



Participation in Community Leisure Programs: Experiences and Perspectives of Children with Developmental Difficulties and Their Parents

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ABSTRACT

Children with developmental disabilities participate in more solitary, sedentary, and home-based leisure activities than active physical pursuits or community-based activities. Clinical experience suggests that children with less well-recognized developmental difficulties also have compromised leisure experiences; however, this has not been fully investigated. This study engaged 20 school-age children with developmental difficulties in a community-based circus program, designed in collaboration with occupational therapists. The program included activities such as trampolining, trapeze, and acrobatics. Semi-structured interviews with children and parents explored children's leisure experiences both at circus and more broadly. Qualitative content analysis revealed that friendships, having fun, and being physically active were highly valued aspects of leisure. The coaching style and "just right" level of challenge within programs were identified as central to children's engagement and sense of competence. Participating in a supported leisure program such as circus appeared to promote children's engagement in community leisure, at least in the short term.

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For school-aged children and youth (henceforth children), leisure provides time away from the demands and duties of home, school, and other commitments, where they can rest, recharge, and enjoy preferred activities (Majnemer, 2010). Leisure encompasses informal and organized activities, including games, sports, relaxation, and hobbies (World Health Organization [WHO], 2007). Leisure is a key occupation of childhood that contributes to children's health, wellbeing, and quality of life; however, these contributions are often underestimated (Majnemer, 2010; Shikako-Thomas, Kolehmainen, Ketelaar, Bult, & Law, 2014). Yet there is a growing body of evidence that points to the significant benefits of leisure participation for children.

Participation in physically active leisure contributes to children's physical (Janssen & Leblanc, 2010) and mental health (Kremer et al., 2014), happiness and positive self-concept

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(Holder, Coleman, & Sehn, 2009), and improved academic performance (Marques, Sallis, Martins, Diniz, & Carreiro Da Costa, 2014). Leisure pursuits provide dedicated down time for enjoyment, relaxation (Poulsen & Ziviani, 2010), and emotional release (Jessup, Cornell, & Bundy, 2010; Majnemer, 2010) as well as opportunities to develop and master skills, enhancing a sense of competence (Majnemer, 2009). Participation in organized out-of-school activities has been associated with higher social and academic self-concept, general self-worth (Blomfield & Barber, 2009), and more positive peer and identity experiences (Blomfield Neira & Barber, 2012). Furthermore, when leisure occurs in a community context, it offers added social benefits. For some groups of children, however, leisure participation can be compromised.

It has been conclusively demonstrated that children with developmental disability, such as cerebral palsy and Down syndrome, have compromised leisure participation (e.g., Oates, Bebbington, Bourke, Girdler, & Leonard, 2011; Shikako-Thomas et al., 2013). There are other children with developmental difficulties who do not have a diagnosed disability whose participation may also be compromised. For these children, there has been comparatively little research, and they form the focus of this study. Participants in this study were provided with an opportunity to take part in a supported circus leisure program, while sharing their perspectives about participating in circus and other community-based leisure programs. Defining and describing this particular cohort of children is important to provide an understanding of the rationale for this study.

Developmental disabilities are a diverse group of conditions and disorders that begin in childhood and can influence children's trajectories into adulthood. Examples include intellectual disability, autism spectrum disorder, and cerebral palsy (American Psychiatric Association, 2013). About 5% of children have a detectable biological medical condition or developmental disability diagnosed early in life (Hertzman, 2009).

International data indicate there are about another 18–25% of children identified around the time of school entry as being “of concern,” with vulnerability identified across several domains of development (Australian Government, 2016; Curtin, Madden, Staines, & Perry, 2013; Hertzman, 2009). These children experience a complex range of learning, attention, behavioral, motor, and social-emotional difficulties that affect their ability to participate in age-appropriate activities and educational and social opportunities (Australian Government, 2016; Curtin et al., 2013; Halfon, Houtrow, Larson, & Newacheck, 2012). Without a specified disability or medical condition, these functional challenges will not meet special needs classification. Our clinical experience suggests that this relatively large cohort of school-age children are often referred for assessment/intervention, with parents and educators seeking to understand how to support their development and participation in life activities such as self-care, school work, play, and leisure.

Only a small number of studies have included this cohort as part of their sample (e.g., Anaby et al., 2014; Kanagasabai, Mulligan, Hale, & Mirfin-Veitch, 2017; Kolehmainen et al., 2015). The authors of two systematic reviews (see Anaby et al., 2013; Bult, Verschuren, Jongmans, Lindeman, & Ketelaar, 2011) found that the most elaborate studies of participation have been with children with a physical disability, in particular, cerebral palsy. They recommended that further research is needed to look at more diverse populations in depth.

This study focused on the group of children we refer to as “*children with developmental difficulties*.” Their defining characteristics are that they experience difficulties/vulnerabilities in one or more areas of development that impact their ability to participate in everyday life activities, but they do not have a recognized developmental disability. It is the presence of functional difficulties rather than a diagnosis that is important. This article presents

findings of an exploratory qualitative study, drawing on the perspectives of children with developmental difficulties and of their parents, in relation to their participation in a circus program and their community leisure participation experiences more broadly. Exploring the perspectives and experiences of this population was deemed a critical step toward building a better understanding of their needs and providing direction for further targeted research.

Literature review

Given the paucity of research specifically focussed on the needs of children with developmental difficulties, we have drawn from a range of literature on developmental disability to inform our study.

Leisure participation for children with developmental disabilities

Children with developmental disabilities do not participate in leisure experiences to the same extent as their peers. Instead, they are more likely to participate in solitary, sedentary, and informal home-based activities than in active physical pursuits or organized community-based leisure programs (see, e.g., Oates et al., 2011; Potvin, Snider, Prelock, Kehayia, & Wood-Dauphinee, 2013; Shikako-Thomas et al., 2013).

