Article

"Why Can't I Play?": Transdisciplinary Learnings for Children with Disability's Sport Participation

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Abstract

This article explores the constraints to mainstream sports participation of children with disability in community sports clubs and schools through their lived experiences and the perceptions of parents, teachers, coaches, and club officials. It does so by administering an open-ended survey instrument to a sample of participants recruited from schools, sporting facilities, and disability organizations in New South Wales and Victoria, Australia. The data were analysed through a transdisciplinary conceptual framework which brought together the social model of disability (disability studies) with the leisure constraints framework (leisure studies), which have been encouraged by both academics and practitioners. The findings identified ableist and disablist practices, creating an enabled understanding of the facilitators for social inclusion. Participants perceived that interrelated intrapersonal, interpersonal, and structural constraints excluded children from their desired sporting activities. Through applying the social model of disability to the leisure constraints framework, the findings and discussion showed that a great deal of what had been considered intrapersonal constraints of the child with disability could be reinterpreted as interpersonal and structural constraints through enabling socially inclusive practices. The implications are that a social model of disability brings a new social lens to understanding constraints to sport participation for children with disability and can produce effective strategies for inclusion in sport at schools and community sport clubs.

1. Introduction

Participation in physical activity can be beneficial on a variety of levels (Son, Kerstetter, & Mowen, 2008). Research on megatrends in sport shows that increasingly, governments, businesses, and communities are recognizing the broader benefits of sport (Hajkowicz, Cook, Wilhelmseder, & Boughen, 2013). Such benefits include improvements to mental and physical health, crime prevention, social development, leadership, social capital, and achieving international cooperation objectives (Darcy, Maxwell, Edwards, Onyx, & Sherker, 2014). However, national and international sport policies (Independent Sport Panel, 2009; Sport England, 2016) identify people with disabilities (PwD), among other marginalized groups, are significantly disadvantaged by national sporting systems. For example, in Australia, some ten years after the Independent Sport

Panel, Australia's 2030 strategy has again identified the marginalized position of PwD as a serious social policy situation requiring new approaches to change the low sport participation by PwD (Sport Australia, 2019). While the Australian ethos and national identity emphasizes the importance of participation in sport for all and a 'level playing field,' many groups including children with disability (CwD) are marginalized from sport participation (Veal, Darcy, & Lynch, 2013).

The aim of this article is to employ a transdisciplinary approach to reconceptualize the constraints to sports participation experienced by CwD. We bring together two different traditions to understanding constraints: the leisure constraints framework and the social model of disability. The specific questions addressed in this article are:

RQ1: What are the perceived constraints to participation in mainstream sport for CwD, as viewed through the leisure constraints framework?

RQ2: How are these constraints viewed through a social model of disability lens?

RQ3: What implications do the findings have for developing more enabling sports participation practices for CwD?

To address these research questions, this article will firstly examine ableism and the social model of disability as a lens underpinning the United Nations (2006) Convention on the Rights of Persons with Disabilities (CRPWD). We then examine the leisure constraints framework as a way of understanding the lived experiences of CwD and the perceptions of other stakeholders towards the inclusion of CwD. The research design is outlined together with the frames of analysis. The findings are then presented together with a discussion of the research questions.

2. Literature Review

An extensive body of research has identified the lower participation rates in sport of PwD (e.g., Lauff, 2011). Other studies have sought to understand the difference between those with disability who participate in sport and those who do not (Darcy, Taylor, Murphy, & Lock, 2011; Sotiriadou & Wicker, 2014). Similarly, there has been a great number of studies reviewing CwD and their involvement in sport (e.g., Shields, Synnot, & Barr, 2012). Yet, there has been little to no change in the participation rates of PwD in sport for the last three decades (Australian Bureau of Statistics, 2015). This study seeks to explore whether a transdisciplinary approach to understanding leisure constraints through a social model of disability lens can contribute to our understanding. These two areas of literature are now briefly reviewed for their contribution.

2.1. Ableism and the Social Model of Disability

It is widely recognized that people living with disabilities do not experience the freedoms and opportunities in life to which they have a right, or in the same measure as non-disabled people. The United Nations (2006, para. 1) acknowledges this in addressing why it is necessary to have a convention saying:

Although existing human rights conventions offer considerable potential to promote and protect the rights of persons with disabilities, it became clear that this potential was not being tapped. Indeed, persons with disabilities continued being denied their human rights and were kept on the margins of society in all parts of the world.

This includes being excluded from, or at best, kept in the margins of sport (Darcy & Dowse, 2013; Misener & Darcy, 2014). Such marginalization is because ability is at the centre of sport (Darcy et al., 2011; DePauw & Gavron, 2005). Therefore, the concept of disability and sport for many is a contradiction. Even at the elite Paralympic level, disability sport is perceived by many as inferior to non-disabled sport (Darcy, Frawley, & Adair, 2017; DePauw & Gavron, 2005). The assumption that sport is only for the able-bodied reflects a culture of ableism that is even apparent at pinnacle events like the Olympics, Paralympics, and Commonwealth games (Darcy, 2019). Chouinard (1997, p. 380) defines ableism as "ideas, practices, institutions and social relations that presume ablebodiedness." The presumption of ability consequently privileges people with typical abilities while labelling people with 'impairment' as deficient, and undesirable (Wolbring, 2008). Ableism is different to disablism. Whilst ableism presumes ability, disablism involves deliberate discrimination of people with actual or presumed disabilities and their families, friends, and colleagues (Campbell, 2008).

