes significantly increased emotional resilience and empathy development, which indirectly had a positive impact on social inclusion and cognitive flexibility. Emotional resilience and empathy mediated the inclusion of young people in group contexts through the development of stress management skills, emotional normalisation, and understanding of other people's perspectives. Through the development of emotional resilience, young people gained the ability to manage interpersonal difficulties and build positive relationships in group settings, while empathy contributed to the development of an inclusive group climate through the recognition of peers' needs. The mechanism of social skill formation in group physical activities was analysed by J. D'Amours *et al.* (2025). Group physical activity programmes led to improvements in communication skills, social interaction and friendship building by creating an environment of peer acceptance and opportunities for social connection. Group performances provided a rich social experience, creating a

sense of acceptance and helping to overcome social isolation, which would otherwise mean a lack of active participation in community sports and recreation programmes. Youth with disabilities gained confidence through athletic achievement and became less vulnerable to the effects of stigmatisation by demonstrating athletic ability and belonging to a group. S.S. Al Harthy *et al.* (2025) found that social inclusion achieved through participation in sports clubs was strongly negatively correlated with anxiety and depression, explaining 62% of the variation in youth mental health. Social inclusion facilitated the overcoming of stigmatisation through changes in public perceptions of the abilities of persons with disabilities, the development of social identity, and the strengthening of a sense of community. Sports clubs served as platforms for identifying the abilities of youth with disabilities and showcasing visible sporting achievements, which effectively changed negative social attitudes.

Based on a comprehensive analysis, seven interrelated mechanisms have been identified through which physical education and adaptive sports have a profound socialising impact on youth with physical disabilities, with each mechanism activating specific characteristics of influence, developing relevant social competencies, generating measurable psychological effects, and being implemented in specific forms of physical education and sports activities. These data were presented in Table 1.

Table 1. Mechanisms of the socialising influence of physical education of youth with physical disabilities

Socialisation mechanism	Characteristics of influence	Social competencies formed	Psychological effects	Examples of implementation in physical education and sports activities
Communicative	Establishing interpersonal contacts during group activities, developing verbal and non-verbal communication in a structured sports environment	Verbal and non-verbal communication, empathy, social interaction skills	Reduced anxiety in communication, development of confidence in social situations, improved contact with peers	Team games, group warm-ups, team relays, pair exercises, training with constant interaction
Integrative	Involvement in joint activities with people without health limitations in an inclusive sports environment, fostering tolerance and a safe atmosphere	Social adaptation, tolerance, ability to cooperate in a diverse team, acceptance of diversity	Sense of belonging, reduced stigmatisation, emotional satisfaction from interaction	Inclusive sports events, mixed teams, joint competitions and training sessions
Normative-role	Learning social norms and roles through sports activities, developing discipline through following rules	Discipline, responsibility, cooperation, understanding of group norms, sporting identity	Formation of a stable identity, confidence in one's role, emotional stability	Participation in competitions, performing team roles, distribution of functions, refereeing and organisation of competitions
Compensatory	Overcoming physical disabilities by developing preserved functions and alternative abilities, adapting techniques to individual characteristics	Independence, adaptability, creativity in finding alternative ways to achieve goals	Increased self-esteem through achievement, change in self-perception from "limitations" to "opportunities"	Adapted exercise techniques, achievements in adaptive sports, personal records
Emotional-volitional	Developing willpower through systematically overcoming difficulties in training and competitions	Determination, stress resistance, emotional self-regulation, resilience	Emotional stability, increased tolerance to stress, confidence in the ability to overcome difficulties	Training process with increasing complexity, participation in competitions, overcoming fatigue, working on emotional control
Value-orientational	Forming values focused on a healthy lifestyle, self-development and social responsibility	A value-based attitude towards health, responsibility for oneself and others, readiness for social activity	Motivation for self-development, awareness of the importance of physical and mental health, increased social involvement	Promotion of a healthy lifestyle, volunteering in adaptive sports, participation in improving the sports environment
Status-positional	Gaining social recognition through sporting achievements and public recognition	Leadership, ambition, self-confidence, ability to influence others	Increased self-esteem, formation of a positive image in the group and society	Victories in competitions, receiving awards, sporting achievements, recognition in the sports community

Source: developed by the authors based on research by K.E. Sakalidis *et al.* (2023), N. Li *et al.* (2024), Y. Xing *et al.* (2025)

Table 1 reflects the idea of the socialising potential of physical education as a multidimensional system in which various mechanisms were logically divided according to their functions and expected results. It structurally demonstrated that the socialisation of youth with physical disabilities was viewed not only as inclusion in a group, but as a process of acquiring separate blocks of social competencies (communicative, integrative, normative-role, value and status) associated with certain types of physical education and sports activities. In the past, this approach made it possible to outline not just a list of positive outcomes of the classes, but a clearer “map” of socialisation goals, focused on purposeful pedagogical planning of classes. Separately, Table 1 showed a distinction between mechanisms related to compensating for limitations and those related to the symbolic dimension – the formation of identity and status. The compensatory component focused on overcoming functional barriers through the development of preserved functions, while the status-positional component focused on social recognition, leadership roles, and visibility in the community. In retrospect, this allowed adaptive physical education to be interpreted not only as a rehabilitation resource, but also as a space where youth with disabilities built their own positions in the group and received confirmation of their subjectivity.