This is concerning because participation in a variety of activity opportunities, across different domains and settings, has been found to result in more positive academic and social outcomes (Bohnert, Fredricks, & Randall, 2010) and enhanced quality of life (Dahan-Oliel, Shikako-Thomas, & Majnemer, 2012). Children who participate predominantly in solitary and sedentary activities are missing out on the physical and social benefits that more physically active leisure within community contexts can provide (Murphy & Carbone, 2008).

Factors that influence leisure participation

A variety of inter-related factors influence leisure participation for children with developmental disability. These include person factors such as skill proficiency, age, and gender (Bult et al., 2011; Schreuer, Sachs, & Rosenblum, 2014), as well as environmental and psychosocial factors such as opportunities, time, cost, access to programs (Barnett, Dawes, & Wilmot, 2013; Shimmell, Gorter, Jackson, Wright, & Galuppi, 2013), and, for those with physical impairments, the impact of pain and fatigue (Barnett et al., 2013; Shimmell et al., 2013). Factors within the social environment such as the level of support, understanding, and attitudes of others such as peers, teachers, and coaches can also support participation or act as a barrier (Anaby et al., 2013; Barnett et al., 2013; Dahan-Oliel et al., 2012; Shimmell et al., 2013).

A number of key themes have emerged from the research on children with developmental disabilities with respect to factors that support participation. For example, being able to engage in activities of one's own choosing within a social context was found to be important (Dahan-Oliel et al., 2012; Shikako-Thomas et al., 2013) and to contribute to quality of life and happiness (Dahan-Oliel et al., 2012). Having independence and choice, having fun, doing and being with others, and feeling successful have also been identified as key aspects of activity participation (Heah, Case, McGuire, & Law, 2007; Kanagasabai et al., 2017). Exploring children's activity preferences is critical in supporting participation, and this can be achieved through exposure to a range of activities (Imms, Reilly, Carlin, & Dodd, 2009).

Recent research has begun to investigate how some factors may influence others. For example, Anaby et al. (2014) found that environmental barriers and supports can play a

major role in mediating the influence of person/child factors (e.g., income, health condition, functional difficulties) on children's participation. Another factor that may influence how personal factors are expressed is *perceived barriers*, that is, aspects that appear daunting to an individual but which may or may not hold true. They may relate to perceptions individuals hold of their own skills and abilities and/or activity demands and the environment, both physical and social. For example, reports of feeling their abilities are not "good enough" have been cited as preventing children from engaging in opportunities (Badia, Orgaz, Verdugo, Ullan, & Martinez, 2011). Feeling worried about being teased or embarrassed has also been identified as a perceived barrier to participation (Badia et al., 2011; King, Law, Petrenchik, & Hurley, 2013; Shimmell et al., 2013). The level of skill proficiency, competition, and performance grading often associated with many physical activity programs such as sports, dance, and gymnastics may discourage participation of children with developmental disabilities or difficulties (Barnett et al., 2013). Past negative experiences have also been identified as affecting willingness to try new activities (Barnett et al., 2013).

Given the complex nature of factors that influence participation, it is important to draw on models and frameworks that support our understanding of these factors and their interrelationships. With our study's focus on promoting health through leisure, a holistic perspective of health and wellbeing, and a focus on participation outcomes was necessary.

Theoretical frameworks

The ecological model proposed by Bronfenbrenner (1977) was one of the early models to recognize the important influence of the family and community context on children's development. Building on this, the WHO (2007) championed a holistic perspective of health and wellbeing when it developed the International Classification of Functioning, Disability and Health for Children and Youth, or ICF-CY (see Figure 1). This reflects a biopsychosocial framework which considers the characteristics of the developing child and the influence of the environment in which he or she lives. It has been adopted as the guiding framework in leisure studies with children who experience developmental challenges (e.g., Kanagasabai

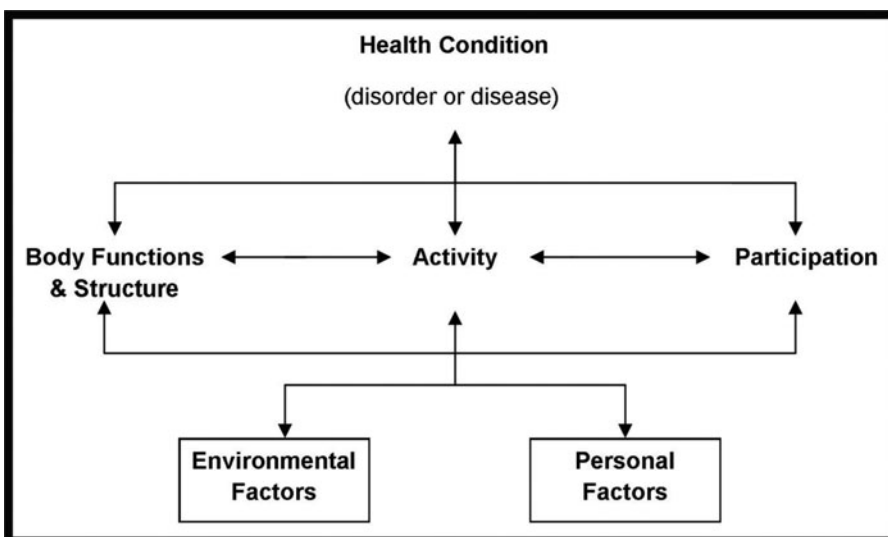


Figure 1. International Classification of Functioning, Disability and Health, Children and Youth Version (WHO, 2007).

et al., 2017; Shimmell et al., 2013) since it provides specific content to cover the body functions and structures, activities and participation, and environments of particular relevance to children. A key benefit of the ICF-CY is that it provides a universal and common language to guide the consideration of a range of dynamic, multidimensional factors that can impact children's functioning and participation.