The social model of disability challenges ableism and the taken-for-granted nature of normalcy, rejecting the dominant bio-medical model understanding of disability promoted in terms of functional deficit. The social model makes a distinction between impairments (which people have) and disability (social barriers faced; see Oliver, 1996). For this reason, whilst recognizing that many disability services and allied health professionals look to the World Health Organization's 2001 International Classification of Functioning, operationalized through the Disability Assessment Schedule (Üstün, Kostanjsek, Chatterji, & Rehm, 2010), the tool assesses and classifies people according to abnormal body structures or loss of function. We find the deficit-focused definition linking disability with impairment is unacceptable. In this article we argue that a social model approach to disability is a more appropriate framework to use. This aligns with the CRPWD that is based on social approaches to disability that focus on the lived experience, identify the barriers

facing people and seek transformative solutions (Oliver, 1996; United Nations, 2006).

2.2. Leisure Constraints

Leisure constraints are those factors impeding an individual's participation in their chosen leisure activities (Jackson, 1991). Leisure constraints have been grouped into three categories: intrapersonal, interpersonal, and structural (Crawford & Godbey, 1987). Table 1 provides an interpretation of Smith, Austin, Kennedy, Lee, and Hutchison's (2005) three constraint categories in which barriers to recreation for PwD are presented by intrinsic (intrapersonal), communication (interpersonal), and environmental (structural) categories.

It was from this foundational framework established by Smith et al. (2005) that leisure constraints were developed to examine the hierarchical nature and negotia-

Table 1. Leisure constraints for people with disability reinterpreted from Smith et al. (2005).

Category	Constraint	Definition
Intrapersonal/Intrinsic	Cognitive	Lack of knowledge about leisure programs, facilities, resources and other information are required for informed choice
	Social ineffectiveness	Some people with disability may have ineffective social skills
	Health related issues	These may impact upon participation
	Physical and psychological dependency	Some people with disability have physical dependency due to their impairments, while others may have a 'learned' psychological dependency e.g., attendant assistance
	Skill/Challenge gaps	As conceptualized in 'flow' theory, skill/challenge gaps are a major consideration in leisure activity choice
Interpersonal/Communication	Other people	Through socialization skills and dependency, some people do not have others to participate with, support their participation or are unable to interact socially
	Communication	This involves reciprocal interaction between the individual and their social environments. Constraints can arise between the sender, the receiver or both. Some people with disability have impairments that affect communication (e.g., speech, hearing, sight, cognitive function etc.).
Structural/Environmental	Attitudinal	This includes negative behaviour towards individuals (e.g., exclusion, verbal abuse, violence, etc.), paternalism (e.g., treated as childlike, assumed decision-making roles etc.) and apathy (e.g., ignoring existence and, hence, inclusion)
	Architectural	The built environment which includes construction, legislation, design and planning
	Rules and regulations	Rules and legislation enacted which deliberately discriminates against people with disability (e.g., international air carrying regulations)
	Transport	For people with higher support needs, there is a lack of suitable and affordable accessible transport
	Economic	People with disability experience much higher rates of unemployment (from the average to 99% depending upon a range of factors) and, therefore, are economically disadvantaged. Further, many impairments have additional costs that must be met by the individual (e.g., equipment, wheelchairs, personal care consumables, etc.).
	Omission	This includes all those facilities, programs, policies and procedures that do not incorporate inclusive practices for people with disability (e.g., modified rules etc.)

tion of constraints. The hierarchy's assumption of a progression from the intrapersonal to the interpersonal to the structural has been criticized, with the work on constraint negotiations suggesting a more iterative process (Jackson, 1993). Darcy, Lock, and Taylor's (2017) comprehensive review of PwD's sport constraints to participation reviews research conducted in the areas of gender, natural area visitation, elite athletes, and participation of an ageing population. There is scant reference to leisure constraints of children's participation or parents' perceptions of the constraints to their children's leisure (Pule, Drotsky, Toriola, & Kubayi, 2014). There are, however, studies examining factors affecting recreation and leisure participation of children from a medical perspective (King et al., 2003) and factors influencing physically active leisure of children (Thompson, Rehman, & Humbert, 2005). More recently outside of constraints-based research there have been studies examining children with diverse backgrounds in sports clubs (Spaaij et al., 2019), volunteer perception's of inclusion of young people with disability in sports clubs (Jeanes et al., 2018) and children with specific impairments experiences as reported by parents (McMahon, 2019).

In reviewing the leisure constraints studies to date, they have focused on either one specific disability type or compared participation of PwD to those without a disability. Empirical evidence to determine the range of factors that are antecedent to nonparticipation for PwD remains under researched, as does understanding of how the factors that constrain participation for PwD interact to create dynamics of exclusion through ableism and disableism. This study addresses these gaps to examine the perceptions of constraints to children's participation in community clubs and/or school sport. This study crosses transdisciplinary boundaries with the leisure constraints and the social model of disability to reconceptualize our understanding of leisure constraints within a social model understanding.

