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Research Paper

Barriers and facilitators to societal participation of people with disabilities: A scoping review of studies concerning European countries

Obstacles et facilitateurs à la participation dans la société des personnes qui présentent une incapacité : vue d'ensemble des études portant sur la situation en Europe

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ABSTRACT

The aim of this scoping review is to explore previous scientific studies relating to the scholarly understanding of societal participation of people with disabilities. Six relevant databases within social science were searched using societal participation of people with disabilities, or different combinations thereof, as search words. The criteria for inclusion were: working-age people with disabilities; societal participation; accounting for facilitators or/and barriers of participation; geographical focus on or link to Europe, peer-reviewed studies using quantitative or qualitative methods published in English between January 2012 and December 2013. Thirty-two studies met these inclusion criteria. Each study was analysed relating to four measures: identity of the participator group, type of participation; type of facilitators; type of barriers. The findings show that there is a dominating focus on labour market participation and that societal participation was studied mostly concerning disabled people in general instead of any specific group. The main barriers identified were related to financial factors, attitudes, health issues and unemployment. The most frequently

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identified facilitators were related to legislation and disability policies, as well as to support from people in close contact with disabled people, attitudes in society and employment opportunities for people with disabilities.

RÉSUMÉ

Cette analyse a pour objet d'explorer des études scientifiques récentes afin d'aboutir à une synthèse des conceptions académiques sur la participation dans la société des personnes qui présentent une incapacité. Nous avons exploré six bases de données pertinentes relevant du domaine des sciences sociales en utilisant comme termes de recherche « *societal participation of people with disabilities*/participation dans la société des personnes handicapées » sous différentes combinaisons. Les critères d'inclusion étaient les suivants : personnes handicapées en âge de travailler, participation dans la société, obstacles et/ou facilitateurs à la participation ; zone limitée géographiquement à l'Europe ou liée à l'Europe, études quantitatives ou qualitatives évaluées par des pairs et publiées en anglais entre janvier 2012 et décembre 2013. Trente-deux recherches ont répondu à ces critères d'inclusion. Chacune de ces recherches a fait l'objet d'une analyse selon les 4 paramètres suivants : identité des participants du groupe, type de la participation, type du facilitateur et type de l'obstacle. Les résultats montrent que les études s'intéressent tout particulièrement à la participation sur le marché du travail et qu'elles portent principalement sur les personnes handicapées en général et non sur un groupe particulier. Les principaux obstacles identifiés concernent les aspects financiers, les attitudes, les problèmes liés à la santé et le chômage. Les facilitateurs les plus fréquemment identifiés relèvent de la législation et des politiques en faveur des personnes handicapées, du soutien de l'entourage, des attitudes dans la société et des possibilités d'emploi des personnes handicapées.

Mots clés :
Personnes handicapées
Participation sociale
Obstacles
Facilitateurs
Vue d'ensemble de la littérature

1. Introduction

During the recent decade the societal participation of persons with disabilities, which here refers to participation of persons in a societal context (see Section 1.2 for a closer discussion of the concept), has gained increasing significance within disability policy. It has been seen not only as a right but also as a way of counteracting social exclusion, economic poverty, and lower education achievements of poorer health outcomes (WHO, 2011). For example, the UN Convention on the Rights of Persons with Disabilities (Article 3 e) accentuates the "[f]ull and effective participation and inclusion in society" (United Nations, 2006). Despite ambitions and legislative initiatives to enhance societal participation and to counteract exclusion and discrimination of persons with disabilities, there are many different barriers that stand in the way of a full societal participation, such as discriminating attitudes, lack of information or inaccessible environments. Therefore, different forms of facilitators – for example, in terms of investments in accessible infrastructure as well as rights to services and other forms of support from society – are needed for participation and inclusion to come true.

There is however little, if any, consensus on the meaning of societal participation. To our knowledge, no definition of this concept has yet been presented in the scholarly literature. Nor are there any literature reviews accounting for factors facilitating or hindering it. Instead, previous studies have used the closely related and wider concept 'social participation' as a point of departure, although this concept also suffers from a lack of conceptual clarity. For instance, it is not always clear what the social implications, or ambitions, inherent in this concept convey (see Fougeyrollas, 2010). Another problem relating to the scholarly understanding of societal participation of people with disabilities is the high degree of specificity in focus. For instance, literature reviews in this area tend to have a narrow focus and investigate specific areas of presumably societal participation, such as participation in the labour market (e.g. Achterberg, Wind, de Boer, & Frings-Dresen, 2009) or concentrate on some particular group of people with disabilities, such as people with learning disabilities (for example Arvidsson, Granlund, & Thyberg, 2008; Verdonscho, de Witte, Reichrath, Buntinx, & Curfs, 2009a,b). Furthermore, they tend to have a methodological divide with a strict focus on either quantitative or qualitative research, although there are admittedly some studies with a broader methodological design (e.g. Gulliver, Griffiths, & Christensen, 2010).

The aim of this scoping review is, therefore, to explore the meaning of societal participation of working-age people with disabilities, and to map the scholarly understanding of facilitators and barriers relating to this phenomenon. It does so by exploring previous research in search for a general synthesis that will enhance our understanding of societal participation without discriminating between different disability categories or methodological approaches. Such an approach is important not least for the calibration of future disability policy, such as finding effective employment policies aiming at including persons with disabilities in the labour market. But it is also crucial for scholars since it provides means for a conceptual construction of societal participation, while at the same time unravelling disproportions or 'black-spots' that may affect policy making or distort the scientific understanding.

1.1. Disability

Disability refers to a complex, multidimensional and evolving phenomenon that may affect people in various ways depending on the context. According to the WHO (2011), which uses the International Classification of Functioning, Disability and Health (ICF) as its conceptual starting point, disability can be understood 'as a dynamic interaction between health conditions and contextual factors, both personal and environmental' (WHO, 2011: 4). WHO defines disability as an 'umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and contextual factors (environmental and personal factors)' (Leonardi, Bickenbach, Bedirhan Ustun, Kostanjsek, & Chatterji, 2006; WHO, 2011: 4). In this study disability is defined in accordance with the abovementioned ICF definition. This means that we used disability as an umbrella concept which covers limitations or exclusion associated to all types of conditions and diagnoses among working-age persons.

Disability can be seen as a 'negative' aspect having a bearing on the interaction between individuals with a health condition (such as cerebral palsy, Down syndrome, depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports) (WHO, 2011). The report also states that more than a billion people in the world are estimated to live with some kind of disability, of which approximately 2–4% experience significant difficulties in functioning or severe disability, such as quadriplegia, severe depression, or blindness (WHO, 2011).

1.2. Societal participation and its barriers and facilitators

Societal participation is a complex concept that can be given various meaning depending on how, where and in relation to whom it is used. In this study, societal participation refers to the participation of persons in different societal contexts, such as the labour market or civic life. By focussing on the relation between the person and different societal arenas, areas and activities, we see 'societal participation' as a narrower concept than 'social participation', which relates to a broad scope of

phenomena, such as interpersonal interactions, major life areas as well as the overall community or civic life (United Nations, 2006). To some extent, societal participation is closely linked to concepts like civic participation or political participation (e.g. Verba & Nie, 1972), but since it covers both political/civic participation and other societal modes of participation, e.g. paid employment, we choose to use societal participation rather than any of the closely related concepts. Having said this, we also emphasise that the term 'societal' should be understood in a general way that not only refers to different areas of participation, such as concrete activities or more general sentiments of participation, but also different areas of society, such as participation in paid labour or political participation. This definition is in accordance with previous research employing a wide focus on societal participation (e.g. Törnbom, Törnbom, & Stibrant Sunnerhagen, 2013), but it also incorporates major subfields within this area, such as participation in decision-making (e.g. Raisio, Valkama, & Peltola, 2014), participation in the labour market (e.g. Solstad Vedeler & Mossige, 2010) and participation in physical activities (e.g. Kissow, 2015; Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004).

