

“That’s not fair on my kid”: Carers’ perspectives on sport participation and experiences for children in out-of-home care

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ABSTRACT

Children in out-of-home care participate in less organised sport than children from other household structures, potentially reducing opportunities for improvements in social, developmental, and health outcomes. Despite this, little is known about barriers and facilitators of sport participation for children in care. We aimed to explore carers’ perspectives on the influences on children in care’s participation and experiences in organised sport. We interviewed 26 foster and kinship carers and analysed data through a reflexive thematic analysis approach. We identified five themes regarding participation and experiences in sport for children in care. Carers reported that (1) children in care’s vulnerability, resulting from past traumatic experiences, left them feeling uncertain in their environment and ‘different’ to other children. Carers also described (2) the importance of their own values, and (3) the difficulties they face in navigating challenges related to out-of-home care. Finally, they discussed (4) how other people in sporting environments, and (5) overarching systems and entities, significantly impact children in care’s participation and experiences in sport. Our study extends existing literature by amplifying the voices of foster and kinship carers to deepen our understanding of the influences most critical for children in care’s participation and experiences in sport. Based on our findings, we encourage prioritisation of sport within policy impacting children in out-of-home care, and greater flexibility among sporting organisations to support children in care’s needs. Further consideration of the interactions between intrapersonal, familial, and environmental factors influencing children in care’s participation and experiences in sport is required.

1. Introduction

Physical activity is widely recognised for having beneficial effects on physical and mental health (see Bull et al., 2020, for an overview). In addition to the *physical* health benefits of physical activity, participation in sport (when delivered appropriately) may also elicit positive *psychosocial* outcomes (Andersen et al., 2019). For children and adolescents specifically, psychosocial benefits of sport participation may include strengthened social identity (Bruner et al., 2017), emotion regulation (Fry et al., 2012), and reduced depression and anxiety symptoms (Panza et al., 2020). Although the benefits of sport participation can be elicited

across all ages, middle-to-late childhood (i.e., pre-teenage years; ages 7–12) offers a critical developmental window whereby sport participation may lead to improvements in key outcomes such as social competence (Bedard et al., 2020; Howie et al., 2010), health-related quality of life (Moeijes et al., 2019), and wellbeing (Oberle et al., 2019). Improvements in these outcomes may, in turn, engender protective effects that continue into adolescence and adulthood (e.g., Olsson et al., 2013).

Organised sport broadly represents physical activities undertaken in a competitive or social environment guided by a set of rules and overseen by an organisational body or framework (World Health Organisation, 2020). Organised sport is a prominent feature of many children’s

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lives—for example, almost half of Australian children aged 14 and under participate in organised sport-related activities (outside of school hours) at least once a week (Australian Sports Commission [ASC], 2023). There are, however, potential barriers (e.g., logistical, financial) that may prevent some children from accessing or participating in sport (Owen et al., 2022; Somerset & Hoare, 2018). To illustrate, children's sport participation may be influenced by socioeconomic (e.g., family income; Black, Terlizzi, & Vahratian, 2022), environmental (e.g., parental participation in sport; ASC, 2019), and personal factors (e.g., fear of being judged or embarrassed; Somerset & Hoare, 2018). Often (and particularly for low-income families), many of these factors are inter-related due to competing priorities interfering with sports participation (Nelson et al., 2022). Consequently, access to sport participation is not equitable—large groups of children may have limited opportunities to participate in sport and may be 'missing out' on its many physical, social, and mental health benefits.

For children in out-of-home care, factors restricting access to sporting opportunities are often heightened (Quarmby & Pickering, 2016). Out-of-home care is an important mechanism for ensuring the safety of children, and often leads to positive child outcomes (particularly in relation to reducing maltreatment; Gross & Baron, 2022). Children in 'out-of-home care' (which we use interchangeably with 'children in care', and 'care-experienced children') are defined, broadly, as "children aged under 18 who are unable to live with their families due to child safety concerns" (Australian Institute of Health and Welfare [AIHW], 2022, p. 40). These safety concerns are typically the result of substantiations of abuse (emotional, most commonly, as well as physical or sexual) and/or neglect of a child (AIHW, 2022). The most recent data indicate that eight in every 1000 children in Australia, and 58 per 1000 Indigenous Australian children, are currently in out-of-home care, with most (>80%) having been in out-of-home care for at least a year (AIHW, 2022). Children in care typically experience higher levels of adverse childhood experiences (potentially traumatic events that can have a long-term impact on health and wellbeing; Boullier & Blair, 2018) compared to the general population (Rebbe et al., 2017), and often have a history of trauma, neglect, or abuse (Salazar et al., 2013). Due to their experiences of maltreatment (i.e., not necessarily due to being 'in care' in and of itself; Baldwin et al., 2019), those who have been in out-of-home care also have a higher risk of developing mental health problems later in life (e.g., Seker et al., 2022).