Adaptive physical education was represented as a specialised branch of physical education aimed at the social rehabilitation and integration of youth with disabilities, regulated by a comprehensive system of regulatory, organisational and methodological components. C. Engelbrecht *et al.* (2025) defined adaptive physical education as a specialised form of physical education adapted to meet the unique needs of students with special educational needs, including those with physical and intellectual disabilities. This specialised field aimed to create equal opportunities for these students to actively participate in practical activities and development, promoting their optimal physical, motor and psychosocial development in the school environment. The structural components of adaptive physical education covered several interrelated aspects. A team of researchers led by X. Shen *et al.* (2024) created an adapted physical activity programme, conceptually based on the provisions of the International Classification of Functioning, Disability and Health. The methodological basis for the development was an integrative biopsychosocial model, which allowed for a comprehensive assessment of the diverse needs of people with disabilities. The programme's architecture was built around four key areas that reflected the interrelated aspects of human functioning: bodily structures and functional capabilities of the body, ability to perform actions and participate socially, and the influence of external conditions and the environment. The practical implementation of the programme involved a wide range of measures aimed at individualising physical education. In particular, physical exercises and sports activities were modified in accordance with the functional capabilities and individual requests of students, and teaching materials were adapted to take into account specific educational needs. At the same time, teaching strategies and methods were transformed, and differentiated approaches to assessing student achievement were developed, characterised by flexibility and variability. An important element of the programme

was the active involvement of students' families in the process of supporting and developing their physical activity. The main tasks of adaptive physical education were developed as a set of measures to promote the multidimensional development of youth with disabilities. O. Makaula *et al.* (2025) demonstrated that adaptive physical education in the context of rehabilitation practice mediated improvements in physical activity, functional abilities and quality of life of youth with disabilities through the integration of policy, infrastructure and the development of specialised programmes. The goals of adaptive physical education included developing physical ability, improving motor skills, enhancing psychosocial well-being, and facilitating social participation among youth with various health limitations through the creation of an adapted environment and the involvement of multisectoral support.

X. Liu *et al.* (2025) demonstrated that adapted physical education aimed to create an inclusive environment where students with and without health limitations learned together, with no single factor fully explaining the participation of youth with limitations in physical activity in integrated schools. Unlike therapeutic physical education, which focused primarily on clinical rehabilitation and restoration of physical functions under medical supervision, adaptive physical education functioned in an educational environment with an emphasis on inclusion, motor skill development, and social integration of youth. F.A. Nariz (2025) pointed out that adaptive physical education was a specialised form of physical education adapted to meet the unique needs of students, while traditional physical education programmes were often not equipped to address these needs, leaving students with disabilities excluded or discouraged from participating. Compared to mass sports, adaptive physical education was distinguished by a personalised, individualised approach focused on the unique abilities and needs of each student with disabilities, while mass sports provided standardised programmes for the general public without specific adaptations. Thus, theoretical analysis allowed to identify seven interrelated mechanisms of the socialising influence of physical education and to determine the key determinants of participation in physical activity among youth with disabilities. Adaptive physical education is characterised as a specialised field focused on the social rehabilitation and integration of youth with physical disabilities.

Adaptive sport as a tool for social integration of youth with special needs

The main types of adaptive sports for youth with various nosologies have developed as a differentiated system of disciplines specialised for individuals with musculoskeletal disorders, visual impairments, and intellectual limitations. L. Hayward *et al.* (2025) investigated adaptive team sports programmes for individuals using power wheelchairs and found that participation in such programmes provided social interaction, reduced isolation and expanded opportunities for mentoring and advocacy among youth with complex physical disabilities. Adaptive team sports proved to be a catalyst for personal development, positioning physical activity as a means of social inclusion and mental well-being for youth with disabilities. A systematic analysis conducted by P. Elipe-Lorenzo *et*

al. (2025) focused on the barriers faced by persons with disabilities when attempting to participate in competitive activities in a sports environment. The results of this study demonstrated that the effective implementation of inclusive approaches requires comprehensive organisational solutions in several areas. Among the priority tasks, the authors highlighted the need for qualified training of specialists working in the field of adaptive sports, the creation of a physically accessible environment and infrastructure solutions, the formation of institutional policies focused on the principles of inclusion, as well as a change in public perception and social attitudes towards the capabilities of people with disabilities. At the international level, the Paralympic Committee has initiated a large-scale programme aimed at developing adaptive sports in different countries around the world. The strategic goal of this initiative is to ensure broader access for youth with disabilities to specialised sports disciplines by removing systemic and social barriers. The programme implementation mechanism involves the creation of an international support network involving national states, which allows for the coordination of efforts and resources to achieve common goals in the field of inclusive sport.