Barriers to societal participation are defined as such conditions or factors in a person's environment that can have a hindering effect on functioning and that creates disability, which in turn leads to a lower level of societal participation or exclusion. Examples of this kind of barriers are negative attitudes, inaccessible environments, lack of provision of services, lack of consultation and involvement, or discrimination (cf. WHO, 2011). Facilitators of societal participation, on the other hand, refer to factors that reduce disability, enhance the level of functioning and thus increase societal participation. Examples of such facilitators are an accessible environment or access to technological devices, inclusive attitudes, and services that assist in everyday-life (WHO, 2011). It is important to notice that the absence of a barrier is not necessarily a facilitator, although it is common that facilitators are in the opposite direction of barriers.

1.3. Theory on societal participation and the factors facilitating/impeding it

The abovementioned conceptualisation of societal participation is to a large extent informed by previous and more general debates on participation in representative democracy that emerged in the 1960s and 1970s (e.g. Verba & Nie, 1972), as well as more recent debates on citizenship and inclusion (e.g. Fraser, 2008). Fraser (2008), as an example, sees participation as the flip side of social justice. In her view, institutions and societal arrangements are socially just if they permit all persons to participate in society as peers. In her analysis of prerequisites for social justice, she distinguishes between three types of participation that can help to distinguish between different aspects, or arenas, of societal participation. The first dimension in Fraser's model refers to the distribution of resources in society, which in the conceptual framework for this article can imply, for example, participation in the labour market or the access to redistributing schemes within the welfare state. The second type of participation in Fraser's model is cultural/symbolic and refers to different practices of representation, communication and cultural interactions. This dimension can be understood as pertaining to societal participation in terms of public attitudes towards people with disabilities or processes of discrimination. The third form of participation is political and relates to the political system. Fraser also identifies barriers to these forms of participation. Economic participation can be undermined by forms of redistributive injustice or 'misdistribution' of resources. Cultural and symbolic participation can be restricted by status inequalities, misrecognition or hierarchies that create injustice. Finally, the access to political participation can be hampered by unjust decision rules or systems of domination that exclude certain groups (Fraser, 2008).

Although Fraser's model provides a fruitful theoretical starting point for an inquiry into societal participation, it needs to be supplemented both practically and theoretically if it is to capture the finer nuances of societal participation of people with disabilities. For instance, it needs sensitivity in terms of everyday-life barriers that may hinder societal participation, such as non-accessible environments, pejorative attitudes or mere discrimination. Furthermore, it needs to be informed by the concept of capability, suggesting that societal participation is not solely a matter of rights or formal opportunities but also practical capacities to act on such premises (Bellanca, Biggeri, & Marchetta, 2011; Mitra, 2006; Trani, Bakhshi, Bellanca, Biggeri, & Marchetta, 2011; Welch Saleeby, 2007). During the heyday of anti-psychiatry movement and disability activism in the 1960s and 1970s, the view on participation of

people with disabilities took a dynamic, empowering and egalitarian turn, which also pointed out the importance of formal rights to participation, but also actual capacities to use these rights (Barnes, Mercer, & Shakespeare, 1999). For example, in the so-called relational model of disability, which can be seen as modernized version of the social model, disabilities are seen as situational mismatches between a person's needs and the environment (Trani et al., 2011). These thoughts are also mirrored in discussions about the so-called capability approach (Nussbaum, 2011; Sen, 1999).

According to Sen (1999), the capability approach goes beyond focusing solely on a person's functions, by emphasizing the aspirations, goals, choices and capabilities of a person and what kind of a so-called capability set a person has. The capability approach acknowledges the various factors behind a disability and the various consequences of disability (Mitra, 2006; Nussbaum, 2011; Welch Saleeby, 2007). As a result of this, the capability approach for example shows what kind of economic consequences a disability can bring. People with disabilities often face difficulties in getting into the labour market and they may also have limited opportunities to convert their earnings to promote their goals in life (Bellanca et al., 2011; Mitra, 2006; Sen, 1999). Equality in opportunities is therefore crucial for the capability approach and the key question is what each person is capable of doing and/or being (Nussbaum, 2011; Sen, 1999; Trani et al., 2011). Likewise, self-determination and autonomy are crucial for the capability approach, and their value is not diminished even if some people with disabilities might need assistance in practicing their self-determination (Morris, 2005; Nussbaum, 2011; Trani et al., 2011). According to Morris (2005), people with disabilities are often primarily seen as in need for service and assistance, when she emphasizes that they should be included in the decision-making in society, especially in matters concerning themselves.

2. Methods

2.1. Identification of studies

This study was conducted as a scoping review that aims at mapping the key concepts concerning some specific field of interest and the relevant literature and/or possible gaps in the literature (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). According to Arksey and O'Malley (2005), the first phase of a scoping review is to identify the research questions. Our research questions were what kind of meaning was given to the participation in society for persons with disabilities in the studies, whose participation was discussed and what kinds of barriers and facilitators regarding societal participation were highlighted. The second phase of a scoping review is to identify the relevant studies, which includes the formulation of key words and the search within central databases in the research area of social sciences. Six databases (Academic Search Premier [EBSCO], Applied Social Sciences Index and Abstracts [ASSIA], PubMed, Social Services Abstracts, Sociological Abstracts and Web of Science[1]) were searched between December 2013 and February 2014. Since we were interested in the most contemporary research in this field, we limited our search to peer-reviewed studies published between January 2012 and December 2013. A wider time span would also have meant an unmanageable amount of studies, since only these two years gave us at first hand more than three hundred search results. The search was based on a combination of the keyword "participation" with keywords for disabled people (e.g. "disabled persons", "people with disabilities" and "persons with disabilities") (see Appendix A).

2.2. Inclusion and exclusion criteria

Irrespective of the methodological approach (i.e. quantitative or qualitative) the studies found were included in the analysis if they (a) related to societal participation of working-age people (18–64 years of age) with disabilities, (b) were peer-reviewed studies, (c) were published in English, and (d) included at least one European country in their analysis. This geographical limitation in relation to the selection of studies was chosen in order to avoid too heterogenic societal contexts of the studies.

[1] As to the database Web of Science, the search was limited to the research areas concerning specifically social sciences and social work.