3. Research Design

The research design was informed by an interpretive social constructionist position (Burr, 1995; Veal & Darcy, 2014). The research is premised on social model (Oliver, 1996) and human rights (Darcy & Taylor, 2009; French & Kayess, 2008) conceptualizations that sport should be accessible to all children. However, as the literature shows, clearly it is not (Goodley & Runswick-Cole, 2010). The voices of CwD are more difficult to incorporate in formal studies. This research has drawn on the voices of CwD, parents of CwD, parents of nondisabled children, schoolteachers, coaches, and sports club officials regarding their perceptions of what hinders the participation in mainstream sport of CwD. The research was a collaborative effort between a not-for-profit disability service organization which undertook the survey questionnaire design and data collection, and a University data analysis team who were commissioned after the research design

and data collection to analyse the results. The organization was interested in understanding what inhibits the participation in mainstream sport of CwD aged between 5–14 years that has been reported anecdotally but required empirical examination.

3.1. Survey Instrument

The survey drew on best practice methods for online research as guided by Dillman (2000). Two online surveys were undertaken using the Survey Monkey platform to distribute a survey instrument for (1) community sport clubs and (2) schools. The questionnaires for each consisted of the same 26 questions, with wording adjusted to address the two contexts. The introductory questions were about respondent category (parent, teacher, coach, PwD, etc.) and depending upon the response, the questionnaire then asked specific questions for that category. For example, parents were asked to respond about their child's sporting engagement, including: characteristics of the child with disability that the parent was responding on behalf of (disability type; age within 5–14 year group; gender; suburb; state; regional/metropolitan); sport played; frequency of participation; whether they would like to play more often; reasons for not playing sport more often; how often they would like to play sport. For the school or community sporting club environment they were asked about the state of inclusion for CwD, the type of sports programs, whether they were accommodating of CwD, reasons for lack of inclusion, a statement of attitude to inclusion, whether disability awareness training had been offered, likelihood of uptake of disability awareness training, demographic questions (age, gender, suburb; state; regional/metropolitan), and open-ended responses as to a person's perception of inclusion in sport or other comments.

The nature of the surveys was considerate of the social constructionist approach taken through the open-ended question where respondents were asked to provide their experience and further comments. The qualitative data provided the rich responses from stakeholders' perceptions of CwD in school and community sport clubs. The open-ended responses were analysed to identify key constraints, and their interpretation through a social model and human rights lens that is the focus of this article.

3.2. Population, Sample Frame, and Sample Size

The survey link was distributed by email through the not-for profit disability service organisation's clients as well as via contact with every state school and local council in the states of New South Wales and Victoria, Australia. The survey period was from December 2013 through February 2014 and generated interest from 880 respondents (429 responses from Schools and 451 responses from Clubs). The qualitative responses came from 170 respondents from the Schools survey and 209

from the Clubs survey. There were an equal number of responses received from metropolitan and regional participants. Responses were received from parents of CwD, teachers, school principals, coaches, officials associated with community-based sporting clubs, and CwD themselves. However, most participants in both surveys (74% Schools and 76% Clubs) were parents of CwD, totalling 483 responses. Twenty-four participants identified as CwD under the age of 18 and another 24 identified as PwD over the age of 18. The most identified disability group was developmental/intellectual (34% Clubs and 31% Schools).

3.3. Data Analysis

The findings present some basic descriptive statistics of the survey respondent characteristics with the remainder of the data analysis being qualitative. In particular, the respondents were asked to detail any other comments relating to children with a disability playing mainstream sport. The question allowed for a written response to the open-ended question. The analysis was undertaken by combining social model (lived experience, barriers faced, and transformative solutions) and leisure constraints frameworks (intrapersonal, interpersonal, and structural) as outlined in the background literature (Smith et al., 2005). The data were manually coded separately by each member of the data analysis team to follow the constraints framework and then further analysed into sub themes based on an exhaustive list identified in the literature and emergent themes. The team members came together to reach consensus on the theme and sub-theme categorizations. The themes and sub-themes were then viewed through a social model lens, challenging the dominant world view of medical model conceptualization present in constraints theory and a modified thematic approach to understanding constraints emerged (Veal & Darcy, 2014). A comparison of the constraints findings and the social model lens identified similarities and contrasts consistent with the ontological tensions.

The data analysis presented in the findings is structured differently for intrapersonal constraints as opposed to interpersonal and structural constraints. For intrapersonal constraints (Section 4.1), Table 2 presents each of the themes and sub-themes, an exemplar quotation from the data illustrating the sub-theme and the re-conceptualization of the sub-theme constraint to either interpersonal or structural constraints as viewed through the social model lens. This transdisciplinary combining of leisure constraints and the social model brings a new understanding to the effects of impairment as opposed to the compounding nature of interpersonal or structural disability with the correct supports. The sections on interpersonal (Section 4.2) and structural (Section 4.3) constraints are presented as a narrative under the sub-themes.

3.4. Ethical Considerations

An internal Human Research Ethics review was undertaken by the not-for-profit disability services organization prior to the project commencing. The decision to solicit the views of parents of children with disabilities was an ethical one. The organization recognized in accordance with National Health and Medical Research Council guidelines on research with those from vulnerable populations and made the deliberate decision to limit the research accordingly. Provision was however made to accommodate the voices of CwD, provided that parental permission was given. The university data analysis team was commissioned after the data had been collected by the organization.

3.5. Limitations

The three major limitations of the study include survey design, sample bias, and timeframe. All three limitations are connected. We recognize that the predominantly quantitative survey included open ended qualitative responses that may have been far better addressed through in-depth interviewing. Self-selection is always an issue with sampling where there may be an overrepresentation of some groups (those with negative experiences) and an under representation of other groups. Lastly, all surveys are a limited snapshot of issues covered for a period. This study had a limited timeframe that included the end to the year and summer holiday period: December through to the beginning of February. If resources and budget had allowed the study would have been strengthened if it could have been carried out over a full 12 months.