Organisational forms and methods of involving youth with physical disabilities in physical education and sports have developed as a system of differentiated approaches aimed at achieving socialisation goals through specialised institutions, inclusive sports clubs and community organisations. D.R. Lubans *et al.* (2025) conducted a two-stage trial of the Burn 2 Learn adapted (B2La) programme, which represented a scaled-up school intervention delivered by special educators during the school day for young people aged 15-19 with various types of disabilities. The programme included a combination of fundamental support exercises, aerobic exercises and sports skills, delivered as activity breaks 2-3 times a week for 10-20 minutes, with intervention participants showing significant gains in functional ability at six months (20.3 m, 95% CI, 3.6-37.1). The effectiveness of specialised facilities and

inclusive sports clubs was determined by the quality of organisational capacity and adaptation strategies. M. Manojlovic *et al.* (2023) conducted a systematic review of 18 studies of school physical programmes for youth with disabilities to assess the impact on physical fitness and cardiometabolic health, finding that programmes combining aerobic and strength training promoted improvements in cardiorespiratory fitness, muscle strength and coordination, with 12 of 14 studies demonstrating improvements in cardiorespiratory fitness regardless of the type of intervention. The study showed that the effectiveness of the programmes depended on the adaptation of exercises to the individual abilities of youth, comprehensive training of teachers and systematic monitoring of implementation.

An integrated system for evaluating programmes and establishing partnerships between educational institutions and civil society organisations represented an effective approach by M. Jobst & C. Kreinbucher-Bekerle (2025) investigated the inclusion of persons with disabilities as volunteers at sporting events through a specialised training programme for sports managers with disabilities, finding that such a programme contributed to the development of social self-perception, professional skills and career opportunities for youth with disabilities. The programme included theoretical (11 sessions) and practical (8 sessions) components totalling 184 units, with participants with disabilities gaining work experience and demonstrating to their peers without disabilities that they are capable of performing social roles, thereby challenging stereotypes and expanding opportunities for social inclusion. The variety of organisational forms for involving youth with disabilities in physical education and sports activities and their effectiveness as tools for socialisation depends on the nature of the target audience, the possibilities for providing professional training, the level of inclusiveness and the sustainability of funding, with each form containing a unique balance of advantages and limitations that determine its role in the system of socialisation influence. The systematised data were presented in Table 2.

Table 2. Organisational forms of involving youth with disabilities in physical education and sports activities and their socialisation potential

Organisational form	Target audience (nosology)	Socialisation opportunities	Advantages	Limitations	Examples in Ukraine
Specialised adaptive sports youth schools	All nosological groups, predominantly moderate and severe forms	Professional training, competitive activity, formation of athletic identity, and achievement of high performance	Qualified trainers, systematic training, specialised equipment	Limited number of facilities, uneven distribution, high competition, difficulties in access for people with complex disabilities	CYSS "Invasport"
Inclusive sports sections	Mild and moderate forms of limitations	Integration with peers, reduction of social distance, and development of tolerance	Social inclusion, accessibility, reduction of bullying, formation of positive attitudes	Need for programme adaptation, dependence on trainer competence, risk of insufficient adaptation	Sports sections based at general secondary schools
Rehabilitation centres (sports-oriented programmes)	All nosological groups, especially post-traumatic and acute conditions	Restoration of functions, initial socialisation, comprehensive rehabilitation, and interaction with medical staff	Comprehensive approach, medical support, possibility of adjusting the workload, early intervention	Limited stay duration, focus on recovery, varying availability of sports specialisation	Social rehabilitation centres

Table 2, Continued

Organisational form	Target audience (nosology)	Socialisation opportunities	Advantages	Limitations	Examples in Ukraine
Community sports organisations and volunteer programmes	All nosological groups	Self-organisation, volunteering, development of civic engagement, and mutual support	Flexible programmes, community support, possibility for participants to become volunteers, low barriers to entry	Unstable funding, dependence on volunteers, fluctuations in quality, lack of stable guarantees	CO "Sport for All", NGO for assistance to people with disabilities
University adaptive programmes	Students with special needs, as well as those combining sport and study	Academic and sporting integration, development of dual careers, and formation of leadership competencies	Combining sport with education, scholarship support, opportunity for athletic development	Dependence on HEI policy, significant variability in programme availability, their limited nature	Inclusive higher education institution programmes and adaptive club teams
Online platforms and distance programmes	Individuals with low mobility, residents of remote regions, and persons with psychosocial difficulties	Distance accessibility, schedule flexibility, individualisation, and elimination of transport barriers	Overcoming geographical limitations, lower cost, asynchronous learning, individual pace	Limited live social interaction, technical difficulties, complexity of technique control	Zoom training sessions, YouTube channels, and online clubs
Mass sports events and festivals	All nosological groups	Promotion of adaptive sport, demonstration of capabilities, formation of a positive image, and emotional support	High emotional impact, mass reach, influence on public opinion	Episodic nature, limited long-term effect, need for large resources, risk of "heroising limitations"	"Invictus Games", Paralympic days, and city festivals

Note: CYSS – Children and Youth Sports School; CO – Charitable Organisation; NGO – Non-Governmental Organisation; HEI – Higher Education Institution

