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ORIGINAL ARTICLE

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Exploring parents' experiences of promoting physical activity for their child with intellectual disabilities

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Abstract

Introduction: Children and adolescents with intellectual disabilities participate in low levels of physical activity and have a greater reliance on their parents to provide activity opportunities. This study explored parents' experiences of promoting physical activity for their child with intellectual disabilities.

Methods: Semi-structured interviews were conducted with eight parents of children and adolescents with intellectual disabilities. Interviews were independently coded and analysed by two researchers using thematic analysis.

Results: Four themes and nine subthemes were identified. Overall, parents had positive views of physical activity. However, parents face numerous barriers that limit their ability to promote physical activity for their child with intellectual disabilities.

Conclusions: Parents experience high levels of exclusion and stigma that negatively affect their promotion of physical activity for their child with intellectual disabilities. Overcoming the barriers faced by parents could therefore be an indirect method to increase physical activity in children and adolescents with intellectual disabilities.

KEYWORDS

adolescents, children, parents, physical activity, stigma, thematic analysis

1 | INTRODUCTION

Physical inactivity is a growing international public health concern (World Health Organization, 2018). The need to address physical inactivity is particularly important for children and adolescents with intellectual disabilities, who participate in low levels of physical activity and are significantly less active than their typically developing peers (Boddy, Downs, Knowles, & Fairclough, 2015; Einarsson et al., 2015). These low levels of physical activity are insufficient to gain the clinically meaningful physical and mental health benefits associated with physical activity (Ahn & Fedewa, 2011; Biddle & Asare, 2011; Janssen & LeBlanc, 2010). Since children and adolescents with intellectual disabilities have various chronic health conditions and experience significant health inequalities, such as an increased prevalence of anxiety and obesity and reduced cardiorespiratory and muscular function, promoting physical activity is therefore essential to improve the health of this population (Maiano, 2010; Oeseburg, Dijkstra, Groothoff, Reijneveld, & Jansen, 2011).

Children and adolescents with intellectual disabilities, however, face numerous barriers to being physically active. The socioecological model provides a useful framework for categorizing types of barriers as either intrapersonal, interpersonal, organisational or environmental, and has been used in previous studies which have categorized barriers to physical activity faced by children with intellectual disabilities (Bronfenbrenner, 1979; Must, Phillips, Curtin, & Bandini, 2015). Using this framework, existing research demonstrates that children and adolescents with intellectual disabilities face intrapersonal barriers relating to their disabilities, such as

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reduced physical skill level and a dislike for physical activity; interpersonal barriers, such as having fewer friends and prejudge of others; and environmental barriers, such as limited access to facilities and inclusive clubs (Buttimer & Tierney, 2005; Columna, Prieto, Elias-Revolledo, & Haegele, 2019; McGarty & Melville, 2018; Shields, Synnot, & Barr, 2012; Solish, Perry, & Minnes, 2010; Stanish et al., 2015; Sterman et al., 2016).

Another important interpersonal factor influencing the physical activity levels of children and adolescents with intellectual disabilities is their parents. Parents have a central role in the promotion of activity, as children and adolescents with intellectual disabilities have lower autonomy and are more reliant on parents (Shields et al., 2012; Sterman et al., 2016). Therefore, it is important to focus on parents when investigating factors that influence the physical activity levels of children and adolescents with intellectual disabilities. A recent systematic review (McGarty & Melville, 2018) investigated parental perceptions of facilitators and barriers to physical activity for children and adolescents with intellectual disabilities and identified five factors that can be facilitators or barriers to physical activity: family, child factors, inclusive programmes and facilities, social motivation and child's experiences of physical activity. Furthermore, it was conceptualized that these factors could be facilitators or barriers to physical activity, depending on the available information and education of relevant others, such as parents. Therefore, parents were identified as having an overarching role in the promotion of activity.

The systematic review by McGarty and Melville (2018) highlighted that research is predominately focussed on parents' perceptions of facilitators and barriers to activity for their child with intellectual disabilities, with limited focus on barriers faced by parents. Therefore, it is also important to go beyond facilitators and barriers and gain a better understanding of parents' experiences of promoting activity, which will provide a new perspective of data to inform interventions. To address these gaps in the literature, the aim of this study was to investigate parents' experiences of promoting physical activity for their child with intellectual disabilities.