4. Findings

The original work on barriers and the development of this work into the leisure constraints framework was used to analyse the online qualitative findings. As Table 1 suggests, all levels of intrapersonal, interpersonal, and structural constraints were present in the study. In using the constraints framework as an interpretive overlay, the findings have identified the key themes under each of those categories.

4.1. Intrapersonal

A child's impairment or condition was sometimes regarded by participants as an inherent constraint, perceived or otherwise, to participation in mainstream sports. A child's capacity to undertake tasks required in mainstream sporting teams, such as following instructions and adhering to the rules of the game, or their physical agility or the relative age appropriateness, was perceived as a constraint identified by some parents. However, participants recognized that, like all children, those with disabilities might be more suited to some sport activities than others.

Table 2. Intrapersonal constraints perceived by parents with children with disability (developed from findings).

Intrapersonal Constraint	Description	Supportive quote	Social Model interpretation
Physical Movement or Agility Issues	Some of the physical conditions include wheelchairs users, low muscle tone and physical body weakness. Depending upon the sport, mainstream inclusion may be prohibited under the rules of the game. Concern regard the safety of the child due to the physicality of sport was discussed. Some children are unable to play sport due to their physical fragility.	"My son might be 13 years old but he only weighs 12 kilograms and is 89 cm in height. Could you imagine him being tackled for a ball?''	All people are constrained by physiology and intellectual capacity to some degree. We cannot all be elite athletes, mathematicians, artists or concert pianists. All people are constrained by their physical body and intellectual capacity as well as their environment. For people with disabilities a lack of alternative sport options suited to their abilities prevents inclusion, e.g., perhaps a child weighing 12 kg is better suited to an activity less rigorous than rugby.
Cognition/ Understanding the rules	Understanding the often complex rules of sport may be an obstacle for children with a developmental or intellectual disability. Parents identified the need for one-on-one training as a key factor in participation.	"Unless the child has everything explained about the rules of a sport over and over, the child will feel angry about being made to feel dumb when he still has no understanding of the game.''	The social model of disability recognises the problem arising from the ableist assumption in sport that one size fits all. Inclusive sport acknowledges a diversity of skills and abilities, recognising sports can be modified to accommodate players (e.g., Tee ball evolved as a modified version of baseball) with different levels of understanding and ability. Lack of accommodation, or the provision of one-on-one training, is a structural constraint.
Sensory Issues	The ability for a child to follow instructions in an often noisy environment was identified as a significant issue for children with autism, sensory impairment or sensitivity issues. Whether the loud background noise inhibited the child's ability to hear and comprehend the instructions or exacerbated their sensitivity through sensory overload the end result was a difficulty to understand instructions and therefore gain skills because of the noisy environment.	"Loud background music…no sensory awareness whatsoever.…Unstructured activities, no visual schedule. These are the very basic fundamental requirements [for a person with sensory issues], not to provide these did a lot of damage and caused a huge amount of stress to me and my child.''	A social model interpretation of this issue recognises that it is not the child but the noisy environment or the lack of structure to the activity that is the issue. The parent's comment of "no sensory awareness" also indicates an interpersonal constraint on the part of the teacher/coach running a sporting activity without due consideration for the needs of all players. From a social model perspective this is a structural and interpersonal constraint.

Table 2. (Cont.) Intrapersonal constraints perceived by parents with children with disability (developed from findings).

Intrapersonal Constraint	Description	Supportive quote	Social Model interpretation
Social Ineffectiveness	Team sports require a large degree of compromise and cooperation. Impulsiveness, anti-social and unpredictable behaviour and inattention or daydreaming combines to make participation, especially in team sports, difficult for the participant and the team as a whole.	"My child's local school encourages my son to play school sport however, he has never been chosen for the school teams to play outside of the school as they see his behaviour as 'difficult to manage.'"	A social model interpretation of this issue recognises that it is not the child's behaviour but the inability of the school to manage the situation that is the issue. From a social model perspective this is both an interpersonal and a structural constraint.
Life Threatening Illness	There is a disconnect between allowing a child with life threatening illness to be involved and making teachers and coaches aware of the condition in such a way that the child remains safe. This is particularly important if the child presents with no outward signs of the disability and look physically able.	"With a heart condition...the complication is that the child can be well and seem physically able to do all sports, but at the age of 8 he or his teachers may not be able to fully understand/be aware of the importance of managing his activity to remain inside a safe zone (e.g., non-competitive) but remain involved. This is a hurdle that I face as a parent of not excluding him or of placing panic around his activities but raising a reasonable level of concern."	A social model interpretation of this issue recognises that it is not the child's frailty but a lack of understanding on the part of the sport facilitator of how to safely include the child in sport. From a social model perspective this is an interpersonal constraint. However, the lack of understanding may stem from an ableist and inadequately designed teacher-training curriculum, making this a structural constraint also.
Health Condition Related Issue	There may be issues directly relating to a child's health condition that make participation very difficult. This can involve temperature control or medication issues and their needs may not be able to be met within a sporting context.	"In a town of over 100 000 people, there is not anywhere my son can go swimming due to incontinence."	A social model interpretation of this issue recognises that it is not the child's disability (such as incontinence) but the unaccommodating environment that is the issue. From a social model perspective this is a structural constraint.