Source: developed by the authors based on research by A. Leiva Arcas *et al.* (2024), J. D'Amours *et al.* (2025), M Jobst & C. Kreinbucher-Bekerle (2025)

Thus, Table 2 showed a comprehensive differentiation of organisational forms of involving youth with disabilities in physical education and sports activities, both in terms of content and functional load in the general socialisation system. The structure revealed a key pattern: the higher the level of specialisation and professionalism (specialised youth sports schools), the narrower the coverage of the target audience and the more clearly defined the competitive aspects; conversely, the more universal and flexible the form (public organisations, online programmes), the broader, albeit less guaranteed, the possibility of reaching diverse groups of young people. The ambivalence of inclusive sections was significant: on the one hand, they provided the greatest potential for social integration through unrestricted contact with peers; on the other hand, they depended on the willingness of the coaching staff to adapt exercises and programmes. This indicated that the organisational form itself was insufficient without supporting factors (staff qualifications, availability of methodological support).

Rehabilitation centres represented a specific niche: they served as a "first entry point" for youth into active movement, medical support and initial socialisation, but their temporary nature fundamentally limited long-term socialisation outcomes. University programmes emerged as a form focused on a specific cohort – youth with higher levels of functional abilities and educational ambitions, where socialisation was intertwined with professionalisation and academic integration. C. Stanojevic *et al.* (2023) conducted a qualitative phenomenological study of the experiences of eight university students with mobility impairments who participated in an inclusive wheelchair basketball programme led by a certified therapeutic recreation

specialist. The study found that participation in adaptive sports significantly improved the university experience by expanding peer interactions and providing opportunities to participate in sports alongside students without disabilities. The inclusive model of the programme addressed issues of unequal access to recreational sports opportunities on campus, while professionally led programmes effectively facilitated meaningful social participation. The reverse integration model, in which students without disabilities joined adaptive sports, promoted mutual understanding and broke down stereotypes in the university environment. Remote formats, while solving geographical and logistical barriers, carried with them a fundamental limitation: the reduction of live social interaction, which was considered the core of the socialising impact of physical education. Mass sporting events functioned as periodic "peaks" of visibility and recognition, but without systematic intervention. Thus, the table revealed that an effective socialisation system required not a single form, but a differentiated combination of forms depending on the nature of young people's needs and geographical, social and resource contexts.

The role of participation of youth with physical disabilities in sports competitions at various levels has developed into a comprehensive mechanism of socialisation, influencing the formation of social status, self-identification and public recognition of participants. K.M. Rougeau *et al.* (2025) investigated the development of athletic identity among athletes with disabilities, conceptualising how sports participation led to a modification of personal identity through the experience of sports activities. Athletic identity among youth with disabilities was viewed as a perspective of self-perception based on the athlete's connection to their

sporting activities and the degree of significance of this dimension in relation to other areas of life, where high identification with the role of an athlete contributed to the mental well-being of youth through a sense of purpose and personal definition. The study showed that competitive sports participation transformed the social status of youth with disabilities. M.J. Maciá-Andreu *et al.* (2023) conducted a study on a sample of 203 student athletes with disabilities from five European countries and found that professional athletes with disabilities demonstrated the highest levels of athletic identity in several dimensions: they considered themselves athletes to a significantly greater extent ($p < 0.001$), had more sports-related goals ($p < 0.001$), and considered sport to be the most important part of their lives ($p < 0.001$) compared to amateur and semi-professional athletes. The level of professionalisation of sporting activity mediated significant differences in self-perception as an athlete, with professional athletes with disabilities establishing stronger social ties with their fellow athletes and developing more consolidated sports careers, which contributed to their public recognition as athletes rather than as individuals defined by their disabilities. Thus, the main types of adaptive sports and organisational forms of involving youth with disabilities in physical education and sports activities have been systematised, with their socialisation potential identified. It has been established that participation in sports competitions contributes to the formation of athletic identity and the transformation of the social status of youth.

The effectiveness of physical education and sports activities in the social adaptation of youth

The results of recent empirical studies on the impact of regular physical education and sports activities on the social adaptation of youth with disabilities revealed a comprehensive set of positive effects, including social activity, quality of interpersonal relationships, employment, and independent living. M.H. Sur *et al.* (2024) investigated the impact of sports involvement and social support on health-related quality of life in 68 adolescents with physical disabilities, aged 14–19, who had been playing wheelchair basketball for at least four months. The study found that confidence in sports activities and a sense of self-esteem (esteem support) were the strongest predictors of quality of life for youth with disabilities, accounting for 37% of the variability in quality of life. Sports involvement, characterised by confidence, commitment, energy and enthusiasm, contributed to positive cognitive and affective experiences, which improved the emotional, social and school functioning of youth. L. Cheung *et al.* (2023) conducted a qualitative thematic synthesis of 14 studies on the sports participation of 106 individuals with spinal cord injuries who participated in wheelchair basketball, rugby, tennis, swimming, and track and field at recreational and elite levels. The study found that sport facilitated the transition to a fulfilling life after injury through four interrelated mechanisms: adaptation to injury, factors initiating sport, positive outcomes of participation, and reframing the meaning of injury in one's life. Participation in sport provided community building and a sense of belonging, peer learning through mentoring, a sense of normality in a group context, improved confidence, body image, athletic identity and emotional regulation. Sporting activities helped break down social

stereotypes about people with disabilities and inspired other people with injuries to lead an active lifestyle.