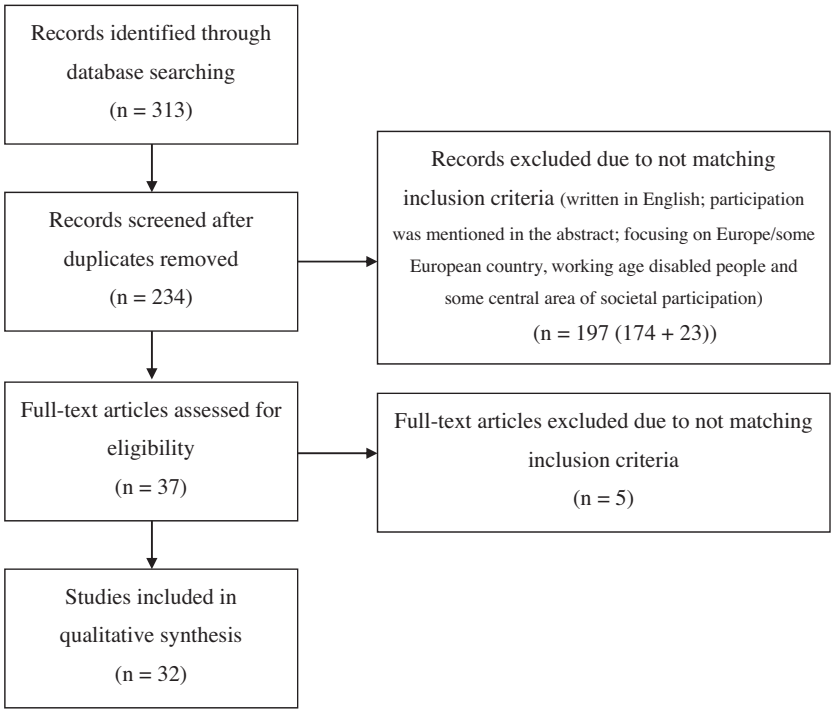


Fig. 1. The selection process of the studies.

Since the review focuses on the working-age population the concepts "children with disabilities" and "elderly people with disabilities" were used as exclusion criteria added to the search string in the database searches (see Appendix A). By doing so, studies focusing solely on either children or elderly people with disabilities were excluded. Studies where children or elderly people with disabilities were included alongside disabled people in working-age were not excluded though. Since we limited our search to peer-reviewed studies found in the above mentioned databases, any studies from the grey literature were not included. Randomised controlled trials and other medical intervention studies as well as studies focusing on caregivers or other professional groups were excluded, since the focus of this review was on societal participation among disabled people in general.

2.3. Search outcome

The third phase of a scoping review is the selection of studies (Arksey & O'Malley, 2005). After removing duplicates, all the 234 titles and abstracts found through the search were first screened by one reviewer to exclude the ones not meeting the geographical context. This first screening resulted in the exclusion of 174 studies. Potentially eligible studies were then identified by two independent reviewers scanning titles and abstracts of the remaining 60 studies and this lead to the exclusion of another 23 studies not matching our inclusion criteria. Full-text papers of potentially eligible studies were obtained if the abstract indicated that the paper reported on societal participation and that it focused on working-age people with disabilities. In cases of uncertainty, a third reviewer read the abstract allowing a consensus decision to be made.

Fig. 1 presents the selection process of the included studies. The initial database search returned 234 published English-language abstracts after removing duplicates. Of these, 37 full-text articles were reviewed. After application of the study inclusion criteria, 32 studies were finally identified to be eligible for review.

2.4. The analysing process

The retrieved studies were analysed against the background of three research questions or analytic dimensions. The first of these concerned the meaning of participation in society for persons with disabilities, that is, which areas of participation were highlighted in the studies. The second concerned identity, that is, whose participation was discussed and the third concerned different kinds of barriers and facilitators regarding societal participation. When the final selection of studies was concluded, the full-text versions of the studies were analysed through qualitative content analysis and the extracted text fragments were coded/categorised into themes/categories and subthemes/subcategories. Qualitative content analysis is here understood as a 'research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns' (Hsieh & Shannon, 2005; Mayring, 2000; Tuomi & Sarajärvi, 2002). We used a semi-inductive variant of this method, which means that although the three dimensions of analysis mentioned above set the overall frame for analysis, the content within these three dimensions was analysed inductively. This means that thematic categories were created based on what could be found in the content of the studied studies. More specifically, the studies and their contents were categorised as to what kind of societal participation they focused on, which group of disabled people they studied and what kinds of barriers and facilitators were highlighted in the studies. In the coding/categorisation process the identifiable units of meaning varied from whole paragraphs to specific words or sentences. In the end of the analysing process, the number of categories was diminished by the incorporation of thematically similar subcategories containing only a few identifiable units of meaning into larger categories.

3. Findings

Charting the data is the fourth phase of a scoping review (Arksey & O'Malley, 2005). In this scoping review, we extracted information regarding the author(s) and year of publication, the method(s), the geographical context, the area(s) of participation, the target group and the barriers and facilitators (Appendix B). These are described more in detail in the following Sections 3.1–3.3. In Section 3.4 and its subsections, different barriers and facilitators to societal participation of people with disabilities that were highlighted in the selected studies are analysed. The third chapter is thereby the fifth phase of our scoping review, which Arksey and O'Malley (2005) name collating, summarizing, and reporting the results.

3.1. Description of the studies

As Appendix B shows, the majority of the studies in our selection were nation-specific which means that they concerned only one or just a few European countries. Seven of the studies focused on the UK and five on The Netherlands, making these two countries the most represented ones among the nation-specific studies. One plausible explanation to this outcome is the fact that we only included studies published in English. Still, Norway and Poland were the focus for three studies each, Ireland, Portugal and Spain for two studies each and Finland and Sweden for one study each. The seven remaining studies did not focus on any specific country and/or concerned Europe as a whole. Fourteen of the thirty-two studies were published in 2012 and nineteen in 2013. More than half of the studies, eighteen to be specific, used a quantitative research approach whereas a qualitative approach was used in 12 studies. In five cases, a combination of quantitative and qualitative methods was used. In addition, the selection included four studies or papers related to conferences as well as one literature review, one action research and one review of the application of a strategy.

3.2. Target groups in the studies

The majority of the studies included in our study, focused on people with disabilities in general (see Appendix B). This included adults with some kind of chronic physical, sensory or mental health condition that limits their activities. In many of the studies there were also a variation in the severity

of the impairments or the age of the people studied. In some cases though, the studies were limited to a certain group of people like university students (Zubillaga & Alba, 2013) or workers over 50 years old (Pagan, 2012a), even if there were no limitation to any specific form of disability. In addition to studies which included a wide range of different specific forms of disability, there were four studies focusing on people with some specific form of disability, two focusing on people with learning disabilities (Power, 2013; Saur & Johansen, 2013), one on mental illness (Nygren et al., 2013) and one on paraplegia (Sa, Azevedo, Martins, Machado, & Tavares, 2012). In these cases, the aim was to shed light on barriers and facilitators especially concerning the specific group.

3.3. Areas of societal participation

The findings show that labour market participation was clearly the most studied area of societal participation of people with disabilities. Approximately a third of the studies, eleven to be specific, shed primarily light on issues related to this (see Appendix B). For example, the study of Bingham, Clarke, Michielsens, and Van de Meer (2013) concerned the employment opportunities within one specific occupation, in this case the nursing occupation, while Jakobsen and Svendsen (2013) and Nygren et al. (2013) focused on specific groups, in these cases persons with reduced mobility and people with mental illness, respectively. Other studies, like for example Broersen, Mulders, Schellart, and van der Beek (2012), highlighted the limited amount of employment opportunities in general. There were also a few studies concerning the importance of labour market participation in relation to welfare policies (for example Parker Harri, Owen, & Gould, 2012; Patrick, 2012; Van Hal, Meershoek, Nijhuis, & Horstman, 2013). Relating to labour market participation, the studies of Beauchamp-Pryor (2012) and Zubillaga and Alba (2013) focused on education and learning within higher education.