Another important theoretical perspective that can assist understanding children's engagement in life activities and, in particular, what drives and motivates sustained involvement is self-determination theory (Deci & Ryan, 2000), a theory of human motivation, development, and wellness. When activities align with individual interests and personal values, sustained involvement can result, referred to as "intrinsic motivation" (Deci & Ryan, 2000). The interplay between extrinsic influences (e.g., reward systems, evaluation by others) that act on individuals, and intrinsic motives and psychological needs inherent in human nature is the territory of self-determination theory. Deci and Ryan proposed that humans have three basic psychological needs: *autonomy* (the need to experience a sense of volition, integration, and psychological freedom; taking personal ownership and having choices); *relatedness* (the need to experience a sense of connectedness to others and belonging); and *competence* (the need to experience a sense of effectance, to feel effective, and to experience opportunities to develop one's capabilities). According to self-determination theory, these psychological needs can be described as essential human "nutriments" that influence our thinking, feeling, and behaving (Deci & Ryan, 2000) and are essential for optimal development and psychological health (Deci & Vansteenkiste, 2004).

Enhancing health and wellbeing through leisure participation

Models and theories such as the ICF-CY and self-determination theory promote a holistic and positive approach with their focus on health, participation, and engagement. These models promote a shift from focusing on individuals and their problems to the interactions between individuals and the environments in which they live and participate (Soresi, Nota, & Wehmeyer, 2011). Although this shift is widely promoted in the literature, the translation of these models into practice has been slow and challenging (Cerniauskaite et al., 2011). There continues to be a strong focus on impairments and therapeutic activity prescription rather than on participation needs and outcomes (Shikako-Thomas et al., 2014). For children with developmental challenges who are at high risk of health-related issues such as obesity and poorer psychosocial outcomes (Murphy & Carbone, 2008), looking at innovative ways to support their participation in active community-based leisure programs could prove a valuable component of a holistic and contemporary approach to health and wellbeing.

A small number of recent studies have contributed to this shift by investigating how health-promoting programs within the community can be implemented to enhance opportunities for leisure participation in children with developmental disabilities and/or health issues. A partnership between a school and a community soccer club, for example, established a soccer program to support the participation of children from lower-income families who had been identified as at risk of weight-related health problems (Madsen, Thompson, Adkins, & Crawford, 2013). Positive results in terms of children's engagement and an increase in their physical activity were achieved. In another study, occupational therapists and physiotherapists Gilmore, Ziviani, Sakzewski, Shields, and Boyd (2010) successfully used a circus-themed camp, undertaken in a community setting, to enhance the level of engagement of children with cerebral palsy while also targeting therapeutic goals. Law, Anaby, Imms, Teplicky, and Turner (2015) used what they called an "environment-focused intervention" to promote participation

in community-based leisure activities for youth with physical disabilities. In this study, occupational therapists worked collaboratively with participants to identify and set meaningful and motivating leisure goals. Together, they have identified and addressed factors within the environmental context that either helped or hindered participation. Using this approach, participants achieved significant improvements in their leisure participation goals. The advantage of embedding interventions within the community is that it promotes a more collaborative, inclusive approach within a natural, real-world setting (King, Rigby, & Batorowicz, 2013). Although there has been limited research on health-promoting leisure programs and collaborative community approaches such as these, results appear promising and warrant further investigation.

In summary, research indicates that there are a number of factors that may either hinder or support participation in community leisure for children with developmental disabilities. These factors can be grouped into categories such as health condition, personal, activity, and environmental factors. The level of support for autonomy experienced by children, as well as the satisfaction of their needs for relatedness and competence, may also influence their participation in community-based leisure activities. Most of this research has been with children with specific developmental disabilities; we do not know if similar factors impact participation of children who face functional challenges who do not have a diagnosed developmental disability, that is, *children with developmental difficulties*. What are their experiences and perspectives of participating in community-based leisure? Which factors impact most on their participation and enjoyment of community-based leisure? Models such as the ICF-CY, together with self-determination theory, can provide a guiding framework to investigate these questions.

Purpose of this study

The overarching aim of this study was to explore the experiences and perspectives of school-age children with developmental difficulties regarding their participation in community leisure programs, along with the perspectives of their parents. We sought to draw on both perspectives as we felt this would provide richer data. We were aware that children may not be able to provide the same level of in-depth feedback as their parents but felt it was important to attempt to capture their views and perspectives.

Specific research aims were to explore the perspectives of children with developmental difficulties, and those of their parents, in relation to:

- children's participation experiences in community leisure programs, both past and present, to gain a better understanding of the meaning of leisure for them, that is, what they valued and enjoyed most;
- any supporting factors or barriers that impact children's enjoyment and participation in community-based programs, and their ability to fulfill their leisure preferences; and
- children's aspirations for leisure participation and factors that may shape future endeavors.

Method

A Brisbane City Council community development grant provided funding that enabled a group of children attending occupational therapy services the opportunity to participate for free in a supported circus leisure program. Ethics approval for this study was granted through the Behavioral and Social Sciences Ethical Review Committee, The University of Queensland.

Table 1. Characteristics of participants.

Characteristic	Category	Number
Children interviewed (n = 20)		
<i>Age (years; months)</i>	5;0 – 6;11	9
	7;0 – 8;11	8
	9;0 – 10;11	3
<i>Gender</i>	Male	13
	Female	7
<i>Presenting difficulties</i>	Complex (attention, communication, motor, learning &/ or social emotional difficulties; impacting on participation in life activities)	14
	Predominantly motor (impacting on participation in life activities)	6
<i>Medical diagnosis</i>	Not known/ specified [^]	18
	Autism Spectrum Disorder	1
	Genetic disorder	1
Parents interviewed*	Mothers	17
	Fathers (interviewed in addition to the mother)	4
<i>Level of interviewee education</i>	High school	1
	Trade or apprenticeship	4
	Tertiary	16

[^]Two participants had a provisional diagnosis of Pervasive Developmental Disorder – Not Otherwise Specified.