Available evidence for sport participation among children in care is scant (Murray, 2013); however, there are some indications that children in care participate in less organised sport than their peers living in parental care (Heath et al., 2021). Lower sport participation among children in care may have negative physical and mental health implications (Bruce et al., 2019), further contributing to their disadvantage compared to children living with their birth family. Conversely, sport is a promising avenue for positive development of confidence, character, competence and connections among care-experienced young people (Quarmby et al., 2019). Recently, Wilson and Barnett (2020) provided review evidence that *physical activity* interventions improve health outcomes in children in out-of-home care. Some studies included in Wilson and Barnett's review contained sport within their interventions (e.g., Akhmetshin et al., 2019); however, there remains a limited focus on participation in, and properties of, sport specifically. Additionally, all interventions included in their review were for children in residential care homes, which form only a small portion of children in care in Australia (AIHW, 2022) and other countries such as the US (Children's Bureau, 2024). As such, there remains a gap in our understanding of sport participation for children in more common care arrangements, such as foster (child in the care of a non-relative) and kinship (child in the care of a relative) care.

Despite overlap with physical activity research (i.e., where organised sport is captured within broader research on physical activity, e.g., Green et al., 2021), little is known about factors that influence participation in organised sport for children in care. Within the broader

physical activity literature, evidence suggests children in care may face intrapersonal (e.g., low self-efficacy, effects of trauma and adversity; McLean & Penco, 2020; Quarmby & Pickering, 2016) and environmental (e.g., instability caused by placement changes; Quarmby & Pickering, 2016; Sandford et al., 2021) barriers that restrict their participation in physical activity. These barriers exist in addition to factors related to carers themselves (e.g., carer education and resources; Green et al., 2021), and to the more widely researched role of parents as general facilitators of children's physical activity (e.g., Rhodes & Quinlan, 2014, pp. 203–221). While it is likely that some of the factors influencing *physical activity* participation are similar to factors influencing *sport* participation, involvement in organised sport is associated with its own unique challenges (such as accessibility or judgement; Somerset & Hoare, 2018) that warrant further exploration. Despite these important considerations, the scope of existing work examining organised sport for children in care is limited. Further understanding of children in care's experiences in organised sport (and, particularly, factors influencing their participation) is required to inform policy and intervention development. We address this need by adopting a relativist and interpretivist framework in the present study, recognising that we need to develop a situated account of the influences on children in care's participation in sport, as socially constructed and perceived by carers. This approach provides a more nuanced understanding of children in care's participation and experiences in sport, and advocates for a context-sensitive approach to policy and intervention development. Our perspective in this study is to understand the 'factors' outlined above (and described in previous research) in participants' terms.

Middle-to-late childhood represents a critically important developmental stage, and in Australia, almost two-thirds of children in care are aged between 5 and 14 (AIHW, 2022). For children in care in this age group, participation in sport hinges on the support provided by carers to facilitate opportunities. Much like biological parents of similar-aged children (Rhodes & Quinlan, 2014), carers are responsible for logistical arrangements regarding children in care's participation in sport (e.g., enrolment in and transport to sporting commitments), and they play an important role in providing motivational and co-participatory support (Bruce et al., 2019). The research to date in this field has often focused on physical activity participation more broadly and on residential care arrangements. The work that *has* explored sport experiences of children in foster or kinship care used methodological approaches (and were informed by specific research questions) that differ to our own and do not address in depth the perspectives of carers (e.g., Quarmby et al., 2021, who used a narrative approach to explore young people in care's attitudes toward and accounts of sport engagement). It is important, therefore, to expand on our limited understanding of carers' interpretations of children in care's experiences in organised sport—with the goal of informing the support needed for this underserved population. Given their role in facilitating children in care's participation in sport, carers' insights into what influences children in care's involvement in organised sport is a critical step in informing intervention, policy, and advocacy efforts. Accordingly, our guiding research question for this study was: *How do carers interpret and construct the influences on their children in care's participation and experiences in organised sport?* By exploring carers' perspectives through a qualitative approach, we sought to obtain a crucial 'birds-eye' view of systems, processes, and aspects of sport that facilitate (or restrict) participation for children in care.