Another highlighted area was the participation in leisure activities, which was the focus of seven studies (see Appendix B). These focused on participation in sports (Brittain, 2012; Sa et al., 2012), leisure and tourism activities (Kubinska, Bergier, & Bergier, 2013; Pagan, 2012b; Taylor & Józefowicz, 2012), dance (Aujla & Redding, 2013) or theatre and cultural activities (Saur & Johansen, 2013). Aside from these forms of participation, six of the included studies focused on different perspectives and on policies related to disabled people and their societal participation (Elder-Woodward, 2013; Hilberink & Cardol, 2013; Hästbacka & Nygård, 2013; Kostanjsek et al., 2013; Meulenkamp, Cardol, van der Hoek, Francke, & Rijken, 2013; Power, 2013). In addition to the above mentioned six studies, there was also one study in our selection (Guldvik, Askheim, & Johansen, 2013) that focused on the political participation of people with disabilities.

Only the studies by Andrich, Mathiassen, Hoogerwerf, and Gelderblom (2013), Plos, Buisine, Aoussat, Mantelet, and Dumas, 2012 and by Zubillaga and Alba (2013) focused on issues related to assistive technology and universal design, and the study by Allertona and Emerson (2012) was the only one focusing on health care services. This is probably primarily a consequence of the fact that we specifically did not focus our search in databases focusing on medical studies. In addition, subjective wellbeing and networking in the social media were highlighted in one study each (Baker, Bricout, Moon, Coughlan, & Pater, 2013; Campen & Santvoort, 2013).

3.4. Barriers and facilitators

In the following sections, we will shed light on the overall frequencies and characteristics of the different barriers and facilitators found in all of the studies in our selection regardless of which area of participation they focused on (referring to Section 3.3). These barriers and facilitators concerned: labour market participation; attitudes, attention and knowledge; legislation, disability policies and support from other people; financial factors; self-determination, self-confidence and expectations, as well as accessibility and other barriers and facilitators.

3.4.1. Labour market participation

Eighteen out of 32 studies highlighted different barriers related to unemployment and lack of suitable employment opportunities, workplace environments and tasks. This is partly explained by

the fact that labour market participation was the most studied area of participation. In addition to the studies primarily focusing on labour market participation, there were also a few others highlighting barriers related to unemployment (Beauchamp-Pryor, 2012; Guldvik et al., 2013; Hästbacka & Nygård, 2013; Hilberink & Cardol, 2013; Kostanjsek et al., 2013; Kubinska et al., 2013; Meulenkamp et al., 2013; Pagan, 2012b). Aside from bringing up the lack of employment in general, many of these barriers related more specifically to unfavourable or insufficient employment policies and support systems as barriers for employment (see Appendix C) (Bingham et al., 2013; Hästbacka & Nygård, 2013; Hilberink & Cardol, 2013; Jakobsen & Svendsen, 2013; Parker Harris et al., 2012; Patrick, 2012; Van Hal et al., 2013). Further, two studies shed light on insufficient vocational rehabilitation (Nygren et al., 2013; Van Hal et al., 2013) and lack of support from employers, managers or co-workers, respectively (Bingham et al., 2013; Jakobsen & Svendsen, 2013), whereas three studies emphasised high demands in the labour market as barriers (Bingham et al., 2013; Broersen et al., 2012; Jakobsen & Svendsen, 2013). Sixteen studies also referred to employment policies and the availability of suitable working opportunities as facilitating societal participation of people with disabilities (see Appendix C). Especially the importance of adaptions in the working environment, tasks and working-hours, as well as effective employment policies and support systems and supportive legislation were frequently brought up as facilitators. Some studies also mentioned for example the support from and knowledge among employers, supervisors and co-workers as well as occupational rehabilitation as facilitators (Bingham et al., 2013; Hästbacka & Nygård, 2013; Jakobsen & Svendsen, 2013; Nygren et al., 2013; Van Hal et al., 2013).

3.4.2. Attitudes, attention and knowledge

Besides unemployment as one of the most highlighted barriers for societal participation, negative attitudes, stigmatization and discrimination that people with disabilities face in their lives were frequently emphasized as barriers in the included studies. This occurs both directly, as discrimination or unfriendly behaviour from for example employers, carers or other professionals, and indirectly, for example through ignorance, fears and prejudices, as strict ideals of beauty and normality or as hardening values in the society. These attitudinal barriers were brought up in as many as 21 of our studies (see Appendix C). Discriminating procedures can also be hidden within institutions and structures in society. Eighteen studies brought up the importance of changing attitudes, as well as the importance of supportive values and viewpoints on disability. In this sense, seeing disability as a human rights issue and as an equality issue is crucial, as well as acknowledging the capabilities of, and the potential in people with disabilities. As previously mentioned in the introduction, attitudes towards and perspectives on disability have an impact on disabled people's societal participation. In 15 studies increasing attention, visibility, information and knowledge about disability and disabled people's integration in society was also seen as an important facilitator for disabled people's societal participation and as means to changing attitudes in society (e.g. Andrich et al., 2013; Aujla & Redding, 2013; Bingham et al., 2013; Jakobsen & Svendsen, 2013; Pagan, 2012a,b). In many of these studies, information and knowledge was also considered important to decision-makers, professionals and researchers, as well as to disabled people, for example in relation to political issues or assistive technology.

3.4.3. Legislation, disability policies and support from other people

The overall most highlighted facilitators were legislation and disability policies, as many as 24 of the 32 studies highlighted this as a facilitator (see Appendix C). This was an expected result considering that legislation and disability policies are the foundations of other highlighted facilitators, such as the regulations for accessibility in the physical environment and provision of service and support people with disabilities need in their lives. Especially the importance of the UN Convention on the Rights of Persons with Disabilities was emphasized in several of the studies (e.g. Allertona & Emerson, 2012; Andrich et al., 2013; Guldvik et al., 2013; Parker Harris et al., 2012). The European disability policies and programmes, as well as nation-specific constitutions and legislations about for example discrimination, equality and labour market participation were also highlighted (e.g. Bingham et al., 2013; Hästbacka & Nygård, 2013; Pagan, 2012b; Sa et al., 2012; Saur & Johansen, 2013). In addition, some of these studies shed light on how different perspectives on people with disabilities affect the

disability policies and legislation, how disability issues need to get on the political agenda and how disability policy programmes and goals are strengthened by legislation.

In relation to this, unfavourable views on disability or unfavourable changes in disability and/or welfare policies and benefits were mentioned in 11 studies as hindrances to the societal participation of people with disabilities (see Appendix C). These unfavourable perspectives on disability mean that disabled people are viewed as "abnormal" in line with the so-called medical model of disability. In other words, they are seen as "the others", as a homogeneous group or as targets for charity, rather than peers in line with the social model of disability: it means not seeing disability through the lens of equality and rights and therefore ignoring the societal changes needed. In some cases this was seen to further lead to unfavourable changes and restrictions in welfare policies and in disabled people's service and support systems. According to some of the studies (e.g. Hilberink & Cardol, 2013; Parker Harris et al., 2012), this was showing in (neo)liberal perspectives increasing, diminishing the societal responsibility and emphasizing the individual's independence, activity and responsibility instead. This was also seen as the back-side of the coin when it comes to governments claiming to promote labour market participation of people with disabilities, but in reality doing this insufficiently and also restricting the welfare benefits.