*Three pairs of siblings with developmental difficulties were recruited – twin girls, twin boys, and a set of brothers. Thus, 17 families participated in the study.

Participants

Purposeful maximum sampling was used to ensure that a group of primary school-aged children with identified developmental difficulties, both boys and girls, could be recruited within the timeframe. Twenty children were recruited from two occupational therapy services in Brisbane, Australia. There were three inclusion criteria:

- attending mainstream school;
- ages 5–10 years old; and
- referred to occupational therapy due to concerns regarding participation in daily occupations such self-care, school work, play, and leisure.

Children were excluded if they had been identified as having significant intellectual, language, communication, and/or neurological physical impairment. Children were also excluded if they had attended a circus program previously or did not have sufficient English to participate in interviews. See Table 1 for a description of participants.

Participants had a range of motor coordination, attention, learning, emotional, and social difficulties as identified by their parents and occupational therapists. Eighteen of the 20 children had no specified medical diagnosis or disability. One child had a genetic disorder and another had a diagnosis of autism (high functioning). These children were accepted in the study since their parents had expressed an interest and their occupational therapists confirmed their functional abilities were similar to the other participants.

Study context

Children were offered the opportunity to participate in a supported circus program at a local community organization, which we will call “Circus Club.” This program was designed in partnership with an occupational therapy practice, which we will call “Children’s Therapy,” with the aim of promoting physical activity through targeted skill development in a fun, noncompetitive, social environment for children with additional support needs.

Circus Club was selected as the site for this study because it runs a range of classes for children from beginner to advanced levels, including a supported program. In addition, Circus Club was seen to have many characteristics that could be shared by other community organizations with no inherently competitive aspect. The supported program at Circus Club has been part of their suite of class options for a number of years. Circus Club has been previously involved in occupational therapy research for children with cerebral palsy.

Although children's circus programs are rare, they offer a unique course of activities such as trapeze, lyra (aerial hoop), trampolining, acrobatics, and circus tricks. The novelty of circus and its focus on fun yet daring physical activities were considered something children and families would find motivating.

A targeted beginner's circus class was offered for this study's participants; one session for the younger participants, ages 5–6 ($n = 9$), and another for those ages 7–10 ($n = 11$). The program ran for ten weeks with a one hour session held each week. Classes were led by an experienced circus trainer who had worked with children with a range of developmental needs. A second trainer co-facilitated each group and an occupational therapy student supported the younger group. The Circus Club manager, occupational therapist/s from Children's Therapy, and group facilitators met with the research team prior to and throughout the program to discuss the children's participation needs and progress.

Data collection

The first author, Yolanda Fernandez (YF), was the main research contact for families. YF had no affiliation with Circus Club, Children's Therapy, or the occupational therapy services from which the children were recruited and had not met the children until they were recruited.

All 20 children completed the program. A small number missed one or two sessions. Photos and video footage of each child were taken as they participated in the program to serve as an aid-mémoire for subsequent interviews. YF completed the Pediatric Volitional Questionnaire (PVQ) Version 2.1 (Basu, Kafkes, Schatz, Kiraly, & Kielhofner, 2008), an observational scale that describes how a child acts and behaves in an environment, providing insight into his/her motives, and information about how the environment and activities may hinder or enhance the child's participation. YF also kept diary records of spontaneous feedback and comments provided by children and parents during the course of the program.

At the completion of the program, YF conducted interviews with each child, and a separate interview with one or both parents. Children had the option of having their parent/s present if they wished. All children and their mothers took part in the interviews, along with four fathers. Interviews were on average 20–30 minutes duration with parents and 5–10 minutes with children. A semi-structured interview format was selected as this form of interviewing has a fluid and flexible structure allowing the interview to be shaped by the interviewee. It also allows the interviewer scope to discuss topics as they arise and probe for details. Interviews were audio recorded.

Each interview began with the child and his/her parent/s being shown photos and video footage of the child's participation in Circus Club. The initial focus on the circus experience facilitated a relaxed conversation and allowed for exploration of other community-based leisure experiences. Interview questions focused on what the circus experience was like for the child, the level of enjoyment experienced, how this experience compared to other leisure experiences, and what type of leisure activity they may seek in the future. See [Table 2](#) and [3](#) for interview guides.

Table 2. Semi-structured interview guide (parent).

Hello **. ** has just finished the 10 week circus program. How did that go? Could you tell me a little bit about it?

Follow parent's lead; depending on their comments, these probing questions/ discussion points will be asked:

- Did the circus program meet your expectations/ was it what you were expecting? How did it compare to other programs you've tried before?
 - How much did ** enjoy the circus program? (Use visual Likert rating scale 1 – 10)
 - Do you feel ** benefitted from the program? In what ways?
 - What were the main strengths/ positives about the program and ** participation? How does this compare to other programs?
 - Were there any difficulties, concerns that you or ** had with circus? What about other programs?
 - What did you think about the way the coaches/ circus trainers ran the program?
 - How did this program compare to other children's leisure programs/ sports you've experienced in the community?
 - Would you enrol in this program again? Why/ why not?
 - What are your leisure plans for ** after this? E.g. other activities, sports?
-

Data analysis

Qualitative content analysis following recommendations by Elo et al. (2014) was followed to ensure the trustworthiness of the data analysis process as described below. To support independence and objectivity, the three authors involved in data analysis—YF, Rachael Colquhoun (RC), and Jenny Ziviani (JZ)—had no affiliation with the circus or occupational therapy organizations. YF became familiar with the participants during recruitment, circus and interviews. This enabled her to establish rapport with the children and parents prior to undertaking the interviews and also afforded her an insider's view. To minimize potential for bias, the identities of participants were not known to the other two authors involved in data analysis. Audio recordings of the interviews and corresponding transcriptions were de-identified and coded numerically.