The main barriers and obstacles limiting access to physical education and sport for youth with physical disabilities unfolded as a complex system of factors covering physical, social, economic, informational and psychological dimensions. Discrimination and negative social attitudes represented significant social barriers. Economic barriers included a lack of funding for adaptive equipment and infrastructure. E. Yi *et al.* (2022) developed indices for assessing sports facilities for persons with disabilities using universal design and found that 50 sub-factors were distributed across categories such as mobility, accessibility, finishing materials, stairs, lifts, corridors, entrances, toilets and other support services. About 52.8% of coaches in Ukraine reported insufficient equipment and conditions necessary for training youth with disabilities. Physical barriers included insufficient accessible infrastructure and transportation problems. G. McKenzie *et al.* (2021) conducted a mixed systematic review of 19 studies to identify barriers and facilitators to physical activity among youth and adults with childhood-onset physical disabilities, including cerebral palsy, spina bifida, and acquired brain injury. The researchers developed a conceptual model called “Finding the Right Balance”, which demonstrated that participation in physical activity was primarily determined by environmental factors in the social and physical environment, rather than solely by the individual characteristics of the participants.

Social connections and support from family, peers, and programme staff were critical facilitators of participation, with the influence of family support continuing into adulthood. Major barriers included physical inaccessibility of the environment, lack of social connections, and perceptions by youth with physical activity limitations that participation was too difficult to achieve. I. Wenger *et al.* (2025) investigated strategies for applying universal design in sports facilities and found that experts implemented universal design principles, including ensuring equal use, flexibility in application, and low physical effort. The proposed ways to overcome these barriers included comprehensive interventions at several systemic levels. O. Shevchuk (2024) recommended using the COM-B (Capability, Opportunity, Motivation – Behaviour) model, that in order to change the behaviour of trainers and educators, it is necessary to address all three components, including expanding their capabilities through specialised training, creating supportive organisational conditions and strengthening their motivation to implement inclusive practices. At the structural level, P.W.V. Paquibot *et al.* (2025) recommended the introduction of differentiated instruction, multi-level support and integrated policies in schools to ensure equitable access to physical education for all youth. At the systemic level, it was necessary to overcome biased public perceptions through media reform, public education, and increased visibility of Paralympic sports.

The development of a system for involving youth with special needs in physical education and sports is characterised by a comprehensive approach that combines technological advances, pedagogical methods, and political initiatives aimed at strengthening socialisation processes. A research team led by M.A. Tobaiqi *et al.* (2023) conducted a

comprehensive systematic review with meta-analysis dedicated to studying the effectiveness of using virtual reality technologies and game-based physical exercises in the rehabilitation of children diagnosed with cerebral palsy. The results of the study showed that the integration of game elements with virtual reality technologies contributed to statistically significant improvements in several important areas of children's functioning, including the development of motor skills, increased opportunities to participate in various activities, and an overall improvement in quality of life. Analysis of the intervention parameters allowed the most effective training regime to be determined: each session lasted between fifteen and forty-five minutes, with sessions held two to three times a week, and the total programme duration ranging from several weeks to six months. The main advantage of using a virtual environment was that it created conditions in which children were able to practise complex motor patterns in a safe and dynamic space with interactive elements, which significantly increased their active participation in the training process and strengthened their internal motivation to engage in regular exercise.

S. Faccioli *et al.* (2025) conducted a systematic review of adapted physical activity in paediatric populations with neuromotor limitations, finding that exergaming and game components contributed to improvements in gross motor performance, functional tests, muscle strength and stability, with participants with cerebral palsy and Down syndrome showing the greatest benefit. In addition, participation in adapted physical activity was accompanied by increased social participation and quality of life through the development of a positive attitude towards physical activity. S.J. Li *et al.* (2025) conducted a meta-analysis of exergames on physical activity behaviour change and found that exergame interventions significantly increased moderate-to-vigorous physical activity ($SMD = 0.48$, 95% CI : 0.12-0.85) and number of steps ($SMD = 0.54$, 95% CI : 0.13-0.94), with the greatest effectiveness achieved when rewards, feedback, and systematic progress monitoring were combined. Exergame interventions demonstrated lasting effects on physical activity that extended beyond the experimental period, indicating that the results were not solely related to the novelty of the technology. E. Mahmoudi *et al.* (2024) conducted a qualitative study on the needs of youth with disabilities and clinicians regarding the gamification of mobile applications for expanding leisure activities, finding that key features of gamification included setting personalised goals, tracking progress through physical metrics, fun elements, and the ability to connect socially with peers for support. Gamified mobile applications demonstrated the potential to facilitate health changes through personalised motivation systems and the engagement of different user groups – youth with disabilities, parents and clinicians. M. Wang *et al.* (2025) conducted a systematic review and meta-analysis of gamified interventions to improve physical activity in children and adolescents and found that gamified interventions significantly increased moderate-to-vigorous physical activity ($SMD = 0.39$, 95% CI : 0.23-0.56) compared to the control group, with these effects persisting beyond the experimental period. In addition, participants involved in gamified interventions demonstrated increased motivation to engage in physical activity and more positive attitudes towards continued participation.