In addition to legislation and disability policies, support from and collaboration between professionals, decision-makers and people close to disabled people, such as family members and employers, was mentioned as a facilitator for societal participation in 20 of the studies (see Appendix C). In this sense, different professionals' collaboration with disabled people, as well as with their families, was perhaps mostly emphasized. This was regarded crucial to be able to consider the circumstances for the clients' daily life and to create individual solutions of service and support for them, but also to enhance connections with and integration in the whole community and surrounding society. Since disabled people's labour market participation was the main focus for many of the included studies, the collaboration with employers, as well as other labour market parties, was also rather frequently mentioned (e.g. Bingham et al., 2013; Jakobsen & Svendsen, 2013). Another highlighted aspect was collaboration and sharing information, experience and knowledge between different professions that are in close contact with disabled people, such as professionals of social work, education, medicine, rehabilitation, architecture, product design and research. This was seen for example by Andrich et al. (2013) as very important concerning assistive technology solutions. There were also many studies, which brought up the importance of support from and collaboration with decision-makers. The inclusion of people with disabilities and their organisations in decision-making processes was also emphasized, with reference to developing different policies and legislation. This kind of a bottom-up perspective was seen as crucial for people with disabilities to get their voice heard, to be seen as a resource and as partners and to get their real needs expressed (for example Elder-Woodward, 2013; Guldvik et al., 2013; Hästbacka & Nygård, 2013; Hilberink & Cardol, 2013). All these forms of support and collaboration were not suggested to be implemented on a local level only. Instead, they should be implemented on national as well as international levels.

3.4.4. Financial factors

Financial factors were frequently brought up as barriers as well as facilitators, either in terms of presence or absence of resources both on an individual level and on a societal level for disability services. Financial barriers were actually one of the most frequently mentioned barriers since they were brought up in 21 of our 32 (see Appendix C). Many of the studies in our selection brought up the limited resources within the public sector, leading to increased demands for cost-effectiveness and strict and complicated public procurement policies, but also demands for eliminating unnecessary and costly obstacles in service provision. This was seen as a consequence of the global financial crisis, but perhaps even more as a consequence of the earlier mentioned unfavourable changes that have occurred in disability and/or welfare policies, such as diminished funding for independent living and room for individual solutions, as well as stricter rules to approve for benefits. Furthermore, this was seen to be affecting disabled people and their families unfavourably and adding more of the financial responsibilities on them. In many studies, it was also pointed out that people with disabilities already tend to have a lower socio-economic position and more limited personal financial resources to begin

with, much due to barriers in education and employment. They have not the same financial opportunities to consumption and to participate in society, for example to enjoy leisure activities. Here, in overcoming the financial barriers disabled people are facing and securing enough resources for necessary services and support, decision-makers were seen to be in a key role. A more binding legislation was also emphasized to guarantee the rights of people with disabilities in spite of limited resources.

On the other hand, there were 11 studies bringing up equal financial opportunities as a facilitator for societal participation. This was emphasized for example by Andrich et al. (2013) in terms of providing the kind of assistive technology that is best suitable for each individual user. In this sense it was highlighted, to not only short-sightedly measure costs in terms of money, but in social costs as well. In addition, a few studies, for example Jakobsen and Svendsen (2013), also bought up the need for financial support to employers to cover potential extra costs due to disability and thereby facilitate employment of disabled people. Employment, on the other hand, was seen as a means to both improve the socio-economic situation of people with disabilities and their opportunities to consumption, and to diminish their dependence of welfare benefits.

3.4.5. Self-determination, self-confidence and expectations

Fourteen studies brought up the importance of disabled people's own self-determination and self-confidence, their participation in decision-making and that other people have the right kind of and level of expectations for them and their abilities (see Appendix C). The importance of including disabled people in political decision-making was brought up, but according to Beauchamp-Pryor (2012) this is crucial in the development of notably education and, as for example Andrich et al. (2013) pointed out, of new effective forms of assistive technology. Adequate assistive technology was also regarded as a facilitator for the autonomy of people with disabilities, alongside for example personal assistance. Autonomy, the availability of choices, the right to self-determination and the right to participate in decision-making concerning oneself were also highlighted frequently.

Furthermore, according to the studies included in this scoping review, disabled people's perceived autonomy was assumed to generate feelings of optimism and self-confidence, which could become a personal resource for the disabled individual, as highlighted, among others, by Andrich et al. (2013). In addition, Guldvik et al. (2013) stressed that other people should have the right kind and level of expectations on disabled people's capacities for participation in decision-making. And of course, disabled people's own expectations and believes about themselves and their capabilities and possibilities in life should not be too low. Furthermore, disabled people's personal initiative, their skills, qualifications, knowledge and education were also seen in 12 studies as facilitators for societal participation. On the other hand and relating to this, discouragement and wrong or lacking expectations from other people (for example parents, carers, teachers, employers and decision-makers), as well as disabled people's own lack of confidence and wellbeing were brought up as a barriers in ten of the selected studies. In six of the studies (Beauchamp-Pryor, 2012; Elder-Woodward, 2013; Guldvik et al., 2013; Hilberink & Cardol, 2013; Pagan, 2012b; Pawlowska-Cyprysiak, Konarska, & Zolnierczyk-Zreda, 2013), disabled people's lack of power, influence and participation in decision-making were also highlighted as barriers for societal participation.

3.4.6. Accessibility and other barriers and facilitators

Although accessibility in the physical environment, transport, communication and information are all necessary facilitators for disabled people's societal participation, only approximately every second of the selected studies highlighted any one of these facilitators (see Appendix C). Accessibility was mostly brought up in terms of access to the built environment of work places (e.g. Jakobsen & Svendsen, 2013; Parker Harris et al., 2012), schools (e.g. Zubillaga & Alba, 2013), leisure activities (e.g. Aujla & Redding, 2013; Pagan, 2012b; Sa et al., 2012; Taylor & Józefowicz, 2012), health care services (e.g. Allertona & Emerson, 2012) and political arenas (e.g. Guldvik et al., 2013), as well as the infrastructure (e.g. Plos et al., 2012). It was also pointed out that the need of an accessible environment does not only concern wheelchair users but also persons with visual impairments and reduced mobility. Furthermore accessibility was stretched to include the access to information and communication (e.g.

Malo & Pagan, 2012; Pagan, 2012b; Taylor & Józefowicz, 2012), and it was seen to go hand in hand with assistive technology (e.g. Andrich et al., 2013; Zubillaga & Alba, 2013).

Different forms of accessibility and the opportunities to transport and mobility (public transport and the availability of disability parking spaces) were both mostly highlighted in terms of facilitating participation in the labour market, education and leisure activities. The provision of services, including personal assistance and care, was brought up only in 12 of the selected studies (see Appendix C). The service forms highlighted were personal assistance, assistive technology, suitable housing and adaptations in the living environment, health care services and support systems for the employment of disabled people. The necessity of providing individual solutions of service and support for people with disabilities, like personal assistance and assistive technology, was emphasized to facilitate equal opportunities to societal participation (e.g. Andrich et al., 2013; Elder-Woodward, 2013; Hästbacka & Nygård, 2013; Hilberink & Cardol, 2013; Jakobsen & Svendsen, 2013). Even though participation in leisure time activities such as sports, tourism, theatre and cultural activities was the main focus for seven of the chosen studies (see Appendix C), only five studies highlighted recreation and leisure activities in themselves as empowering and as facilitators for disabled people's participation (Brittain, 2012; Kubinska et al., 2013; Meulenkamp et al., 2013; Pagan, 2012b; Pawlowska-Cyprysiak et al., 2013).