Audio recordings were transcribed verbatim by RC and checked for accuracy by YF. Following the content analysis process recommended by Graneheim and Lundman (2004), transcripts were read several times independently by all three authors to become familiar with the contents and gain an overview of main perceptions. Selective highlighting was used to identify statements that conveyed participants' views. Common categories and themes were then coded from these statements. All parent data were considered as a group (mothers and fathers), and all children's data were grouped. Themes from both groups were then compared.

Video footage of the classes, together with the personal recall diary kept by YF and descriptive notes from the Pediatric Volitional Questionnaire, was used to provide further evidence of

Table 3. Semi-structured interview guide (child).

Hi **. You have just finished the circus program. Can you tell me a little bit about what that was like?

Following the child's lead and depending on their comments, these probing questions/ discussion points will be asked. Wording of questions modified according to child's needs:

- How much did you enjoy the circus program? (Use visual Likert rating scale 1 – 10)
- What did you enjoy most/ was your favourite thing about the circus?
- What did you enjoy most/ was your favourite thing about the circus?
- Was anything tricky or not fun for you?
- How did you get on with the other kids?
- What did you think of your circus coaches/ teachers? Are they like other coaches?
- Do you think the circus classes helped you in any way?
- Would you like to do circus again. ... or have a break?
- Would you like to try another program, sport or activity?
- If you had to tell your friends about the circus program, how would you describe it to them?

(When talking about circus, also encourage the child to talk about other leisure activities they are involved in now or were in the past)

the accuracy and strength of identified themes through triangulation. Researchers used peer debriefing to check the credibility of emerging themes and discuss and challenge potential biases. A final list of themes was established through consensus. Member-checking was conducted by providing parents and children with summaries of the main themes and allowing them opportunity to comment.

Findings

Parent and child interviews reflected many of the same themes; however, children's responses tended to focus more on positive aspects of leisure and were broad in nature, whereas parents provided more specific examples and details. In addition, parents spontaneously made comparisons between past and current experiences, including both positive and negative aspects. Parents also reported on past discussions they had with their children about leisure experiences, an element missing from children's responses.

As the circus experience was used as a starting point for the interviews, circus frequently arose in the discourse. We believe the key themes raised by participants, however, are an indication of their views and experiences of leisure more broadly. Circus provided the platform for these discussions.

Themes are outlined below with illustrative quotations included from children and parents. Themes have been grouped into three categories, each with subthemes that relate to experiences and perspectives of participation in community-based leisure programs. Pseudonyms have been used throughout.

Valued and positive elements

Four main subthemes emerged when participants were encouraged to discuss aspects of community leisure that they enjoyed and valued: enjoyment/having fun, sense of competence, social connection and friendships, and physical activity. While inter-related, these subthemes illustrate nuances identified by participants and point to key individual ingredients that appear to support and enhance the participation experience.

Enjoyment/having fun. Parents expressed that enjoyment was an important part of what mattered most for their child when becoming involved in any community-based leisure. Parents and children described the high level of fun the children had experienced in the circus program. "Fun" was the adjective most frequently used by the children: "I really loved it. It was so fun" (Lucy, 8 years old); "We had heaps of fun" (Aaron, 5). When asked to rate the level of enjoyment for the circus program out of 10, most children gave a score of 10 out of 10 or higher. Cooper (8) rated it as "1000 out of 10!" Parents also highlighted their child's enjoyment and anticipation in attending the circus program each week: "He was always raring to go" (Tom). Parents described the level of enthusiasm as being unusual but pleasing because, unlike past experiences, they did not have to "coax" their child to attend: "He didn't sook about going" (Pam), "they enjoyed it and always looked forward to going" (Tracy).

Children and parents described the variety of activities, uniqueness and "coolness" of circus as being key elements that contributed to making the program engaging. Emma (10) described the program as "pretty cool" and Flynn (6) said it was "wow, amazing!" Parents described the "really good fun. ... daredevil type things" (Ally) and "It was exciting ... to do something different" (Tracy). Several parents reported their children experienced pleasure and pride from telling others they were involved in something "cool" like a circus.

Sense of competence—"I can do it." Based on the frequency with which it was raised and depth of discussion generated, the sense of competence experienced by the children was one

of the aspects parents valued most highly. Parents referred to the “just right” level of challenge: “just the right amount of challenge, not terrifying, but not too easy” (Miranda); “not too hard. ... it was just difficult enough” (Sally). Parents reported that when children were able to accomplish activities that they thought difficult and challenging, this resulted in a sense of achievement, and provided a boost to their confidence and sense of competence: “He definitely felt like, I can do this” (Avril). Parents explained how activities that were too easy left children without a sense of accomplishment:

(At circus) they all get in and ‘give it a go’ and it’s structured at a level that they can do it. So the fact that he can do it, you know, is one of the reasons why it’s so positive for him. Although, it is fairly challenging what he’s doing.he’s done things before that were a bit easier and I think that doesn’t necessarily make him keener. (Tom)

This was a theme parents talked about passionately. They often drew from past experiences as well as the experience at Circus Club to highlight this point.

Children also talked about the “just right” challenge and feeling competent in a simple fashion. David (9) explained that he enjoyed the program even though it was hard: “It’s fun ... and it’s. ... yeah, it’s hard in a way.” Ty (5) enjoyed the program because “nothing was a bit too tricky.”

Building on this theme of “just right” challenges, parents raised the importance of the expectations and attitudes of coaches/trainers, and the way programs were delivered. Parents used the positive example of the Circus Club trainers to illustrate this point:

I might have expected it to be a little more remedial, but it wasn’t. It was very fun, and just like a regular circus program ... but in a less confronting environment. (Sally)

They didn’t baby them at all. They just got right into it, and I thought that was really good for him and his confidence. (Avril)

When they realized they could do it and they got a sense of achievement out of it (the coaches) didn’t allow them to give up. (Sue)

Thus, parents reflected that an optimal coaching approach was one that encouraged children to aim high, showed confidence in the children and what they could achieve, as opposed to being too accommodating and having low expectations.

