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Parental support of sport participation for youth with a mobility impairment

Project Summary

Parents have an important influence on their children's sport participation. The objective of this research was to examine parental support for youth with a mobility impairment's (MI's; limitations to musculoskeletal or neurological systems which impact movement) sport participation. This objective was accomplished through two studies. Study 1 consisted of a critical review of research regarding psychosocial factors that determine parental support of sport participation for children with a physical impairment. This study identified key gaps in the literature, and resulted in the development of a research agenda for future investigations of parental support for youth with physical impairments. Study 2 was an exploration of parental support behaviours for youth with MI's sport participation. This project provides researchers and practitioners with a better understanding of parental support behaviours and their potential determinants.

Research Methods

Study 1

In order to find articles, a search was conducted of academic databases using terms such as children, youth, disability, impairment, sport, parent, and family. A hand search of references was also conducted. Articles were included in the review if they were written in English, and addressed parental factors influencing sport participation for children with physical impairments. The Health Action Process Approach (HAPA) was used as a framework to organize the final articles included in the review.

Study 2

Parents of youth with MI across Canada were recruited to take part in semi-structured interviews. To be included in the study, parents had to have children between the ages of 7 and 16 years old, and had been diagnosed with a chronic health condition or disability resulting in an MI (e.g. cerebral palsy, spina bifida, amputation). We recruited 10 parents whose children with MI participated in sport, and 10 parents whose children with MI participated in sport, and 10 parents whose children with MI did not participate in sport. The interview focused on their child's extracurricular activities, elements that impact parental support for youth sport (e.g. parental views on benefits of sport, risks of participation, intentions to support sport, etc.), as well as barriers, facilitators, and resources for their child's sport participation. Interviews were transcribed verbatim and the transcripts were analyzed using a question-focused content analysis to examine for similarities and differences between the responses of both groups of parents.

Research Results

Study 1

Based upon the results of the review, five recommendations were made for future research in order to fill critical gaps in knowledge:

- (1) Build knowledge of outcome expectations (i.e. parental views on the outcomes of involving their children in sport). Better understanding is required on potential negative outcome expectations, how outcome expectations impact other determinants of parental support for sport participation, and how outcome expectations develop.
- (2) Examine determinants of sport initiation from the perspective of parents, in particular parents' confidence in their ability to involve their children in sport.
- (3) Conduct research on parental planning of sport participation. Parents of youth with physical impairments potentially face additional stressors and barriers to involving a child in sport. Planning could, therefore, be of great benefit and should be explored as a potential facilitator to improve sport involvement.
- (4) Determine how to maintain sport participation, and build knowledge of determinants of parental behaviours influencing long-term sport involvement.

Develop interventions to support parents of youth with physical impairments.

Study 2

The findings of the second study demonstrate the utility of the Health Action Process Approach (HAPA) for understanding the views of parents of athletes and parents of non-athletes towards supporting sport participation for youth with MI. There were key similarities and differences between the HAPA constructs that demonstrate future areas for research and potential methods of targeting parents of non-athletes. Results demonstrated that compared to parents of youth with MI who don't participate in sport, parents of youth with MI who do participate in sport: (1) do not view sport as risky or dangerous; (2) plan for sports (e.g., scheduling, equipment); (3) see parental commitment to sport as important to their child's present and ongoing sport participation; and (4) use social networks for support and to find sport opportunities.

Both groups of parents also identified a number of barriers and facilitators to involving their children in sport. These included: (1) program availability (i.e. Few programs are available or programs don't stay open long. This is a particular issue for those living in rural or small communities.); (2) parents don't like the type of programs available (i.e. they want MI specific programs rather than having their children in programs with youth with other types of impairments such as intellectual impairments); and (3) the cost of adapted programs or adapted equipment (i.e. participation was facilitated when parents received funding or were provided with equipment.)

Another important result was the indication that parents relied on their medical support team (i.e. doctors, physiotherapists, support staff, etc.) for social support and information on sport programs.

This study had a number of strengths including interviewing parents of athletes and non-athletes, as well as parents of youth with a range of MIs. There are, however, some limitations. Two key limitations are: (1) we could not control the results for MI severity; and (2) all but two parents interviewed were mothers, which could potentially impact the findings.

Policy Implications

Future research is necessary before moving towards policy development. However, the findings of the second study allow for some suggestions to be made for sport organizations or practitioners aiming to improve participation for youth with MI:

- (1) Place an emphasis on developing programs that youth with MI enjoy and want to continue attending.
- (2) Create programs that are specifically for youth with MI so that parents and youth have options beyond integrated programs.

(3) When determining the location and cost of the program, think about how families can best be accommodated. Provide facilities that accommodate the health needs of the youth (e.g. space with enough room for parents to help them transfer or change equipment or clothing, take medication, etc.). When considering the location, think about accessibility concerns (e.g. how far is parking, are there easy access elevators, etc.)

Build resources for parents to access information. For example, encourage medical professionals to promote sport to parents. Develop and support parent networks to spread knowledge and information on programs.

Next Steps

New questions raised by this research relate to determinants of support for which both groups of parents had similar views. For example, both groups of parents from Study 2 had similar concerns regarding barriers to supporting their child with MI's sport. Future research needs to determine why parents of athletes, despite voicing these barriers, overcame them and involved their child in sport, while parents of non-athletes did not. Economic issues are raised in the way that parents of youth with MI may be better supported in overcoming a main concern: financial barriers to participation. Parents must consider a number of costs including additional fees for support staff hired either by the program or parents, equipment with proper adaptations, and accessible transportation.

Key Stakeholders and Benefits

Organizations that can benefit from these findings include the Canadian Paralympic Committee, and any sport governing body with programming for people with a physical disability (e.g. Swimming Canada, Hockey Canada, etc.)