On the other hand, in as many as 19 of the studies different health related issues, or the disability in itself, were in one way or another seen as barriers for participation (see Appendix C). In this sense it was most often brought up that some kinds of impairments and disabilities might be barriers in the labour market, especially in some particular professions (Bingham et al., 2013; Broersen et al., 2012; Jakobsen & Svendsen, 2013; Nygren et al., 2013; Pagan, 2012a; Sciulli, de Menezes, & Vieira, 2012; Van Hal et al., 2013). In addition, it was highlighted that disabled students might experience more pressure than others (Aujla & Redding, 2013; Beauchamp-Pryor, 2012) and that health issues might be a barrier for political participation (Guldvik et al., 2013). In terms of participation in the art of dancing, aesthetics and physical aspects were also pointed out as possible barriers (Aujla & Redding, 2013; Saur & Johansen, 2013). In spite of the frequent mentioning of health related issues as barriers, medication and health care was the least mentioned of all facilitators since it was brought up only in three of the selected studies in our study (Andrich et al., 2013; Malo & Pagan, 2012; Nygren et al., 2013). This shows that the social model of disability was clearly the dominant perspective in the selected studies. In addition, rehabilitation and different kinds of therapies, as well as assistive technology, got the attention as facilitators only in a few of the studies. As mentioned in the Section 2, this is probably primarily a consequence of the fact that we specifically did not focus our search for studies to databases focusing on medical studies.

4. Discussion and conclusions

The aim of this scoping literature review was to explore previous research on societal participation of people with disabilities in order to receive a synthesis and deeper understanding of the meaning of social participation and the barriers and facilitators relating to it. The analysing of our included studies started from three research questions. The first one concerned the meaning of participation in society for people with disabilities, i.e. which areas of participation were highlighted; the second concerned whose participation was discussed in the studies and the third concerned different barriers and facilitators regarding societal participation that were brought up.

The review showed that the overwhelming majority of the studies focused on societal participation of disabled people in general, which is not surprising since people with disabilities are often treated as one singular, albeit a heterogeneous, contingent (cf. WHO, 2011). The forms of disabilities might vary, but still the barriers and facilitators for societal participation can be quite similar for disabled people, so therefore they also tend to unite themselves in wider NGOs for example, in order to have a stronger voice in the society. Relating to Fraser's model (Fraser, 2008), this results highlights the importance of cultural/symbolic participation of people with disabilities, but it also suggests that policies aiming at levelling status inequalities or fighting misrecognition or hierarchies are important for any true ambition to enhance societal participation of people with disabilities to come true.

The most highlighted area of societal participation was labour market participation. Here, the most highlighted barrier was unemployment, but barriers related to for example health issues, attitudes and financial factors were also frequently brought up. On the other hand, aside from employment opportunities, legislation and disability policies were the most highlighted facilitators relating to labour market participation. This finding relates closely to the redistributive aspect of participation suggested by Fraser (2008), indicating that labour market participation is seen as the most highlighted type of participation with a bearing upon the social, or distributional, justice of people with disabilities. Nevertheless, it also raises the question whether labour market participation is highlighted primarily for the sake of the society, for example in terms of a higher overall employment rate, or whether it is valued for the sake of the disabled people themselves in terms of higher income or higher self-fulfilment. The findings also show that increased labour market participation often follows as a positive outcome of facilitators like legislation, disability and welfare policies, inclusive attitudes and support from other people.

Another relatively highlighted area was the participation in leisure activities. In relation to this area of participation the most highlighted barriers were attitudes and health issues, but also for example inaccessibility. The most frequently mentioned facilitators concerning leisure activities were attitudes, the availability of information and knowledge, supportive legislation and support from professionals, decision-makers and people close to oneself. Also this dimension of participation relates closely to the aspect of cultural and symbolic participation as suggested by Fraser (2008). Moreover it shows the importance of disability policies as something that strengthens personal capabilities, but also financial opportunities, to take part in society in a socially equal way (cf. Nussbaum, 2011; Sen, 1999). For instance, we found that public attitudes, unemployment, financial factors, and unfavourable disability or welfare policies were seen as major barriers for societal participation. On the other hand, support from professionals, decision-makers and people close to oneself was seen as major facilitators of societal participation in a cultural and symbolic sense, followed by the availability of services and supportive legislation. What might be a bit surprising here, though, is that the access to family life, that is, to having a family of one's own, was not highlighted in any of the studies in our selection. This raises the question whether this area of life is not seen as open for people with disabilities and if they are not even expected to be able to be parents for example.

In this scoping review, however, the overall most highlighted barrier to societal participation concerned financial factors (either individual or societal), negative attitudes, health issues related to the disability itself and unemployment. The emphasising of financial barriers is in accordance with the capability approach (e.g. Sen, 1999) suggesting that disabled people do not have the same financial opportunities to consume or to enjoy leisure activities. Another, slightly less highlighted, but still crucial, barrier was disabled people's lack of power, influence and participation in decision-making, which also Fraser (2008) points out as a barrier for societal participation (see also Morris, 2005). On the other hand, there were many studies stressing the importance of disabled people's self-determination and participation in decision-making for a fuller societal participation in accordance with one's aspirations and goals in life (Nussbaum, 2011; Sen, 1999).

Overall, the most highlighted facilitators to societal participation were legislation and disability policies followed by support from others (like professionals, decision-makers and people close to oneself), supportive attitudes and employment. The fact that legislation and disability policies were mentioned the most often as facilitators for societal participation of people with disabilities tells about the fundamental value of these facilitators. The support from different professionals and decision-makers is crucial to create and implement such enabling legislation and policies. This is also shown by our study since the support from professionals and decision-makers was the second most mentioned facilitator. On the other hand, the implementation of legislation and policies that support societal participation requires funding, and therefore it is probably not surprising that financial barriers were the most frequently mentioned barriers. This also suggests that societal participation is also very much a question of equality in terms of distribution of resources (Fraser, 2008), and that enabling legislation and disability policies can be hampered by unequal income distribution or by an ignorant, discriminating or stigmatizing attitudinal climate. Therefore, the need to change attitudes and prevailing values in society were brought up as important facilitators. On the other hand, barriers like

an inaccessible environment or facilitators such as the provision of services, received less attention than expected. This might suggest that, if legislation and attitudes are supportive and there are no major financial barriers, many other facilitators, such as an accessible environment are more easily sustained.

One limitation of this study is the rather short time span of analysis (the studies included were published in 2012 or 2013). However, this restriction was a necessity for obtaining a manageable amount of studies found through the database searches. In order not to have too heterogenic societal contexts of the studies, we also chose to limit our selection geographically to Europe. Furthermore we chose to include only studies written in English. As a result of this most of the studies in our selection focused on countries in Western Europe. In this review, we also limited our search to databases for social sciences, and it is likely that the outcome of the scoping review would have been different if also other areas of research, such as rehabilitating or medical journals would have been scoped.