Social connection and friendships. Children and parents used the circus experience as an example of the high value they placed on the opportunity for social connections and making friends when participating in community leisure programs. “You meet lots of new people” (David, 9); “I made some new friends” (Mia, 9); “It was like ... really friendly” (Michael, 5).

The special significance of making new friends was emphasized by many parents, who explained that their child found socializing challenging: “He’s actually making a friend, which is big” (Pam). Cooper (8) was invited for his first ever play date after making a friend at the circus. Parents commented about social connectedness in terms of the importance of being feeling part of a community group: “It’s a new little community that she can feel part of” (Ally):

Everyone felt, you know, part of the group. She was able to connect. ... It was like round pegs coming together in a round hole. (Cathy)

Often these reflections were made when comparing programs such as Circus Club with other community activities:

(Circus Club) It’s got a really kind of inclusive sort of vibe about it which I really liked the kind of environment where people that don’t normally fit in to mainstream sporting activities could fit in. (Lara)

Experiencing a sense of belonging and “fitting in” within a community group was an element of community leisure participation parents felt helped support participation.

Physical activity. The final subtheme was about value and benefits of physical activity. Children focussed on specific body functions and physical skills they perceived they had gained through the circus program: “It helped me get flexible” (Veronica, 8) and “I’m a strong man now” (Michael, 5). Flynn (6) reported: “My legs and arms got better.” Parents also identified physical benefits such as improving fitness, strength and skill development. They also made additional reflections:

Because she struggles with her muscle tone, physical things will generally always be difficult, but I think yeah there’s definitely been an improvement since she did that (circus) ... and part of that is learning new thingsher confidence, she’s prepared to try things. (Sue)

Many parents described these additional benefits of increased confidence and the sense of accomplishment that came from achieving physical activities, particularly for children with motor coordination difficulties. A related theme about “flow-on” effects is further described in the category Hopes and Plans for the Future.

Barriers to participation and enjoyment

When asking children about anything “tricky” or experiences they did not enjoy, their responses were either “nothing was tricky or hard” or “everything was fun.” There were a few one-off comments about other children’s behavior and having to wait. In contrast, parents had a great deal to say about barriers they believed were affecting their child’s participation and access to leisure programs in the community. Three subthemes emerged: skill proficiency, past negative experiences, and limited community options. Parents indicated that these factors were often inter-related and that it was a combination of factors that had the most effect. Most of these issues were raised in reference to leisure programs previously experienced.

Skill proficiency. The majority of parents felt their child’s developmental difficulties and the reduced skill proficiency associated with this affected their ability to participate and enjoy the same activities as their peers. Parents of the older children also reported they felt the gap between their child’s skills and their peers became more pronounced as they got older. Parents referred to their child’s physical coordination, social emotional and attention difficulties:

She’s not at the same level as a lot of the kids her age ... she’s lagging behind a bit. (Sue)

Although children did not express this in the interviews themselves, parents described how their child was concerned with their level of skill compared to their peers:

I think some of his reluctance to do physical, sporty things is his lack of confidence, and he has said a few times, “Oh I can’t do it. I can’t play as good as those guys”. (Tom)

A small number of parents who had children with attention difficulties and hyperactivity felt these difficulties were a particular barrier to leisure participation in group settings, even at Circus Club. The impact of these difficulties on children’s ability to wait, listen, learn, and connect with others was confirmed by YF’s observational notes. YF also observed that these parents appeared concerned while watching their child’s behavior in the group. Some parents approached YF to check if they should intervene and needed reassurance that it was okay to leave the children to be managed by the coaches; others just got involved when they felt they needed to.

Past negative experiences. Parents described their child’s past experiences with community-based leisure programs including experiences of repeated failure, not “keeping up,”

embarrassment in front of peers, coaches' lack of understanding, and programs that were overly competitive. The combination of past negative experiences, along with their concerns about skill proficiency, appeared to have affected both the children's and parents' willingness to consider leisure options they perceived may be too difficult, competitive, or "elitist" (Ally). As a consequence, some parents had restricted their child's opportunities:

We haven't done any of those sorts of acrobatics or gymnastics-type activities because I was just as anxious that he wouldn't want to tackle a lot of the things they were doing. I didn't want him to be embarrassed you know. ... even though he might have been keen to try something like that but I didn't want to risk it. (Sally)

She really wants to do dancing but I know she wouldn't cope in a class with her age-group. (Tania)

It appeared that parental concerns and worries that their child may not be able to cope, keep up or fit in with the expected level had resulted in parents not pursuing or allowing their children to participate in some leisure options. Another recurring theme was that coaches often had low expectations of their child. Parents described past experiences where coaches allowed their child to sit out for parts of the program rather than trying to find ways to support their participation and inclusion.

Limited community options. Parents expressed disappointment that most community leisure programs were "focused towards perfection and not inclusion" (Ally), too rigid, and "all about the discipline" (Kylie). The level of competition in most team sports was often raised:

He needs to do some physical activities. He's getting a bit heavier, and his gross motor, he needs to work on that... but I just can't see him doing team sports at the moment ... I can't see how it would work. (Lara)

(Circus club was) much more positive and supportive of the kids than most other sports and things which tend to be very competitive. (Mark)

Overall, parents reported difficulty in finding appropriate leisure program options for their children.

Hopes and plans for the future

Three themes emerged in relation to hopes and plans for the future: participating in circus—a unique opportunity and positive experience, "flow on" effect, and moving forward. The first two subthemes were predominantly described by parents.

A unique opportunity and positive experience. Parents were pleased to have been part of the experience at Circus Club: "We haven't found anything like this before. He's loved it and so have I" (Dave). Parents also referred to the experience of being part of a supportive environment:

I guess he felt confident amongst the other boys, knowing that they were similar in nature to him. So there was none of that, "I'm better than you" or "he can do that and I can't." He really enjoyed that and I think he sort of thrived in that sort of environment. (Jodie)

Being with peers of a similar skill level in a non-competitive environment was something parents believed supported their child's performance and enjoyment.