2 | Method

2.1 | Recruitment/sampling

Purposive sampling was used to identify parents of children and adolescents (≤18 years) with intellectual disabilities. The use of purposive sampling ensured participants who were able to provide in-depth information on the phenomenon of interest were included, thus increasing the potential to identify relevant themes. Participants were recruited between January and March 2017 through additional support needs schools and sports clubs in Glasgow, Scotland, with information packs distributed to parents. These packs contained information on the study and researcher contact details; parents who were interested in participation contacted the researchers directly.

Eight parents participated in this study, as data saturation was reached at this point. Participants were four biological mothers, three biological fathers and one stepfather, and included one couple. The majority of participants (n = 7) were White British and married. Deprivation was assessed using the Scottish Index of Multiple Deprivation (http://www.scotland.gov.uk/Topics/Statistics/SIMD), based on participant's postcodes, and categorized from most deprived (quantile 1) to least deprived (quantile 5). Five participants lived in areas of the highest deprivation, two lived in areas in quantile 2, and one in quantile 4. All the schools and clubs where participants were recruited from were based in areas of the highest deprivation. Participants' children with intellectual disabilities were predominately male (n = 6; female = 1) and aged 10 to 18 years. Based on parent reports, intellectual disabilities ranged from mild to moderate and included additional conditions to intellectual disabilities, for example autism and epilepsy. Six children had at least one sibling, with one being an only child (full demographic data are presented in Table 1).

2.2 | Procedure

This study was approved by the Medical, Veterinary, and Life Sciences College Ethics Committee, University of Glasgow. Prior to participation, written informed consent was obtained from all participants. Identification numbers were used to ensure confidentiality.

In-depth face-to-face interviews were conducted by one researcher. Interviews were conducted at a time and place that suited the participant; five interviews were conducted at the participant's home and two were conducted at the club the participants were recruited from. Interview duration ranged from 20 to 55 min. All interviews were recorded using a Dictaphone and transcribed verbatim.

Interviews were semi-structured and based on a broad interview script. Parents were asked about their experiences of promoting physical activity for their child with intellectual disabilities, which was guided by the following topics: parental/family role in promoting activity; experiences/views of structured activity programmes and clubs; motivations for promoting/not promoting physical activity; and child's experiences of physical activity. The interview script was developed based on past literature to cover topics relevant to parents' experiences of promoting physical activity for their child with intellectual disabilities with as much breadth and depth as possible.

2.3 | Data coding and analysis

Data were analysed using thematic analysis, which enabled the identification, analysis and reporting of patterns/themes within the data set (Braun & Clarke, 2006). This thematic analysis was conducted in accordance with Braun and Clarke's (2006) six-phase approach, which consisted of familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. To improve credibility, there

TABLE 1 Demographic data of parents and their child with intellectual disabilities

Parent demographic factors							Child demographic factors				
ID	Relationship to child	Age (years)	Occupation	Education	Marital status	SIMD	Ethnicity	Sex	Age (years)	Siblings (n)	Disability type	Disability severity
ID01[a]	Mother	42	Unemployed	High school	Married	1	White British	Male	10	7	Intellectual disabilities	Mild
ID02[a]	Stepfather	42	Unemployed	High school	Married	1	White British					
ID03	Mother	36	Childminder	High school	Married	1	White British	Male	11	2	Intellectual disabilities	Moderate
ID04	Mother	46	Unemployed	High school	Separated	1	Black African	Male	10	1	Intellectual disabilities & autism	Moderate
ID05	Father	55	Social care	College	Married	1	White British	Male	10	2	Intellectual disabilities & autism	Moderate
ID06	Father	46	Police	High school	Married	2	White British	Male	18	0	Intellectual disabilities & cerebral palsy	Mild
ID07	Father	53	Welder	High school	Married	2	White British	Male	17	1	Intellectual disabilities & autism	Mild
ID08	Mother	45	Learning support	High school	Married	4	White British	Female	17	1	Intellectual disabilities & epilepsy	Mild

Note: ID, identification number. SIMD, Scottish Index of Multiple Deprivation quantile ranging from 1 (most deprived) to 5 (least deprived).

[a]ID01 and ID02 are a married couple and parents of the same child with intellectual disabilities.

TABLE 2 Themes and subthemes

Themes	Subthemes
Importance of social support	Informational support
	Social exclusion
Parent fears	Safety and bullying
	Child's future
Parent responsibilities	Putting their child first
	Finding inclusive opportunities
Integrating their child into sport and play	Stigma and lack of understanding
	Disability-related barriers
	Benefits of inclusive clubs

was triangulation of the investigators, with two researchers independently conducting the first five phases of the analysis. Both researchers then met to discuss their interpretation of the data and agreed upon the final themes.