Issues directly associated with a child's impairment that were identified as providing constraints to mainstream sport participation using the leisure constraints framework are presented with a description of the constraint and demonstrative quote alongside a social model comparison of the same issue in Table 2. The impairment related sub-themes recurrent in the data analysis include limited physical movement, cognition, sensory limitations, social ineffectiveness, life threatening illness, and health related issues.

Some impairments may be significant constraints to participation in particular sports. Yet, as evidenced in the social model comparison, there needs to be careful consideration of whether it is the underlying impairment that is constraining the child or interpersonal or structural constraints that are imposed on top of a child's impairment. It is clear that the 'intrapersonal' or intrinsic constraints presented in Table 2 can be interpreted as extrinsic constraints imposed upon the individual by the social actors involved in sport provision at school and club, and as interdependent and overlapping with interpersonal and structural constraints. For example, 'Cognition—Understanding the Rules' could be interpreted as a lack of provision for children to play in age groups matching their intellectual development rather than their actual age. From a social model perspective, this would be interpreted as a structural constraint of training and support. This important differentiation is philosophically aligned to the CRPWD and social model debate (Barnes, Mercer, & Shakespeare, 2010). This high-

lights the importance of interpersonal and structural constraints for sports participation and is the focus of the following two sections.

4.2. Interpersonal

Placing a social model lens on interpersonal constraints focuses on communication and interactional issues experienced by some people when relating to PwD. Such issues can be isolating for PwD, as one respondent from the Clubs survey noted "the coach didn't include him as he had no idea how to handle our son and his disability." However, effective communication is a two-way process where sporting organizations also need to communicate to those across the diversity of marginality. For PwD, this may be as simple as providing information in accessible formats or providing training for coaches on interacting and supporting mobility, sensory or cognitive disability. The interpersonal constraints sub-themes recurrent in the data analysis were support for participation; cotton-woolling; communication; and critical mass for participation. These are now briefly discussed.

4.2.1. Support for Participation

All children aged between 5 and 14 are reliant on others to ensure their participation. Their participation is heavily dependent on assistance from their parents, carers, or coach to source, fund, and provide transportation. If there is unwillingness by a third party to facilitate the participation, then their involvement is unlikely. It must be acknowledged that caring for CwD will often be a time consuming and exhausting role for a parent or guardian. Sport may be a luxury rather than a necessity for some children and their families: "I am too tired to advocate for things such as sport, even though I know it is important" (parent response).

4.2.2. Cotton-Woolling

Parents may have a natural tendency to protect their child from perceived and potential discomfort, discrimination, or exclusion (Oulton & Heyman, 2009). Therefore, the child's impairment may be used as a constraint or 'excuse' for not participating. As one sport organization official lamented: "Even if the club welcomes children with a disability, the hard job is getting the children themselves and their parents to have a go and believe they can swim" (Coach response).

This 'cotton-woolling' of children from participation or perceived failure occurs in nondisabled children as well but in a disability context can lead to the child not experiencing what parents may consider too risky. Parents can constrain their child's opportunity to try new activities and choice to be challenged in the activities of their choosing. Parents of CwD can accept what has been termed 'challenge by choice' in the outdoor recreation literature (Carlson & Cook, 2007), where with skill devel-

opment CwD can take on the increasingly difficult challenges within a sporting context.

4.2.3. Communication

Many parents had children with cognitive or multiple disabilities that had complex social considerations requiring sophisticated approaches to communication between the child and those they interact with. As one parent response suggested: "I have a seven-year-old with ADHD, OCD, and ASD [types of behavioural impairments]. He needs help on the social side and communication side of things more than needing special equipment. Training in these areas would be great."

Parents described a multitude of specific needs for training and education to assist in developing communication with coaches to ensure skill building and inclusion. A fundamental necessity in skill building is the ability to communicate with the child and the child to communicate back to coaches, referees, and officials. Other parents who had children with different types of disability identified different communication facilitation issues from speech challenges, children who are Deaf or hearing impaired (e.g., Auslan interpretation), or those who require easy English. These communication issues also have a structural dimension as they require economic resources for provision or training of volunteers.

4.2.4. Critical Mass for Sport Competition

Where a child and parent make the decision to play in a sporting team for PwD, the situation arises where there may not be enough children to make up teams to allow for competition or participation. Quite simply, CwD often lack other CwD for sport participation purposes (e.g., wheelchair basketball). In this sense, the issue is interpersonal in that a team sport requires other team members to play with. While this can be an issue for children without disability in different geographic areas, it is far more critical of an issue for CwD when one considers disability type and level of support needs further reduces the likelihood of having other appropriate people to play with or against as the following quote suggests:

> There used to be one team that was entirely made up of, those with disabilities, but they played against teams that were younger. This was a bit unfair for both sides. They haven't had enough players this last season and so haven't played. Otherwise the children coming through have to compete on a normal [sic] child's level. (Parent response)

Critical mass also has a structural element and overlaps with a significant structural constraint discussed in the following section. For example, when this is overlaid with the number of sports that an individual might want to play then having a disability specific competition is a significant logistical consideration.

4.3. Structural

Respondents identified a wide range of structural constraints specifically relating to their child's needs and access considerations. By far this category produced the largest number of responses. The structural constraints sub-themes recurrent in the data analysis included the built environment, skill development, training, awareness, geographical location, economic barriers, competition structure, age appropriateness, attitudes, and omission. These are discussed below.