2. Methods

2.1. Philosophical perspective

Our approach was guided by interpretivism, grounded in assumptions of ontological relativism (i.e., there is no single, 'objective' reality that exists) and epistemological subjectivism (i.e., knowledge is constructed; Sparkes & Smith, 2013). Our study embraces the notion of

co-construction by acknowledging that knowledge is created through interaction between the researcher and participants. This means that the interview process was not merely a one-way extraction of information but rather a dialogical process in which both the interviewer and the interviewee contributed to shaping the understanding of the issues discussed. For example, the researcher prompted participants to reflect on their experiences, and through these interactions, participants constructed narratives about their children in care's participation and experiences in sport. We adopted a reflexive approach involving thoughtful self-reflection on the role of the researcher in co-creating knowledge (Finlay & Gough, 2003). Reflexivity allows for and requires critical reflection on the influence of our study design, and personal and theoretical assumptions on the knowledge produced in our analysis (Braun & Clarke, 2022).

With reflexivity in mind, we note several salient characteristics of this research (i.e., the team, the participants, and the study context) which influence the knowledge generated. This study was conducted in Western Australia and all participants and researchers were English-speaking. Our research team includes experts in physical activity and sport promotion with experience conducting research with marginalised populations. The interviewer for the study (AS) was a male of 'Western' descent, pursuing a doctoral degree, and was 23–24 years of age at the time of conducting the interviews. Most participants were of 'Western' descent; however, many indicated that their children in care were of Indigenous Australian descent (which reflects the higher rate of Indigenous Australian children in care in Australia compared to non-Indigenous children; AIHW, 2022). Expressing issues faced by their children in care regarding race or culture to someone who is not from that racial or cultural background may affect the information participants were willing or able to share (or, may have impacted the research team's interpretations). Likewise, the interviewer was not a carer (or a parent) and was younger than all participants. However, a researcher's lack of familiarity or shared experience can induce an empowering experience whereby participants take on an 'expert' position (Berger, 2015). Additionally, through an inability to consider their own experiences in their interpretations, the interviewer's position may have allowed for a fresh perspective in discussions with carers (Berger, 2015). Similarly, although we did not explicitly align our work with a trauma-informed approach, principles of trauma-informed practice (see Substance Abuse and Mental Health Services Administration, 2023) were considered throughout the research. For example, we promoted safety by monitoring verbal and non-verbal cues during interviews and supporting participants to take a break if necessary, and empowered participants by reinforcing their position of power as an expert of their own experiences (Isobel, 2021). Regardless of interviewer demographics, our broad perception of the transcripts generated from interviews is that participants provided in-depth accounts of their (and their children in care's) experiences.

Reflexivity in this study extended beyond simply acknowledging the researchers' backgrounds. Throughout the research process, we engaged in critical reflexivity, continuously reflecting on how the positionality of the research team, particularly the lead author, influenced the co-construction of knowledge. For instance, this study represents one stage in the broader context of the doctoral student's PhD, which focuses on exploring the role of sport in the lives of marginalised populations, particularly children in out-of-home care. This broader program of research has shaped both the design and interpretation of this study, as the lead author's prior work on barriers to participation in physical activity and the lived experiences of marginalised groups informed the thematic coding and the way in which interview data were analysed.