3 | RESULTS

Four themes were identified from the data that represent parents' experiences of promoting physical activity for their child with intellectual disabilities: importance of social support; parent fears; parent responsibilities; and integrating their child into sport and play. Nine subthemes were also identified, which have been described in Table 2.

3.1 | Importance of social support

Social support influenced parents' ability to promote physical activity. Informational support was essential for finding physical activity opportunities for their child with intellectual disabilities. Parents themselves also faced high levels of exclusion due to having a child with intellectual disabilities and felt they did not receive enough support. As a result, this has a detrimental impact of their ability to promote physical activity and identify appropriate opportunities for their child to be active.

3.1.1 | Informational support

Social support, in the form of informational support, was important for identifying physical activity opportunities that were suitable and inclusive of children and adolescents with intellectual disabilities. A lack of informational support left parents feeling unequipped to find activity opportunities for their child.

> *We need information on what kind of activities are available out there because when you go online it [information] doesn't actually exist. It would be great if you had*

one place that you could go and it would tell you such and such does this and that but it is very hard.

[ID03]

Due to the lack of available information, parents relied upon information sharing between other parents of children with intellectual disabilities. However, information on inclusive clubs/opportunities is mostly shared between parents already involved in inclusive clubs; parents who were not part of an information-sharing "circle" did not benefit from this informational support, resulting in the further exclusion of these parents.

because we are in that circle we get information, but if you are not in that circle there is very little publicity about them [inclusive clubs]

[ID06]

3.1.2 | Social exclusion

A subtheme of social exclusion was identified relating to parents of children with intellectual disabilities. This sense of social isolation was linked to being appraised as "poor parents" based on their child's behaviour, because of their intellectual disabilities. This resulted in parents excluding themselves to avoid experiencing these negative situations.

I felt wherever I go people will be judging me so I isolated myself. [ID 04]

This social exclusion limits opportunities for social support and reduces parents' confidence to go out socially with their child, which limits the opportunities they have to promote physical activity. The perceptions of other people regarding intellectual disabilities also made parents feel that their child's intellectual disabilities were their fault.

It's that old baggage when a mother has a child severely handicapped, or has difficulties, or learning difficulties, they [mother] have done something wrong in their life and this is retribution…we are still thinking backwardly.

[ID02]

Other people's negative views contribute to social exclusion, which reduces access to social support and limits the parent's ability to promote and find physical activity opportunities.

3.2 | Parent fears

The theme of parent fears relates to parents' understanding and conscious decision making on the promotion of physical activity that is influenced by their fears. Parents reported fears of safety and bullying, and fears regarding their child's future and long-term health.

3.2.1 | Safety and bullying

All parents acknowledged some level of fear about their child participating in physical activity due to the negative behaviours of others towards their child. Bullying from other children was a concern, with their child's intellectual disabilities being the cause of bullying. This was identified across all contexts, both structured and free-play environments.

He will say people have been hitting him. He has low tone muscle in his lip so he used to drool all the time and a lot of the kids wouldn't play with him.

[ID03]

Safety was also raised as a concern and prevented some parents from letting their child play outside.

It was also a risk if you are taking them outside, they can't judge if they are crossing the road, how far the car is travelling, how much time they need to cross the road and there is the danger aspect to that as well.

[ID05]

Therefore, parents feel they are unable to send their child to sports clubs due to fears of bullying and do not feel able to let their child play outside due to safety fears. This desire to protect their child, combined with the lack of available inclusive opportunities leaves parents with few options to promote activity safely.

3.2.2 | Child's future

Parents discussed worrying about their child's future, which made them want to promote physical activity so their child can gain longer-term health benefits. Parents viewed supporting physical activity in childhood as a way for their child to be healthier in adulthood.

you are sowing the seed that later on in life he will get a bike and he will actually ride a bike. So what you are doing is putting down the foundations just now for later on.

[ID05]

Numerous parents also reported concerns for the future when they are no longer able to support their child or when they are no longer alive.

It [son's reliance on mother] makes me worry about his future, sometimes I will be thinking what if something

happens to me how is he going to live his life. I know I won't be there for him until maybe he is 40. You just worry as a parent you want what is best for your child.