Thus, empirical data demonstrated a statistically significant positive impact of systematic physical education and sports activities on the social adaptation of youth with disabilities, manifested in improved quality of life, employment, and mental health. At the same time, the multidimensional system of barriers identified pointed to the need for comprehensive interventions that addressed not only physical accessibility but also social attitudes, economic constraints and professional training of specialists. The promise of technological innovations, in particular virtual reality and gamified interventions, stemmed from their ability to simultaneously increase motivation, ensure individualisation of workloads and partially compensate for the limitations of physical infrastructure, which opened up new opportunities for expanding access to physical education and sports activities for youth with disabilities.

Procedural model of socialisation of youth with physical disabilities through physical education

Based on the theoretical framework of the SPORTS Participation Framework (Clutterbuck *et al.*, 2024), concepts of athletic identity (Rougeau *et al.*, 2025) and the biopsychosocial model (Hatzikiriakidis *et al.*, 2024), a procedural model of socialisation of young people through physical education has been generalised. Taking into account the socio-ecological approach (Sung *et al.*, 2025), the model represents a system of sequential stages with specific tasks, mechanisms of influence and results. The model conceptualises socialisation not as a single act of inclusion in sports activities, but as a step-by-step process of personality transformation from initial acquaintance with adapted physical activity to the formation of a stable athletic identity and a change in social status. Each stage is a necessary prerequisite for the next, with the model allowing for individual trajectories of youth movement through the stages depending on functional abilities, motivation, and social context.

Stage 1. Engagement: From rehabilitation to the first classes. The engagement stage represents the initial phase of youth with disabilities entering the sphere of adapted physical activity, which occurs mainly in the context of medical rehabilitation or targeted primary adaptation programmes. This stage is characterised by a high level of uncertainty, anxiety and insufficient awareness among youth about the possibilities of physical education and sports activities. The central task of this stage is to overcome psychological barriers, form initial motivation for physical activity and create a safe environment for the first attempts at physical activity. The priority tasks are to familiarise youth with the basic possibilities of adapted physical education, develop confidence in their own bodies and their functional capabilities, and form initial motor skills in a safe and supportive environment. At this stage, a medical assessment of functional capabilities is carried out, individual limitations and resources are identified, adapted exercises are selected, and realistic short-term physical activity goals are set.

The engagement stage is dominated by a compensatory mechanism aimed at identifying preserved bodily functions and finding alternative ways to perform motor tasks, allowing youth to feel that physical limitations do not preclude the possibility of active motor activity. The emotional-volitional mechanism is activated by overcoming the initial fear of physical activity and achieving the first, even

minor, successes in performing exercises. The value-oriented mechanism begins to form through the realisation of the importance of physical activity for health and overall well-being. Typical organisational forms include rehabilitation centres, where physical activity is integrated into a comprehensive recovery programme and accompanied by medical monitoring, specialised primary adaptation programmes in community organisations, online platforms for youth with limited mobility, and family-oriented programmes where parents are actively involved in the process.

The main barriers to engagement are psychological resistance and fear of physical activity, insufficient awareness of available adaptive physical education programmes, and a lack of qualified specialists capable of adapting exercises to the individual needs of youth. Excessive medical control and an emphasis on limitations rather than opportunities can foster a paternalistic attitude and inhibit the development of youth independence. Successful completion of the engagement stage is marked by the formation of sustained motivation for systematic physical education, the mastery of basic adapted motor skills, and the emergence of confidence in one's own functional abilities. A critical indicator is the desire of youth to move from individual activities under medical supervision to group forms of physical education and sports activities.

Stage 2. Integration: Inclusion in the group. The integration stage represents the transition from individualised classes to systematic participation in group forms of physical education and sports activities, where youth with disabilities interact with their peers in a structured sports environment. This stage is characterised by the intensive development of communication skills, the assimilation of group behaviour norms and the formation of the first stable social ties in a sports context. The central focus of this stage is the inclusion of youth in joint activities, where they begin to perceive themselves and be perceived as full members of the group, rather than as objects of special treatment or care. The key tasks include the development of interpersonal interaction skills in a group sports environment, the assimilation of the norms and rules of collective physical education and sports activities, the formation of a sense of belonging to the group, and the establishment of friendly relationships with peers. At this stage, various social roles in the team are mastered, cooperation and collaboration skills are developed during collective exercises and team games, and social isolation is overcome through the creation of a network of supportive social contacts.

The integration stage is dominated by a communicative mechanism, which is implemented through constant verbal and non-verbal interaction with group members during training, discussion of exercise strategies and mutual support. The integration mechanism is activated through joint activities with a diverse group of participants, which promotes tolerance, acceptance of diversity and understanding of the group's common goals. The normative-role mechanism manifests itself through the assimilation of rules of group behaviour, the distribution of functions in team tasks and compliance with the regulations of the training process. Typical organisational forms include inclusive sports clubs, where youth with disabilities participate alongside their peers without disabilities, community sports organisations that provide a less formalised

supportive environment, specialised groups in adaptive sports facilities for integration among peers with similar disabilities, and university adaptive programmes for combining sports and educational activities.