4.3.1. Architectural and Built Environment

Parents of children with mobility impairments identified that they faced numerous physical barriers to the built environment, sport facilities, and outdoor areas. At their most basic level, these barriers included accessibility to buildings, wider access corridors, door openings, ramps, and toilet/change areas. As one respondent explained "for my son in a wheelchair…it is physical accessibility—ramps, accessible change rooms etc. In larger venues (and newer) venues this is often covered but can be a problem in other locations" (parent response). Mainstreaming of the school environment has produced a gradual improvement in educational accessibility of classrooms and toilet/change rooms. However, barriers remain within the educational sporting environment and improving accessibility may not be a high priority. Sporting clubs are similarly variable depending upon the age and relative updating/retrofitting of facilities.

4.3.2. Skill Development off a Low Base

Whilst the physical component of the disability can be an obvious participation barrier, the emotional issues that are intrinsically tied to children will require significant support and understanding to ensure that they are not an obstacle to involvement in mainstream sport. As one respondent explained, "so far all the different sporting groups we have tried just cause her anxiety as she cannot keep the pace of the others" (parent response).

This is linked to the child's self-esteem and confidence. It was clear from the responses that some parents perceived their children to feel self-conscious and embarrassed about the extent of their disability or their attempts in trying new activities. This may lead to the child refusing to play sport because they do not want to be seen by their peers as 'stupid' or 'unco,' leading to a lack of self-confidence and demotivation to participate in a sport. Some parents were wary of involving their child in sporting teams for the fear of further affecting their child's self-confidence, where it may be a combination of the individual's impairment, skill, and challenge development (outlined in DePauw & Gavron, 2005), and the support of appropriately trained coaches and support workers in assisting the child to gain skill and confidence in a sporting context.

4.3.3. Awareness and Training

Just as children cannot be expected to engage in sport without appropriate skill training, so too teachers, coaches, and physical educators need the skills, experience, and educational training to be able to adapt and accommodate people with differing skills and abilities. Martin and Speer (2011) have noted that physical educators often receive no training or experience working with 'adapted students.' This was born out in our data with one teacher-respondent admitting "teachers often receive training on how to cater for students with disabilities in their classrooms, but don't usually receive training on how to include CwD in sport at school." This gap in undergraduate teacher training represents a structural constraint that hinders the participation of CwD in school sport. Parents recognized the lack of awareness or knowledge that teachers and coaches have about disability and sport: "It could make a significant difference if at least one person in the club was skilled and knowledgeable to act as a contact to modify or adapt current sporting models/activities to suit the ability/knowledge/experience of children with a disability" (Club response).

4.3.4. Attitude of Others

Given the social stigma associated with disability, it was not surprising that negative attitudes of people towards CwD and their parents was identified as a significant deterrent to participation in mainstream sport. These were attitudes of other parents, non-disabled children, coaches, teachers, or school administration. Parents and CwD can quite often be the target of direct and indirect discrimination by other stakeholders. While it might be possible to 'get in the door' it might be far harder to be 'accepted' and included in the 'sporting family' by others. The effect on the child or parent of negative attitudes of others can range from non-participation through to a feeling of despair and worthlessness. One respondent with disability noted "the attitude of other students towards me having a disability has affected my attitude towards participating in sport. Staff have been supportive, however students have not always been" (CwD response).

Parent and children respondents also noted that other parents contribute to negative attitudes. Parents can be judgemental about their own child's ability or, if they are a parent of a child without disability, critical of the inclusion of CwD in any sense. As one parent from the Clubs survey explained: "They are not capable of doing the same things as normal kids. So, I think they should play with other disabled children."

4.3.5. Awareness of Sporting Activities

Some parents of CwD felt that they lacked knowledge and awareness of just what sports were available for their children: "As a parent it can be hard to know what

clubs offer and if they are willing to teach children with a disability." Given the capacity issues of sports clubs, this omission of providing information to the community about inclusion of CwD within club activities may be understandable. However, it also demonstrates the unchallenged, ableist culture that privileges those without disabilities and ignores those with disabilities. Such omissions within the school environment are unacceptable. Parents should be able to expect to be informed of wider, inclusive, or mainstream sport opportunities for their children. Yet, often they are just told that their child cannot be catered for.

4.3.6. Geographic Location of Activities and Transport

The geographical location of the sport in relation to where the family lives was cited as an issue for parents of CwD:

> At present in [withheld for anonymity] region of Melbourne there is nothing offered for my children who have Autism and Attention Deficit Hyperactivity Disorder. It is sad because they are very active kids and must miss out because [they] do not fit mainstream clubs. (Parent response)

Whether the child resides in a large capital city or regional/country town, the issue of geographical accessibility to the participant raised a number of spin off issues, including transportation, cost, and travel time. The issue is compounded by the fact that there is so little mainstream sport on offer and a lack of information as to what is available.