[ID04]

Therefore, parents report mixed feelings regarding promoting activity. Parents want their child to get the benefits of activity and encourage long-term health; however, they also want to protect their child from the unnecessary bullying and potential safety concerns that come with physical activity. This highlights that the problem does not relate to parents not wanting to promote activity—the issue is supporting parents to overcome the barriers they face when trying to promote activity.

3.3 | Parent responsibilities

Parents put a great deal of pressure on themselves to ensure that all their child's needs are met, including finding opportunities for activity. However, the responsibilities faced by parents resulted in numerous sacrifices, which further contributed to parents' social exclusion.

3.3.1 | Putting their child first

Parents described always prioritizing their child, which resulted in, sometimes significant, sacrifices. This is in complete contrast to the lack of support or interest from others and is another way in which parents are not given the support they need. Prioritizing their child was discussed relating to various aspects of parent's lives. One parent reported leaving their job, as they perceived they and the child's mother were the only people who could ensure all their child's need are met.

I had to leave my job, I don't think anyone could cope with him besides me and his mother because his condition needs understanding and it's hard.

[ID04]

However, not all parents were in supportive relationships, with one parent discussing that her child's father did not accept their child's intellectual disabilities and was aggressive towards the child. This resulted in the mother prioritizing her child and leaving that relationship.

When he was diagnosed his dad was like 'no I don't have this in my family why is he like this?'...he was very aggressive towards the boy and I thought 'oh no I think of my son first'. I could not tolerate the way he was treating him so I thought 'let me just leave him'. So it is just myself and my son.

[ID 04]

Parental responsibilities also extended to sacrificing their own time to support their child to be active, such as being a "*taxi*" [ID06]. The time demands required to support activity are greater when a child has intellectual disabilities, such as parents having to stay the duration of activity sessions, for example to provide comfort for their child and to be on hand to tie their child's shoelaces.

he [son]can't tie his shoelaces, or he can't get them tight enough, so I am there to tie his laces

[ID06]

This sense of putting their child first was also relevant to teaching their child new skills. One father acknowledged that other people would not be willing to put in the time or effort to teach their child the skills required to be active; therefore, it was the responsibility of the parent to persevere to support their child and enable understanding and skill development.

A lot of people won't persevere ...So a lot of people cop out. I think what you have to do with a lot of children with additional needs is persevere and really ingrain into it. There is no reason why they can't do it.

[ID05]

3.3.2 | Finding inclusive opportunities

Parents discussed that many inclusive clubs and programmes were closing due to lack of funding, which left parents with limited options. This includes school clubs that are stopping due to lack of funds:

school clubs are getting cancelled because there is not enough staff... I don't think they are equipped enough and I don't think they are getting enough money from the council or education to help the problem

[ID01]

This also applies to inclusive sports clubs.

your child is happy with this one and the next time you go it's not there because they could not provide it, they don't have funding.

[ID04]

Parents also discussed that they found it difficult to identify inclusive clubs locally, with most clubs requiring travel, which was not an option for all parents.

it is very hard to find anything [clubs/programmes] for his needs. I am trying to find him some golf lessons and it has been an absolute nightmare. There is nowhere in Glasgow anywhere that does special needs golf. Any other activity that I am trying to find for him are all too far away for me.

[ID03]

Although parents highlighted the lack of available information relating to inclusive opportunities for activity, parents also discussed that they still feel a responsibility to try and find information through whatever means they can.

> *parents have a big responsibility for trying to find activities. But if there is nothing out there for him [child] there is nothing much we can do apart from us doing activities with him. As a parent I should also be active or willing to take my son to places so that he can play or exercise.*
>
> [ID03]

3.4 | Integrating their child into sport and play

The theme of integrating the child into sport and play relates to the difficulties that parents, and their child, have experienced in these contexts. Specifically, how stigma and difficulties relating to intellectual disabilities have negatively impacted inclusion. These are important issues as they impact children's views of physical activity, which can impact inclusion and limit the benefits that children and adolescents gain from physical activity.

3.4.1 | Stigma and lack of understanding

Parents discussed that they felt their child with intellectual disabilities was excluded from mainstream sports clubs as coaches and staff did not have the knowledge required to enable their child to be included.

> *We took him to an athletics clubs when he was younger and he was put in with the girls because he was smaller than everybody else. They didn't know what to do with him and that was a big problem.*
>
> [ID06]

Parents were aware of the negative attitudes and prejudice their child faced because of their intellectual disabilities, and emphasized a desire to protect their child from it. This negatively impacted parents' promotion of physical activity.