"Flow-on" effect. The value of their child having had an opportunity to develop skills, build confidence and experience success was also articulated by parents. Most perceived a flow-on effect:

Just the fact that he's willing to give it a go at home and at the park or whatever means that he'll continue to build on that because now he's actually tackling things that he wouldn't have tackled in the past. (Sally)

The willingness to try these new things was very much there and I think as the weeks went, it was stronger and stronger. (Jodie)

(It's because) he's been practicing his physical skills that he's a bit more, you know, might be feeling a bit more confident. ... he's actually tried to join in on the soccer game at school that the boys were playing last term, and that's pretty rare for him to do that. (Avril)

Thus many parents described the positive impact of having the opportunity to develop and achieve skills in a supportive environment leading to more confidence and willingness to 'have a go' in other everyday activities that the children had previously been reluctant to try.

Moving forward. Children talked with enthusiasm about moving forward. They described a range of leisure activities they were already doing or would be doing in future. Many children reported they were keen to re-enroll in Circus Club, particularly if they could be in a class with some of the friends they had made. They expressed a desire and enthusiasm to progress to another level which they perceived as being even more "cool." For example, Flynn (6) exclaimed, "Yes, definitely! I want to go onto the next level, the cool things.the *real* things." Mia (9) said, "I would like to try the other one, next door" (the next class level). One of the girls who had already re-enrolled reported:

I'm really excited because we're doing a big show on the last week. Like we have to train for four hours. ... it's going to be awesome! (Lucy, 8)

The sense that they were achieving something and moving forward appeared highly valued by the children.

Although parents expressed some concern about the future, they talked about some leisure programs they were considering or had already enrolled in since completing Circus Club. Most were seeking programs that had an active physical component because they felt this was important for their child's development. Several parents indicated an interest in their child continuing at Circus Club and felt ready to move onto a regular beginner's class without additional support. Maintaining newly formed friendships was raised. Enrolment data indicated that six children from the study had re-enrolled in the Circus Club's regular suite of beginner's classes. Three of these children also enrolled in a performance stream which required a commitment to additional training sessions.

Discussion

Reinforcing the findings of other studies (e.g., King, Law et al., 2013; Shimmell et al., 2013), this study found that a range of personal, activity, and environmental factors influenced children's leisure participation and enjoyment. This adds weight to the recommendations of Vargus-Adams and Majnemer (2014) and others to adopt a holistic, biopsychosocial lens to support our understanding of the range of dynamic, inter-related factors that influence participation, health and wellbeing, and to inform more effective program planning.

Overall, this study reinforced similar themes to those found in studies with children with specific developmental disabilities (Barnett et al., 2013; Shimmell et al., 2013). This may surprise researchers and practitioners who have not had experience working with children with developmental difficulties, since they may assume that these children's "less-pronounced" difficulties mean the impact on participation is minimal. Our findings show this is not the case. The degree of developmental impairment or presence of a diagnosis does not necessarily correlate with the level of functional impact. All parents interviewed reported that they had experienced barriers that hindered their child's participation in community leisure programs.

Using the ICF-CY framework to examine barriers to community-based leisure participation, it appeared that a combination of developmental/ health condition, personal, activity, and environmental factors contributed. Parents described most community-based leisure programs and sports as being too rigidly structured, competitive, and having a higher level of skill proficiency than their child could manage, with this disparity increasing as children grow older. The lack of “fit” appeared to have significant implications for children, leading to experiences of failure, embarrassment, and diminished self-esteem. Although parents recognized that their own and their children’s fears and concerns had resulted in reduced community participation, they did not appear to know how to rectify this. As a consequence, it seems many reverted to shielding their child from some activity options or encouraging them to do something that they felt was a “safer” option, regardless of their child’s level of interest. Unknowingly, parents were reducing their child’s opportunities for self-determination by not providing the “space” for some autonomy and choice and undermining their competence. The question follows then why parents were willing to take part in this research study. Our findings, along with discussions during recruitment, suggest that what alleviated parent concerns was the reassurance from their occupational therapist and the research team that a) Circus Club had an existing partnership with occupational therapy, b) their child’s needs were understood and that other children with similar functional difficulties would be attending, and c) the program would be scaffolded and supported by the trainers and occupational therapists. The perception of circus being daring and “cool” also seemed to appeal to parents and children.

A particular developmental factor that was a barrier for some children was the presence of attention difficulties and hyperactivity which affected their functional abilities (being able to listen and wait) and also the level of parental concern because the program took place within a group context. Parents were perturbed about how their child may be perceived and felt a sense of responsibility to manage their child’s behavior so that it did not affect the running of the program or other’s enjoyment. By intervening, some parents may have reduced their child’s opportunities for self-determination. Aligning with the ICF-CY, this highlights the complex interplay of variables that may impact children’s participation, including development/health condition, personal factors, and environment (in particular, the social environment). Although attention difficulties and hyperactivity have been previously raised in research (see King, Law et al., 2013), this is an area that warrants further investigation. This will also enable us to determine how to better support children who experience these difficulties *and* their caregivers.

Using the ICF-CY to examine factors and aspects that support participation and contribute to a positive community-based leisure experience for children with developmental difficulties, our findings again parallel those of other studies with children with developmental disabilities/difficulties (Heah et al., 2007; Kanagasabai et al., 2017; Powrie, Kolehmainen, Turpin, Ziviani, & Copley, 2015; Shimmell et al., 2013). These include having fun, “just right” challenges that promote a sense of competence, and the opportunity for social connections and physical activity. Similar to the findings of Powrie et al. (2015) and Nyquist, Moser, and Jahnsen (2016), these themes resonate strongly with the basic human psychological needs for autonomy, relatedness, and competence, as described by self-determination theory. In fact, as shown in Figure 2, three out of the four factors identified in this study directly align with the tenets of self-determination theory, with the identification of physical activity as a fourth element.