4.3.7. Economic Barriers

As with other constraint-based studies, a significant limiting factor in children's participation is the issue of affordability and the cost of activities and transportation. Disability can impose extra cost on a family and the extra financial impositions of a child with a disability in accommodation, personal care, and equipment will have an impact on the family. This may mean that the 'luxury' of a sporting activity involving membership and/or equipment costs is simply not possible: "It always comes back to a user pays system. Unfortunately, families with kids who have disabilities don't have anything left to pay with" (parent response). Sports clubs often run on a very tight budget and the cost of equipment may be prohibitive:

> Cost is the biggest impediment; specialized equipment can be expensive. Adequate training for club members is not always available; online training is not always suitable/adequate. Volunteers and carers at the club need to be flexible with their time to make our Inclusive Participation Program work. (Coach response)

4.3.8. Flexibility

An ableist lack of flexibility in modifying sport to accommodate ability differences was identified as a structural constraint to participation of CwD in sport. The data showed that there was a lack of flexibility in sporting programs to accommodate and adapt to the abilities of CwD. Without such adaptations, many children are excluded from sport:

> The sport that my son has been involved in has been as a result of me pushing for his inclusion and supporting him to do so. The school seems unable to see past regular sports to adapting sports for all children. (Parent response)

4.3.9. Sport Competition Structure

A key emerging theme was the issue of team sports and their competitive nature. An ableist priority placing competition and winning before fun and participation was raised alongside negative attitudes towards CwD. From parents to coaches, there was a general acknowledgement that up until the junior adapted game rules change to a competition, the focus was on participation and fun. A distinct shift in the mind-set of parents, coaches and participants results in sporting teams moving the emphasis from fun and participation to winning and competitiveness: "The main concern is that younger children are fine in competitions but as the mainstream children get older they get more competitive so it is an issue having children with a disability in their team when they want to win" (parent response).

Some parents expressed that their children felt less able, comfortable, and confident or accepted in the team when the sole outcome is to win rather than participate. Parents also expressed that they felt uncomfortable with the children playing in a mainstream sporting team as they may feel like they are 'letting the team down' competitively. One suggestion offered by a sporting organization was the need for a second tier of competition that was fun, social and allowed for skill building: "All sporting leagues should be encouraged to offer 'social' competition for juniors….They just want to play a game each week" (Coach response).

This has appeal to not only CwD but also other children that are not interested in intense training and the competitive nature of many sporting pursuits. This would mean more children were able to compete and the issue of 'supply' for individual teams and competitions increased. Kanagasabai, Mulligan, Hale, and Mirfin-Veitch (2018) similarly argue non-competitive, adaptive sports for CwD could improve sport participation experiences.

4.3.10. Age Appropriate Structure

CwD are sometimes faced with participating in activities that might not be age-appropriate because of their physi-

cal or intellectual abilities. This can create issues within a sporting context as it does for some contact sports where children mature at different rates. Age appropriate structure within mainstream sport may benefit those for example, with an intellectual disability, to compete on a level where their development age rather than their actual age is taken into consideration. The problem however can evolve when the child's physical size becomes an issue within a team both in terms of safety and acceptance by their peers and other parents:

> When my child was younger, we had permission for him to stay in a younger age group to compete as he got older and reached early teens he was too old and tall to still compete at the younger age level. Since then he has missed out on competitive sporting activities. (Parent response)

4.3.11. Omission

Amongst parents there was a belief that it was often too hard for sports clubs to include their children. Omission, whether intentional or otherwise is a major constraint to participation: "There is no appeared effort on inclusion. Sports clubs are not welcoming of CwD out of fear or presumed cost and effort" (parent response). Parents acknowledged that clubs were run by volunteers and that even with the best intentions of a club or organization the volunteers are time poor and over stretched. An ableist fact is that including CwD is not even thought of and when parents approach clubs and schools they are often greeted with a blank look that it just has not even been considered.

5. Discussion

Three research questions were posed in the introduction to this article. This section looks to address these questions and poses some implications for sports participation by CwD.

> RQ1: What are the perceived constraints to participation in mainstream sport for CwD?

The findings presented in this article demonstrate the applicability of the constraints framework outlined in Smith et al. (2005). However, based on the findings the authors have transposed the hierarchical order of the framework. Clearly, there is a variety of constraints hindering the participation of CwD in mainstream sport. Yet, it is external constraints (Structural and Interpersonal) that present disabling barriers to sport participation for CwD. The three core components of leisure constraints can be concentrated into just two (Structural and Interpersonal) when the spotlight is turned away from the child and onto the environment within which they live. The overlap and interaction of the constraints is also an important finding, demonstrating the complexity of the issue.

> RQ2: How are these constraints viewed through a social model of disability?

The second theoretical lens that was employed in the data analysis was the social model of disability. Complementary to leisure constraints, social model understandings focus on the lived experience of PwD, identify the barriers, and seek transformative solutions. The findings have shown that the constraints are disabling for CwD and therefore the concept of equality is not straightforward. To treat everyone equally, according to a formal equality model has limitations because it disregards difference (Kayess & French, 2008). Treating PwD equally may require special considerations, accommodation, and therefore different treatment. Substantive equality is an approach that remedies the imbalance caused by difference. Substantive equality compensates for historical disadvantage and takes steps to eliminate conditions that perpetuate discrimination. Substantive equality measures include the implementation of institutional system changes—such as designated quotas or affirmative action for minority groups to increase their participation in employment or education (French & Kayess, 2008). The introduction of substantive equality measures has been recognized by the United Nations Human Rights Committee as a pre-condition for achieving equality for PwD (United Nations, 2006). An understanding of substantive equality should inform the discussion of how to facilitate access for CwD into mainstream sporting activities.

> RQ3: What implications do the findings have for developing more enabling sports participation practices for CwD?