> *"The thing I say about protecting them [children with intellectual disabilities] is protecting them from other people's attitudes."*
>
> [ID05]

One parent also discussed that in addition to facing prejudice because of her child's intellectual disabilities, she also experienced racism. Therefore, this intersectionality of having a disabled child and being from an ethnic minority resulted in further exclusion and discrimination when trying to integrate into physical activity contexts.

> *"His [child her son was playing with] dad was like 'what is wrong with your son? I don't like what he is doing to my son. I don't like it and my boy doesn't want to play with him, tell him to leave him!'…he [son with intellectual disabilities] doesn't understand but the man was like 'you should take your son to Africa we don't want that here.'"*
>
> [ID04]

3.4.2 | Disability-related barriers

Parents discussed problems finding inclusive opportunities that accounted for disability-related factors, which impacted children's ability to participate in physical activity. Parents discussed how their child faced numerous physical barriers to participation. These included the contrast between children's chronological and developmental age, where their child wanted to play with younger children but risked hurting them as they were bigger and stronger. Communication and emotional levels also negatively impacted children with intellectual disabilities integrating into sport and play.

> *"Yes it [intellectual disabilities] does limit him…He is not so good at making friends, he does make friends but obviously the communication is an issue and he doesn't understand when he is playing with the wee ones, he doesn't understand his own strength"*
>
> [ID03]

> *"it is difficult [playing with other children] because of his difficulty in expressing and communicating."*
>
> [ID05]

3.4.3 | Benefits of inclusive clubs

Parents discussed the numerous benefits of physical activity they had seen for their child, which encouraged parents to promote activity and resulted in feelings of pride. Interestingly, parents consistently noted the biggest improvements they saw in their child was related to confidence.

> *"at the start mainly he was very shy, very withdrawn, couldn't really socialise or mix with other athletes but I think athletics is really important and brought out his personality. Without the athletics I don't know, I shudder to think what he would be doing"*
>
> [ID07]

> *"She has become very confident and more able now to do things, where before it would be like 'mum I don't want to do it' or it was like 'I can't do it'. But there is no such thing like this now her confidence is built"*
>
> [ID08]

4 | DISCUSSION

This study investigated parents' experiences of promoting physical activity for their child with intellectual disabilities. The findings from the present study gives a new perspective on parents' role in the promotion of physical activity for their child with intellectual disabilities. Previous research has generally viewed parents as having a "gatekeeper" role regarding their child's physical activity (McGarty & Melville, 2018). This perspective implies that parents have the power to choose whether or not to promote physical activity, and to what extent. However, results of the present study suggest that due to various factors, such as social exclusion, parents do not always have the confidence, knowledge or opportunities to promote physical activity for their child with intellectual disabilities.

Parents discussed having a knowledge of the benefits of physical activity for their child. This is important as parents' understanding of the benefits of physical activity can determine whether or not parents encourage and support their child to be active (Columna et al., 2019). This was confirmed in the present study as all parents reported being proactive in searching out information and activity opportunities, with their motivations including wanting their child to be healthy. In order to find information about available inclusive activity opportunities, parents emphasized the importance of social support networks of other parents of child with intellectual disabilities. However, this was not available to all parents, with high levels of social exclusion discussed. This could be partially attributed to the phased closing of many special education needs schools in Scotland, with children integrating into mainstream schools (Scottish Government, 2012). Therefore, this might limit the opportunities for parents to develop social support networks with other parents of children with intellectual disabilities. This highlights that although parents want their child to be active, the barriers they face limit opportunities and restrict parental promotion of physical activity.

Experiencing stigma due to having a child with intellectual disabilities was reported, to varying extents, by all parents in the present study. This is termed "courtesy stigma," where parents of people with intellectual disabilities experience abuse or are considered to blame for their child's intellectual disabilities (Birenbaum, 1992). However, this is the first time the effect of courtesy stigma has been discussed in a physical activity context, whereby experiences of stigma contributed to parental social isolation and exclusion to avoid this negative experience, which then reduced the opportunities for their child to be active. Furthermore, an intersection between race/ethnicity and intellectual disabilities was also described by one participant, a single mother and seven participants lived in areas of high deprivation that could result in additional barriers to accessing opportunities for their children to be active, for example financial barriers. It is therefore important to consider multiple sources of inequalities that may further reduce access to physical activity resources for parents.