The main barriers to integration are stereotypes and prejudices on the part of peers without health limitations, and the insufficient preparation of coaches to create a truly inclusive environment, which leads to the formal presence of youth with disabilities in the group without real integration. A competitive environment without proper adaptations can reinforce feelings of inferiority and social distance. Successful completion of the integration stage is marked by the formation of lasting friendships with group members, active participation in group tasks and team games, and a sense of belonging to the sports community. The transition to the next stage occurs when youth begin to identify themselves not simply as participants in group activities, but as athletes with their own goals and aspirations in adaptive sports.

Stage 3. Identification: Forming a sporting identity.

The identification stage is characterised by a transformation in youth self-perception, with sporting activities becoming a central element of their personality and social identity. At this stage, physical education and sports activities cease to be merely a means of physical development or social inclusion and become a sphere of self-realisation, where young people develop their own goals, ambitions and vision of themselves as athletes. This stage involves a transition from participation for the sake of social interaction to systematic sporting activity focused on achievement, sporting excellence and possible professionalisation. The key tasks are the formation of a stable athletic identity, where youth perceive themselves primarily as athletes, the development of long-term sporting goals and strategies for achieving them, and systematic work on sporting excellence through intensive training. At this stage, youth become aware of their own strengths and sporting talents, choose to specialise in specific types of adaptive sports, and develop a professional attitude towards the training process.

The identification stage is dominated by a status-position mechanism, which is realised through the achievement of visible sporting results, participation in competitions at various levels, and gaining public recognition as a competent athlete. The compensatory mechanism reaches a new level, where overcoming physical limitations becomes not only a functional task, but also a source of pride and self-respect. The emotional-volitional mechanism is strengthened through the systematic overcoming of high training loads, the development of discipline and perseverance in achieving long-term goals. Typical organisational forms include specialised adaptive sports facilities with professional coaching, university adaptive programmes for combining a sports career with academic development, national teams and sports reserve systems for professionalisation, as well as high-level mass sporting events as platforms for demonstrating skills.

The main barriers to the identification stage are limited access to professional coaching, specialised equipment, and infrastructure for high-level training. Financial constraints can hinder participation in competitions, limiting opportunities for career development. The risk of excessive identification with the athletic role can lead to an imbal-

ance in personal development and psychological crises in the event of injury or inability to continue athletic activity. Successful completion of the identification stage is marked by the formation of a stable athletic identity, systematic participation in competitions at various levels with noticeable results, and recognition in the sports community as a competent athlete. A critical indicator is the ability to balance sporting ambitions with other life goals and the willingness to use the acquired competencies for social activity outside of sport.

Stage 4. Transformation: Change in social status.

The transformation stage represents the culmination of the socialisation process, when youth with disabilities achieve a fundamental change in their social status and public perception through visible sporting achievements and active civic engagement. At this stage, there is a transition from the role of a recipient of social support to the position of an active agent of social change, a leader and role model for other youth with disabilities. Sporting achievements become a tool for transforming not only one's own identity, but also social attitudes towards the opportunities available to youth with disabilities. The key tasks are to consolidate the new social status through the systematic demonstration of high sporting results at the national and international levels, to use sporting achievements as a platform for advocating the rights of youth with disabilities and developing adaptive sports, and to transition to the roles of mentors, coaches and organisers to support other young people in the early stages of involvement. At this stage, sporting experience is integrated into professional activities, academic research or community activism, ensuring the long-term sustainability of socialisation outcomes.

At the transformation stage, all socialisation mechanisms function in an integrated manner, creating a synergistic effect. The status-position mechanism reaches its maximum intensity through public recognition of sporting achievements, media representation and the receipt of high-level awards. The value-orientation mechanism is transformed into the active promotion of the values of inclusion, sport as an instrument of social change and responsibility to the community. The communicative mechanism goes beyond the sporting environment, encompassing public speaking, media communication and advocacy. Typical organisational forms include participation in top-level competitions, including the Paralympic Games, world and European championships, leadership roles in public sports organisations, volunteer programmes and mentoring to pass on experience to future generations, as well as media platforms, public speaking and advocacy campaigns as tools for influencing public attitudes.

The main barriers to the transformation stage are the limited opportunities for long-term support for a sporting career, especially after peak performance has been achieved. The risk of a psychological crisis at the end of a sporting career requires a pre-prepared strategy for transitioning to other areas of activity. Excessive media coverage can lead to the "heroisation of disability", where society perceives youth with disabilities solely through the prism of their sporting achievements. Successful completion of the transformation stage is marked by a fundamental change in self-perception and public perception of youth as full members of society with their own achievements,

recognition at the national or international level through sporting results and community activities, and an active position as a mentor or leader for other youth with disabilities. A critical indicator is the balance between different areas of life, where sporting identity is integrated with other aspects of personality, ensuring long-term stability and well-being.