2.2. Sampling Procedure and participants

The Human Research Ethics Committee at the lead author's institution granted ethical approval for this study. Additionally, we received approval from the Government Department responsible for overseeing

out-of-home care in Western Australia, and consulted the Western Australian Aboriginal Health Ethics Committee (though ultimately not requiring that body's approval) prior to conducting our research. We recruited participants through three avenues: (a) mailing lists and networks of organisations in the out-of-home care sector, (b) snowball sampling (i.e., participants sending study information to other potential participants), and (c) social media marketing. Eligible participants for this study were: (a) currently caring for a child aged between 7 and 12 years old who (b) is not in the care of their biological parents and (c) is living in Western Australia. Carers were required to be home-based carers (i.e., not residential care homes), but otherwise no restrictions were placed on the 'type' of care or carer (e.g., long-term care, short-term care, kinship care). As indicated above, we recruited carers of children in out-of-home care as they are key agents for facilitating children in care's participation in sport, and their perspectives (including their overarching understanding of logistical requirements for providing children in care with sporting opportunities) are imperative in informing organised sport delivery and policy. We focused on the age range of 7–12 as it represents a critical period of 'middle childhood' whereby carers are primarily responsible for logistical arrangements regarding children's participation in sport (e.g., enrolment or taking them to sporting commitments), and a period where participation in sport may have important protective effects if delivered appropriately.

Participants provided informed consent prior to participating in the study. We administered an online survey to collect demographic information prior to the interview, and to collect data as part of a larger study. All carers who completed the survey were entered into a draw to win an iPad valued at AUD\$499, and those who also volunteered for an interview were provided an additional AUD\$30 gift card for a sporting goods store. Our final sample consisted of 26 carers—demographic characteristics of participants are reported in *Results* below.

2.3. Data collection

Demographic data, including carer age, gender, experience as a carer, child age; child time spent in care, child mental health risk factors (using a binary yes/no scale developed for this study; see [Supplementary Material S1](#)), and symptoms of internalising, externalising, and attentional problems (according to the Pediatric Symptom Checklist-17 [PSC-17]; Gardner et al., 1999), were collected via survey prior to interviews. When answering demographic questions about their children in care, we asked carers with more than one child in care to report on the child they believed would 'most benefit' from increased access to sport participation. To minimise barriers to participation (and in line with recommendations for qualitative data collection; Saarijärvi & Bratt, 2021), we provided carers with choice of interview method—participants were given the option to interview via online teleconference software (Microsoft Teams; $n = 19$), over the phone ($n = 7$), or face-to-face. A semi-structured interview guide was used to ensure we could pursue our aims while allowing for flexibility in conversation between interviewer and interviewee (Sparkes & Smith, 2013). Aligned with our philosophical perspective and study aims, the interview questions were purposefully designed to empower carers to steer the conversation toward the topics they deemed most important. To understand carers' perspectives on their children in care's participation and experiences in sport, we developed questions to explore how their family engages with sport (e.g., "Can you please describe the role that sport and physical activity play in your household?") and their past sporting experiences (e.g., "How would you describe your foster child's experiences in sport?"). Additionally, we explored carers' perceptions of the barriers associated with engaging children in care with sporting opportunities (e.g., "In regard to providing children in your care with sporting opportunities, what would you like more help with?"; "What challenges unique to foster care do you face in getting your child in care to participate in sport?"). We also note that we developed questions for a separate study on carers' specific preferences and considerations for the design of sport-based programs

for children in care.

Interviews were conducted between June and September 2023, except for the first two, which were conducted in July 2022. The gap in time between the first two interviews and the remaining interviews was due to an external delay which halted data collection in 2022—the conduct of the interviewer and content of the interviews did not differ from those collected in 2023. All interviews were conducted with one interviewer and one participant (all providing care for different children), except for one instance where an interview was held with two participants (a married couple who were carers of the same child and wished to be interviewed together). Depth in participant responses to interview questions did not appear to differ between teleconference software and phone interviews (according to our broad perceptions of the data).

In recognition that ‘true’ or ‘objective’ data saturation may not align with a reflexive thematic analysis framework (see Braun & Clarke, 2019), our data collection was guided by pragmatic considerations (e.g., time and resource constraints). Searching for ‘true’ data saturation is not theoretically commensurate with an interpretivist paradigm. Instead, we aimed to collect sufficient, appropriate information to address our research questions and construct a comprehensive story through our data. Further, decisions on sample size and cessation of data collection were guided by the notion of ‘information power’ (see Malterud et al., 2016), taking into consideration aspects of the study such as the specificity of the sample and aim, and strength of dialogue. Critical discussions among the research team were held regarding an appropriate sample size (or appropriate ‘amount’ of data), with the above principles informing our decision to cease data collection (i.e., we ceased interviews when we gathered sufficient in-depth data to thoroughly inform our understanding of the ways in which carers construct and interpret their children in care’s participation and experiences in sport).