Parents also discussed that their child faced prejudice from other children and parents because of their intellectual disabilities, which was severe enough for some parents to regard this as bullying. Again, stigma is commonplace against children and adolescents with intellectual disabilities, as people with intellectual disabilities are one of the most stigmatized groups in society (Ali, Hassiotis, Strydom, & King, 2012). This highlights that stigma and exclusion of children and adolescents with intellectual disabilities is not specific to physical activity environments but represents a wider societal issue.

These negative experiences of children occurred in both free-play environments and in mainstream sports clubs, which is concurrent with previous literature (Grandisson, Tétreault, & Freeman, 2012; Menear, 2007). Children's negative experiences of mainstream clubs, including poor relationships with staff and other children, is a concern, as it has been suggested that developmental benefits of activity are dependent on social and contextual factors, for example interactions and relationships with peers, coaches and parents. Therefore, children who are participating in mainstream clubs, but are not fully integrated, may not be getting the same developmental benefits as their typically developing peers (Holt & Neely, 2012). In the context of outdoor free play, parents' safety concerns limited children's opportunities for activity, which is a previously reported concern of parents of children and adolescents with intellectual disabilities (Alesi & Pepi, 2015; Barr & Shields, 2011). Therefore, as issues are present in both mainstream clubs and outdoor free-play contexts, parents rely on inclusive clubs to provide safe and supporting environments for their child to be active.

Parents whose children were involved in inclusive clubs spoke highly of the benefits, for example increased confidence, suggesting that inclusive clubs are effective and positive for children and adolescents with intellectual disabilities and their parents. Nevertheless, many parents found it difficult to find inclusive opportunities due to a lack of information and availability of inclusive clubs. Availability was linked to limited funding opportunities for clubs and to travel times. Issues relating to the time and cost requirements of inclusive programmes have been previously reported (Grandisson et al., 2012; Levinson & Reid, 1991; Menear, 2007). However, this was the first study to report that inclusive clubs are closing due to lack of funding. As international community-based activity programmes, such the Special Olympics, are less prevalent in the UK compared to other countries, for example the USA, most UK-based inclusive sports clubs are independently run and reliant on volunteers and donations (Harada, Siperstein, Parker, & Lenox, 2011). Therefore, this could be a problem specific to the UK due to recent recessions and austerity, which disproportionately impact people with intellectual disabilities, in particular voluntary and community organisations (Jones, Meegan, Kennett, & Croft, 2016; Malli, Sams, Forrester-Jones, Murphy, & Henwood, 2018).

From a theoretical perspective, the socioecological barriers that parents reported their children to experience are all supported by previous research (Columna et al., 2019; McGarty & Melville, 2018; Sterman et al., 2016). This demonstrates that the barriers faced are consistent across countries, which has important implications for future research. Due to these common contextual factors, if an effective intervention is developed, it has the potential to be generalized across countries.

It is commonplace to view this field of research from an ecological perspective, where the child is at the centre of various spheres of influence. From this socioecological perspective, parents are viewed as an interpersonal factor and a facilitator or barrier to their child being physically active. However, to further understand parents' physical activity promotion, we need to develop these concentric circles for parents and place them at the centre. Parents are not merely a facilitator or barrier to their child's activity—they are existing at the centre of their own ecological concentric circles are facing numerous interpersonal, organizational and environmental barriers that are limiting their ability to meet the physical activity needs of their child with intellectual disabilities. In addition, viewing this field of research from a complex systems approach, where parents are operating a system that should be the focus of the change, could also help identify areas of required change that could inform interventions (Rutter et al., 2017).

4.1 | Strengths and limitations

This study was the first to investigate parent experiences of promoting physical activity for their child with intellectual disabilities in a U.K. context. This study therefore provides valuable data that can be used to address the low physical activity levels of children and adolescents with intellectual disabilities. This study included a structured approach to data collection, with the interview script informed by previous literature and all phases of the analysis were conducted by two researchers. Not without limitation, participants for this study were purposively sampled and therefore may not be fully representative. The sample size of eight participants may also limit the generalizability of these findings. In addition, demographic data relating to children with intellectual disabilities was based on parent reports, which could reduce validity, for example relating to severity of intellectual disabilities.

5 | CONCLUSIONS

The exclusion of children and adolescents with intellectual disabilities from physical activity has been widely reported in previous research, which is concurrent with the present study. However, this is the first study to identify the interpersonal and systems-level exclusion experienced by parents, which has a direct impact on the promotion of physical activity for their child with intellectual disabilities. Therefore, reducing parental exclusion through increased support and information could be one method to improve the physical activity levels of children and adolescents with intellectual disabilities.

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