Thus, the procedural model of socialisation is characterised by non-linearity and individual variability in the trajectories of youth through the stages. Although the sequence of stages is presented as a logical progression from engagement to transformation, actual trajectories may include returning to previous stages, pausing at certain stages, or accelerating the transition between stages depending on the individual characteristics of youth, the availability of resources, and the social context. Youth can achieve successful socialisation by stopping at the integration stage without transitioning to professional sports identification if their goals are limited to social inclusion and recreational physical activity. The duration of each stage varies individually: the engagement stage can take from several months to several years, the integration stage usually requires at least one year of systematic participation, the identification stage unfolds over several years of intensive sports activity, and the transformation stage represents a long-term process of consolidating a new social status. The model provides a structured understanding of the dynamics of the socialisation process, the specific tasks and mechanisms at each stage, the criteria for transition between stages, and practical strategies for supporting youth at different stages of their development in adaptive sport.

Conclusions

The study systematised the theoretical foundations of the socialising influence of physical education of youth with physical disabilities through an analysis of social, biopsychosocial and environmental models of disability. Seven interrelated mechanisms of socialising influence were identified: communicative, integrative, normative-role, compensatory, emotional-volitional, value-orientation and status-position, each of which activates specific social competencies and generates measurable psychological effects. Adaptive physical education was characterised as a specialised branch of physical education, which differs from therapeutic physical education and mass sports in its personalised approach, focused on the unique abilities of youth with disabilities. It has been established that the organisational forms of involving youth in physical education and sports activities are differentiated in terms of content and functional load: specialised institutions provide professional training with a narrow scope, while inclusive sections and public organisations offer broader opportunities for social integration depending on the qualifications of the staff. Participation in sports competitions at various levels mediates the formation of athletic identity and the transformation of social status, with professional athletes demonstrating higher levels of identification with their athletic role compared to amateurs.

According to the analysed studies, systematic physical education and sports activities had a statistically significant impact on the social adaptation of youth with disabilities, resulting in a 37% improvement in quality of life and a 62% reduction in symptoms of depression and anxiety. A

multidimensional system of barriers was identified, with more than half of coaches reporting insufficient equipment and conditions. Technological innovations, such as virtual reality and gamified interventions, demonstrated the potential to increase motivation and ensure individualisation of workloads. The developed procedural model of socialisation conceptualised socialisation as a sequence of four stages – engagement, integration, identification, transformation – each characterised by specific tasks, mechanisms of influence and transition criteria, providing a methodological basis for designing effective programmes and monitoring their implementation. The results of the study recommend the implementation of differentiated strategies for engaging youth depending on the stage of socialisation, functional capabilities and available resources,

as well as the integration of technological innovations into adaptive sports practice to increase accessibility. A promising direction is to conduct longitudinal empirical studies to validate the procedural model and identify specific socialisation trajectories of youth with different nosologies in the Ukrainian sociocultural context.

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Фізична культура як засіб соціалізації молоді з обмеженими фізичними можливостями

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Анотація. Соціальна інтеграція молоді з обмеженими фізичними можливостями залишається пріоритетною проблемою суспільства, а фізична культура виступає інструментом подолання соціальної ізоляції та формування комунікативних навичок. Дослідження було спрямоване на теоретичне обґрунтування механізмів, організаційних форм та етапів соціалізації молоді з фізичними обмеженнями через систему адаптивної фізичної культури та спорту. Теоретичний аналіз 36 наукових публікацій з міжнародних баз даних Web of Science, Scopus, PubMed та Google Scholar за період 2019-2025 років було здійснено з використанням методів систематизації, порівняльного та структурно-функціонального аналізу для виявлення концептуальних підходів та розробки процесуальної моделі. Встановлено сім взаємопов'язаних механізмів соціалізуючого впливу фізичної культури, що включають комунікативний, інтеграційний, нормативно-рольовий, компенсаторний, емоційно-вольовий, ціннісно-орієнтаційний та статусно-позиційний, кожен з яких активізує специфічні соціальні компетентності. Систематизовано організаційні форми залучення молоді від спеціалізованих закладів до інклюзивних секцій та громадських організацій з визначенням їхнього соціалізаційного потенціалу. Аналіз джерел засвідчив поліпшення якості життя на 37 % та зниження симптомів депресії й тривоги на 62 % у молоді, залученої до систематичної фізкультурно-спортивної діяльності, водночас виявлено, що 52,8 % тренерів повідомляли про недостатність обладнання та умов. Розроблена процесуальна модель концептуалізує соціалізацію як послідовність чотирьох етапів – залучення, інтеграція, ідентифікація, трансформація – з визначенням специфічних завдань, механізмів впливу та критеріїв переходу для кожного етапу. Результати формують теоретичну рамку для проектування диференційованих програм соціалізації та рекомендують інтеграцію технологічних інновацій для розширення доступності адаптивного спорту.

Ключові слова: адаптивний спорт; якість життя; інклюзивне середовище; емоційне здоров'я; комунікативні навички; змагальна діяльність