Parents particularly emphasized that their child’s enjoyment of Circus Club related to the coaching “style” and activities being fun but also challenging in a positive way.



Figure 2. Community leisure participation: What children and their parents value most.

Self-determination theory proposes that “it is success at optimally challenging tasks that allows people to feel a true sense of competence” (Deci & Ryan, 2000, p. 260). These findings suggest that when leisure providers support experiences for children that are competence-promoting, children’s enjoyment and participation is enhanced. It is from this enjoyment and enriched experiences that a child’s deeper connection and engagement would be expected to grow and flourish (Csikszentmihalyi, 1975). Thus, these elements of the experience took participation from a more superficial level of being involved in an activity to being more deeply engaged. This is an important finding because children are more likely to continue their participation when optimal engagement is achieved (King, Rigby et al., 2013).

The significance of the “just right challenge” and having coaches who believed in them and encouraged them to aim high was a finding that appeared to particularly resonate with this group. The Circus Club experience had been more positive than expected by most families, who had previously experienced difficulty finding these “just right” leisure opportunities in the community. Their feedback highlights that many leisure providers/coaches, although well-meaning, used techniques that resulted in children being either excluded from some parts of programs or overly accommodated so they were no longer challenged and lost their drive and self-belief. Although identified in other studies (Shields & Synnot, 2016; Shimmell et al., 2013), this lack of awareness by some leisure providers/coaches appeared to be a greater issue for this cohort of children whose difficulties may not be as easily recognized or understood.

These findings collectively indicate that children with developmental difficulties face significant challenges with leisure participation and experience a poor fit with many of the currently available community leisure programs. Our results suggest they are potentially at risk of being misunderstood and having their participation needs overlooked. A secondary consequence is they disengage from community participation, leading to reduced opportunities for physical activity, socialization, and enjoyment.

Participants in this study highly valued and had a keen desire to participate in community-based leisure activities but were challenged by the lack of suitable options. Similar to the findings of Schleen, Miller, Walton, and Pruett (2014), parents had mixed feelings about whether they preferred fully inclusive programs or more segregated programs with peers who have

similar difficulties. This raises the issue of how past experiences, along with what is currently offered in the community, can shape parents' views and plans for the future. It seems probable that experiences of repeated failure and disappointment with regular leisure programs result in parental preference for segregated programs or sticking with the "safe" option of home-based leisure activities. Yet participation in leisure should be a human right for all children (United Nations, 1989) and all families should have access to a range of options to choose from.

This study's findings also build on more recent research exploring the effectiveness of environment-focused interventions and health-promoting leisure programs. Circus Club offered a targeted leisure program that endeavored to provide optimally challenging activities that fostered a sense of competence and accomplishment; it also actively supported inclusion, a sense of fun and a supportive team environment. It seems likely that other community programs could offer similar key ingredients. Our findings also suggest that having some targeted support in the early stages of a program may be particularly important for children with developmental challenges and their parents to build their confidence and alleviate some of their concerns. This may act as a "stepping stone" to further participation in the community, at least in the short-term.

Limitations

Focusing on children with developmental difficulties, whose needs and aetiology are more diverse and less defined than other populations, makes it difficult to draw comparisons and replicate this research. It is also possible that parents who agreed to participate in this study already had a stronger view about leisure and its importance than other parents. In addition, these families may represent those who have more financial, personal, and family resources enabling them to more easily commit to this study's participation requirements. Our findings may have been affected by the tendency of participants to provide desirable responses. The age of the children along with their developmental difficulties also meant that their ability to provide in-depth verbal feedback was limited.

Implications for practice and future directions

The important role and meaning of leisure in the lives of children with developmental difficulties has been brought to light in this study. The challenges and barriers faced by these children have also been highlighted. Occupational therapists and other health practitioners are ideally placed to support families in this arena; however, children's leisure participation needs are often overlooked or downplayed. Moving away from traditional therapy approaches toward more of a focus on participation in health-enhancing activities such as leisure is a shift both parents and health practitioners need to embrace. Frameworks such as ICF-CY, together with the principles of self-determination theory, can assist health practitioners to identify factors that support more meaningful and positive leisure participation for children of all skills and abilities. Promoting interventions that can be embedded within natural contexts such as community programs also provides a more inclusive and strengths-based approach to supporting children's development and wellbeing. This requires a collaborative approach with partnerships between families, health practitioners, and community organizations.

This study suggests that many community leisure programs do not meet the needs of a greater number of children than previously recognized. Further research is required to build

our understanding of the needs of children with a range of developmental and functional difficulties. This could inform future education, training, and resources for leisure providers and ensure the development of more inclusive programs. Specific education about the factors that promote positive participatory experiences for children with additional support needs is particularly important. Investigating the coaching styles and approaches used by leisure organizations such as Circus Club could provide further insight. In addition, the specific needs of families who have children with attention difficulties and hyperactivity requires further consideration.

Finally, this study suggests that leisure organizations should offer a stream of “bridging” or “stepping stone” programs. This could be offered either at the start of a program or at times when targeted skill development may be beneficial. Children could opt in and out of this stream as required. These programs could be designed by leisure organizations, in partnership with health practitioners such as occupational therapists. Research is warranted to explore the influence of this bridging approach further and how this affects children’s engagement in leisure across the longer term.

Conclusion

This study sheds some light on the leisure participation of a group of children with less well-recognized developmental difficulties. Our findings indicate that although these children have an interest and desire to participate in community-based leisure activities, this is often compromised by a range of developmental, personal, activity, and environmental factors. Participation in community-based leisure activities offers children an important means of connecting with peers, developing physical and social skills, and enhancing self-determination and resilience, all of which are key contributors to children’s health and wellbeing. It is vital that all children have this opportunity.

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