On the other hand, in spite of these limitations, the selected studies were not limited methodologically and they covered a wide range of topics and areas of societal participation. Since we did not choose to focus on any specific area of societal participation, or on any specific group of disabled people for that matter, we managed instead to scrutinize which areas of disabled people's societal participation are highlighted in contemporary research within social sciences. Our study showed that societal participation can be related to many areas of life and can be understood in various ways, even though some life areas still get barely any attention at all, like parenthood and family life. With this broad perspective on societal participation, this study contributes to the scientific understanding of disabled people's societal participation on a more general level. A conceptual construction of societal participation can also shed light on misconceptions or neglected research areas that may distort the scientific understanding or affect policy making in the society. The wider understanding of societal participation is therefore important not only for the future scientific research, for example how public or political attitudes towards different aspects of societal participation can be enhanced, but also for the future disability policies further enabling the equal opportunities to societal participation for people with disabilities. Societal participation for people with disabilities is and will continue to be both a corner stone for disability policies and a goal to strive for.

Disclosure of interest

The authors declare that they have no competing interest.

Appendix A. The search string for the database searches

Search words	Searched in
(participation OR "participation in the society" OR "participation in society" OR "societal participation" OR "social participation")	Abstract, Title/abstract or Topic
AND	
("people with disabilities" OR "disabled people" OR "disabled persons" OR "persons with disabilities")	Abstract, Title/abstract or Topic
NOT	
("children with disabilities" OR "disabled children" OR "kids with disabilities" OR "disabled kids" OR "old people with disabilities" OR "old persons with disabilities" OR "disabled old people" OR "disabled old persons" OR "older people with disabilities" OR "older persons with disabilities" OR "disabled older people" OR "disabled older persons" OR "elderly people with disabilities" OR "elderly persons with disabilities" OR "disabled elderly people" OR "disabled elderly persons")	Subject heading, Keywords or Topic (Filters Humans, Young Adult: 19–24 years, Adult: 19–44 years and Middle Aged: 45–64 years were used in PubMed)

Appendix B. Description of the studies investigating societal participation among disabled working-age people [2]

Author(s) and publication year	Method(s)	Geographical context	Area(s) of participation	Target group	Barriers brought up related to	Facilitators brought up related to
Allertona and Emerson (2012)	Quantitative	UK	Health care services	People with disabilities	Attitudes, communication, discouragement, inaccessibility, knowledge, transport	Accessibility, attitudes, knowledge, legislation, services
Andrich et al. (2013)	Article/position paper (e.g. from conferences)	Europe or unspecified	Assistive technology and universal design	People with disabilities	AT, communication, financial, inaccessibility, support	Accessibility, AT, attitudes, communication, financial, knowledge, legislation, health care, networks, qualifications, services, rehabilitation, self-determination, support
Aujla and Redding (2013)	Literature review	Europe or unspecified	Leisure activities (dance, sports, tourism, theatre and culture)	People with disabilities	Attitudes, education, discouragement, financial, health, inaccessibility, knowledge, PA, transport	Accessibility, attitudes, knowledge, networks, services, support
Baker et al. (2013)	Quantitative	Europe or unspecified	Social and professional networking in the social media	People with disabilities	Communication, financial, knowledge	Communication, knowledge, networks, qualifications, services
Beauchamp-Pryor (2012)	Quantitative and qualitative	UK	Education and learning	People with disabilities	Attitudes, health, knowledge, power, support, unemployment, unfavourable policies	Attitudes, knowledge, legislation, self- determination, support
Bingham et al. (2013)	Quantitative and qualitative	UK, The Netherlands	Labour market participation	People with disabilities	Attitudes, education, health, knowledge, unemployment, unfavourable policies	Attitudes, employment, financial, knowledge, legislation, support
Brittain (2012)	Article/position paper (e.g. from conferences)	UK	Leisure activities (dance, sports, tourism, theatre and culture)	People with disabilities	Attitudes	Attitudes, financial, legislation, knowledge, recreation, rehabilitation, self-determination
Broersen et al. (2012)	Quantitative	The Netherlands	Labour market participation	People with disabilities	Education, health, unemployment	Employment, qualifications
Campen and Santvoort, 2013	Quantitative	Europe or unspecified	Subjective wellbeing	People with disabilities	Discouragement, financial, health, inclusion	Legislation, self-determination
Elder-Woodward (2013)	Article/position paper (e.g. from conferences)	UK	Perspectives and policies on disabled people and participation	People with disabilities	Attitudes, financial, power, support	Attitudes, legislation, networks, services, support

[2] See Appendix D for a further explanation of the barriers and facilitators listed in Appendix B.

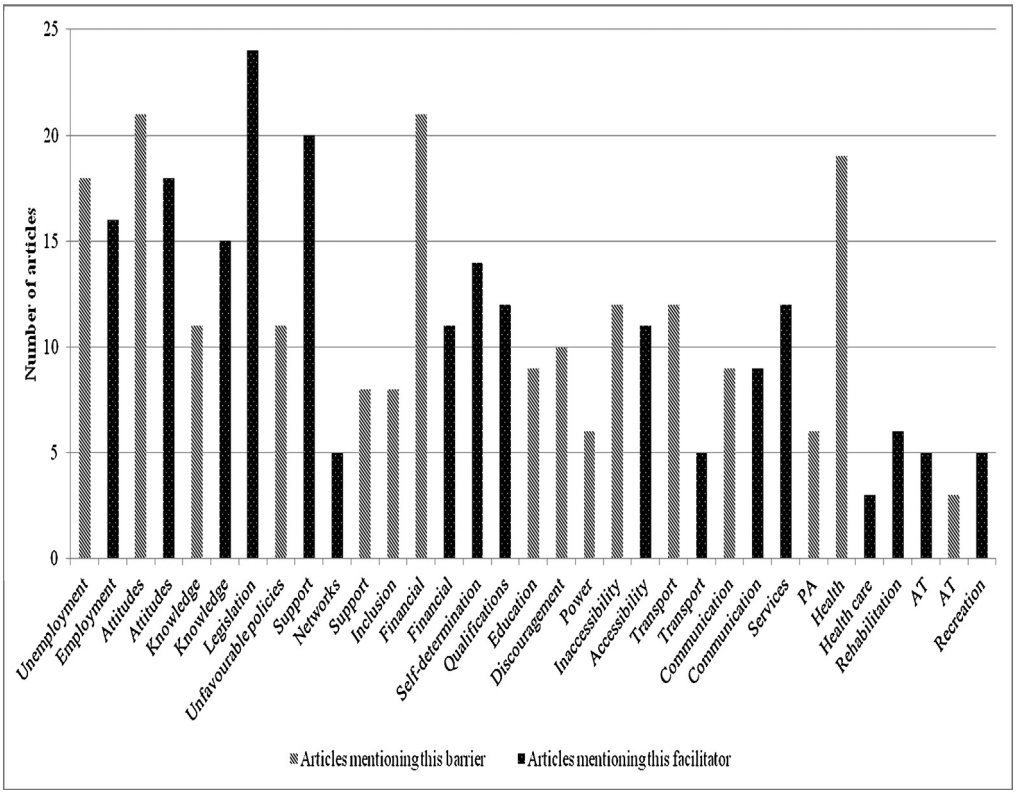
Appendix B (*Continued*)