Several suggestions for enabling CwD to participate in sport were offered in the findings. These are now discussed. Playing in a sporting team for all children can add to a sense of belonging. Being part of a team for CwD was noted by parents as especially important and viewed as a means of broader acceptance by their peers. The participation in sport enabled participation in new relationships. The spin off effects from playing sport may include improved physical health, emotional well-being, learning/cognition, and self-esteem (McConkey, 2016). In addition to new friendships outside of the sporting arena and ties to the broader community in which the families live, the sense of belonging may also extend beyond the CwD and include their parents and siblings. Disability can be isolating due to the extra work encountered and the consuming nature of care. Developing friendships for the child and the family may, therefore, be more difficult to achieve. A shared pursuit like a sporting team may help to bridge the isolation for all members of the family.

A solution offered from a respondent was the introduction of social sport, a new tier of participation, to the various sporting codes. Recognizing that many adults enjoy playing social sport, the introduction of social sport may provide a framework for ensuring all children can

play. Awareness and training emerged across the three key themes in the findings. Many respondents were unaware of the available sporting facilities and programs. A centralized database or register of what sporting activities were available and an indication of the suitability to particular disabilities would help parents access the relevant information. It would also be a means by which disability service staff and rehabilitation professionals could familiarize themselves, as Martin (2013, p. 2030) has urged, "with local disability friendly exercise facilities and adapted sport programs" to enhance access to sporting opportunities.

Researchers have noted the benefit of multi-dimensional leisure-goal focused interventions with adolescents with disabilities, negotiated in conjunction with family, the adolescent, and recreation professionals (Ahmed et al., 2018; Imms, Mathews, Richmond, Law, & Ullenhag, 2015). For example, Imms et al. (2015) found that rehabilitation professionals are well placed to support people to identify realistic sporting aspirations and plan strategies for achieving such goals through environmental adaptations to improve access, devices to facilitate or enhance participation, and also to advocate where necessary with family or sporting organizations to support young people to achieve their goals.

Cost was cited by parents as a barrier to participation. At the time of writing this article, the New South Wales Government (2018, para. 5) announced the Active Kids initiative, which provides "$100 for every child towards the cost of sports registration, membership expenses and fees for physical activities such as swimming, dance lessons and athletics". In addition to this, many Western nations have adopted individualized funding packages. For example, a National Disability Insurance Scheme (n.d.) where recreation supports including sport are recognized. Specifically identified in NDIS recreation and sport supports are specialized sporting equipment, personalized assistance, assistance to travel to recreation, and assistance for organizations to adjust the specific needs of the individual. Time will tell how these additional structural resources improve the participation of CwD in sport and we look forward to having access to this data when it becomes available. However, a database of relevant grants and financial resources might also prove to be a valuable tool.

Although a strong local knowledge of sporting programs as referral options is valuable, allied health professionals can play an important part in facilitating participation of CwD in sport activities (McConkey, 2016). McConkey (2016) encourages the use of person-centred assessment tools to refocus attention on the CwD's talents and aspirations rather than their deficits. He points to the complementary nature participating in sport has to therapeutic and care practices and calls practitioners to take up the challenge to change current practice by emphasizing processes that will enrich participants' lives. McConkey (2016, p. 296) claims that "a re-appraisal of the training curriculum of health and social care professionals in relation to sports participation is required and a revised understanding of how this might be initiated and sustained."

Training, education, and ongoing support of clubs to help understand how children may be better included in mainstream sport were valuable actions to progress participation rates and retention levels. Further, this training would help to address attitudinal barriers which are still evident in schools and sporting clubs. Research on Special Olympics coaches (MacDonald, Beck, Erickson, & Côté, 2016) confirms the merit of specific training for coaches of athletes with intellectual disabilities. Establishing 'communities of practice' (Wenger, 1998) and mentoring are recommended for improving skills of coaches working with people with intellectual disabilities, through the sharing of knowledge and experience. We echo the call of Thompson, Fisher, Purcal, Deeming, and Sawrikar (2011) for further research to identify the factors that might generate a positive change in attitude towards the inclusion of CwD in sports and other physical activities.

6. Conclusion

This article has provided an exploratory attempt at examining perceptions of constraints facing CwD in community and school sport. Research shows that PwD participate less in sport generally and substantially less in regular organized sport than the general population. In countries that are signatories to the CRPWD and have anti-discrimination legislation, this article has provided evidence of the substantially disabling sporting environment confronting CwD. Through transdisciplinarity, we have brought together two separate frameworks, both with substantial traditions in their own field, to create a new understanding of how people with impairments can be supported (disability type or level of support need; see Darcy, Lock, et al., 2017) in the sporting environment. What was once thought of as intrapersonal, is reconceptualized as interpersonal and structural to increase the participation of CwD in mainstream sport. With a raised awareness of disabling barriers and armed with local knowledge of financial resources available, campaigns promoting the inclusion of CwD in sport and professional knowledge regarding strategies for adapting sporting programs in schools and clubs should make a positive difference rather than the experiences identified by stakeholders in this study.

Government and sport associations have an important role to play with schools and clubs in the education and training process, of families, sporting organizations, and particularly of coaches. The sooner CwD can participate in sport with their nondisabled peers at school and in their community clubs, the more likely these gaps in participation will lessen. However, if parents are unable or have ongoing difficulty finding inclusive and welcoming sporting opportunities for their children then the participation rates are unlikely to improve in the short to

medium term. As identified, individualized funding packages offer material support for sport that have the potential to address a series of the structural constraints identified. Hopefully, the social model lens has provided a greater understanding that many impairment-related constraints are not internally located with the child but can be challenged through interpersonal support and structural changes within schools and clubs.

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Conflict of Interests

The authors declare no conflict of interests.

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