Author(s) and publication year	Method(s)	Geographical context	Area(s) of participation	Target group	Barriers brought up related to	Facilitators brought up related to
Guldvik et al. (2013)	Quantitative and qualitative	Norway	Political participation	People with disabilities	Attitudes, education, communication, discouragement, financial, health, inaccessibility, knowledge, power, inclusion, PA, transport, unemployment, unfavourable policies	Accessibility, attitudes, knowledge, legislation, self-determination, support
Hilberink and Cardol (2013)	Article/position paper (e.g. from conferences)	The Netherlands	Perspectives and policies on disabled people and participation	People with disabilities	Financial, power, support, unemployment, unfavourable policies	Attitudes, services, self-determination, support
Hästbacka and Nygård (2013)	Qualitative	Finland	Perspectives and policies on disabled people and participation	People with disabilities	Attitudes, financial, inaccessibility, unemployment, unfavourable policies	Accessibility, AT, attitudes, communication, employment, financial, knowledge, legislation, qualifications, services, self-determination, support, transport
Jakobsen and Svendsen (2013)	Qualitative	Norway	Labour market participation	People with disabilities	Attitudes, financial, health, inaccessibility, knowledge, support, PA, transport, unemployment, unfavourable policies	Accessibility, AT, attitudes, communication, employment, financial, knowledge, legislation, qualifications, services, self-determination, support, transport
Kostanjsek et al. (2013)	Quantitative	Ireland	Perspectives and policies on disabled people and participation	People with disabilities	Attitudes, AT, Inaccessibility, Knowledge, PA, Transport, Unemployment	Attitudes, employment, knowledge, legislation, support, transport
Kubinska et al. (2013)	Quantitative	Poland	Leisure activities (dance, sports, tourism, theatre and culture)	People with disabilities	Unemployment	Attitudes, knowledge, recreation, rehabilitation, self-determination, support
Malo and Pagan (2012)	Quantitative	Europe or unspecified	Labour market participation	People with disabilities	Attitudes	AT, attitudes, communication, employment, legislation, health care, services
Meulenkamp et al. (2013)	Quantitative	The Netherlands	Perspectives and policies on disabled people and participation	People with disabilities	Attitudes, education, financial, health, inaccessibility, inclusion, transport, unemployment, unfavourable policies	Employment, legislation, qualifications, services, recreation, self-determination, support
Nygren et al. (2013)	Quantitative	Sweden	Labour market participation	People with mental illness	Discouragement, Health, Unemployment	Employment, legislation, health care, qualifications, self-determination, support
Pagan (2012a)	Quantitative and qualitative	Europe or unspecified	Labour market participation	People with disabilities	Attitudes, financial, health, unemployment	Employment, knowledge, legislation

Appendix B (*Continued*)

Author(s) and publication year	Method(s)	Geographical context	Area(s) of participation	Target group	Barriers brought up related to	Facilitators brought up related to
Pagan (2012b)	Quantitative	Spain	Leisure activities (dance, sports, tourism, theatre and culture)	People with disabilities	Attitudes, education, communication, discouragement, financial, health, inaccessibility, knowledge, power, inclusion, transport, unemployment	Accessibility, attitudes, communication, employment, financial, knowledge, legislation, qualifications, services, recreation, self-determination, support, transport
Parker Harris et al. (2012)	Qualitative	UK	Labour market participation	People with disabilities	Inclusion, unemployment, unfavourable policies	Employment, financial, legislation, qualifications, rehabilitation
Patrick (2012)	Qualitative	UK	Labour market participation	People with disabilities	Attitudes, discouragement, financial, inaccessibility, support, transport, unemployment, unfavourable policies	Employment, legislation
Pawlowska-Cyprysiak et al. (2013)	Quantitative	Poland	Labour market participation	People with disabilities	Attitudes, communication, financial, health, inclusion, power, transport, unemployment	Communication, employment, financial, recreation, self-determination, support
Plos et al. (2012)	Application of strategy for AT/ universal design	Europe or unspecified	Assistive technology and universal design	People with disabilities	Attitudes, AT, financial, health	Accessibility, AT, legislation, support
Power (2013)	Qualitative	Ireland	Perspectives and policies on disabled people and participation	People with learning disabilities	Financial, inclusion, PA, unfavourable policies	Networks, services, support
Sa et al. (2012)	Quantitative	Portugal	Leisure activities (dance, sports, tourism, theatre and culture)	People with paraplegia	Communication, health, inaccessibility, transport	Accessibility, legislation, rehabilitation
Saur and Johansen (2013)	Action research	Norway	Leisure activities (dance, sports, tourism, theatre and culture)	People with learning disabilities	Attitudes, education, communication, discouragement, financial, health, inaccessibility, knowledge, support	Attitudes, employment, financial, legislation, self-determination, support
Sciulli et al. (2012)	Quantitative	Portugal	Labour market participation	People with disabilities	Education, discouragement, financial, health, transport, unemployment	Employment, financial, legislation, qualifications, support
Taylor and Józefowicz (2012)	Qualitative	Poland	Leisure activities, transportation and mobility	People with disabilities	Attitudes, financial, health, inaccessibility, knowledge, PA, transport	Accessibility, communication, financial, knowledge, legislation, rehabilitation, transport
Van Hal et al., 2013	Qualitative	The Netherlands	Labour market participation	People with disabilities	Attitudes, discouragement, financial, health, unemployment, unfavourable policies	Employment, support
Zubillaga and Alba (2013)	Quantitative and qualitative	Spain	Education and learning, assistive technology and universal design	People with disabilities	Education, communication, knowledge	Communication, qualifications

Appendix C. Number of articles bringing up each barrier and facilitator[3]



Appendix D. Explanations to barriers and facilitators in Appendixes B and C

Barriers	
Financial	Financial barriers, individual or societal
Attitudes	Attitudes, prejudices, stigmatization and discrimination
Health	Health issues related to physical factors and the disability itself
Unemployment	Unemployment and barriers related to employment (policies)
Inaccessibility	Inaccessibility and barriers in the physical environment
Transport	Transport and mobility barriers
Unfavourable policies	Unfavourable changes in disability policy and benefits
Knowledge	Lack of information, knowledge and research
Discouragement	Discouragement, lack of confidence, wrong expectations and poor wellbeing
Education	Barriers in or lack of education, professionalism and training
Communication	Barriers related to communication and information
Support	Lack of support from authorities and decision-makers and complicated bureaucracy
Inclusion	Lack of support from people close to oneself and lack of inclusion in the community
Power	Lack of power, influence and participation in decision-making
PA	Lack of personal assistance, care and rehabilitation and unmet support needs
AT	Barriers related to assistive technology, universal design and service delivery systems
Facilitators	
Legislation	Legislation, disability policies and rights
Support	Support from and collaboration between professionals, decision-makers and people close to oneself

[3] See Appendix D for a further explanation of the barriers and facilitators in Appendix C.

Appendix D (*Continued*)

Attitudes	Changing attitudes, supportive values and viewpoints on disability
Employment	Employment (policies), suitable and supportive working environment, vocational rehabilitation
Knowledge	Increasing attention, visibility, information, knowledge and integration in society
Self-determination	Self-confidence, self-determination, participation in decision-making and right expectations
Qualifications	Personal initiative, skills, qualifications and education (opportunities)
Services	Provision of services, personal assistance and care
Accessibility	Accessibility and physical environment
Financial	Financial opportunities, individual or societal, and possible support
Communication	Communication opportunities, information in an accessible forms and ICT as facilitator
Rehabilitation	Rehabilitation, sports and different kinds of therapies
AT	Assistive technology, universal design and occupational therapy
Networks	Peer-support and networks
Transport	Transportation and mobility opportunities
Recreation	Recreation and leisure time as empowering
Health care	Medication and health care

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