2.4. Data analysis

All interviews were audio-recorded and transcribed verbatim. Transcripts were imported into QSR International NVivo software. In line with our exploratory aim and our philosophical perspective, we adopted an inductive (i.e., on the basis of insight and observations as opposed to established theory), reflexive thematic analysis approach (Braun & Clarke, 2022; Braun et al., 2016), broadly following the six stages outlined below. The first stage of analysis involved familiarisation with the data, including listening to audio-recordings, reading transcripts, and initiating the manual coding process. Following this, the dataset was thoroughly coded by the lead author to generate initial codes, which were then consolidated into a tentative framework of themes. Codes and themes were developed by identifying both semantic (i.e., a direct expression of an idea or experience) and latent (i.e., implicit ideas behind what was explicitly stated) meaning. This process is inherently iterative and reflexive, rather than simply procedural. Reflexivity was embedded throughout each stage of the analysis to ensure that our approach aligned with the study’s interpretivist and relativist stance.

We adopted several methods aligned with our reflexive approach, including critical discussions within the research team, and ongoing critical reflection throughout analysis by the lead author. We reviewed themes in a series of ‘critical friends’ discussions among co-authors (Smith & McGannon, 2018). During this iterative process, interpretations of data were discussed, themes were restructured, redefined, recategorised, or abandoned, guided by discussions around how themes fit within our research question. The purpose of these meetings was to ensure different perspectives were considered in the construction of knowledge within the data (Smith & McGannon, 2018). We held four formal critical friends meetings (each between 1 and 2 h long) across various stages of the analysis process (from initial coding, to early theme generation, to revising the thematic structure). Additionally, informal discussions between authors were held at various points to address

specific challenges. As an example of changes resulting from critical friends discussions, an early version of our theme structure included five themes and 21 subthemes, and another interpretation consisted of seven themes and nine subthemes—ultimately, ongoing debate and discussion of codes and themes led to the theme structure reported in this manuscript. The ‘final’ stage of our analysis was writing the report. Within reflexive thematic analysis, writing forms part of the analytic process and occurred throughout the stages presented above. To capture this, we attempt to present a coherent story below reflecting the perspectives of carers on their children in care’s participation and experiences in sport. Critical discussions (including challenging interpretations of data) were also carried out in revising the final written report. Reflexive thematic analysis is a cyclical and iterative process (i.e., it is not sequential), and various stages of the analysis process were repeated or returned to.

3. Results

Interviews lasted between 17 and 54 min (mean interview length = 35.36 min). In Table 1 we provide demographic information for each participant. Across the sample ($n = 24$, as two participants did not complete demographic survey questions), mean age was 47.88 ($SD = 11.08$). The majority of participants (92%) were female, and had more than one child in care (79%). Experience as a carer varied—eight (33%) participants had been a carer for five years or less, nine (38%) for between 6 and 10 years, four (17%) for between 11 and 15 years, and three (13%) for between 16 and 20 years. The ‘average’ child in care of carers from our sample was 9.79 years old ($SD = 2.64$), had spent 63% of their life in care, and displayed symptoms indicative of potential internalising, externalising, and attention problems (i.e., mean carer-reported scores on the PSC-17 were above the respective cut-off ranks). Additional information about mental health risk factors among the children in care of our participants is available in Supplementary Material S1.

We identified five themes organised within three higher-order categories reflecting carers’ perspectives on how various aspects of the *child*, the *family*, and the broader *environment* influence children in care’s experiences in sport. A visual depiction of our theme structure is available in Fig. 1. We consider the three aforementioned higher-order categories to be interrelated, and hope our narrative presentation of themes below provides readers with an appreciation for how they combine to form a complete ‘whole’ (e.g., how child-related influences may interact with aspects of the family and their broader environment). Meaning units (i.e., data extracts) are presented throughout to support the reader’s interpretation—additional meaning units are also provided in Supplementary Material S2. Consistent with our philosophical perspective for this study, we do not report the frequency of meaning units.

3.1. Influences related to the child

We identified one theme relating to the influence of children in care’s worldview (as perceived by their carer) on their experiences in sport: *Vulnerability induced by adverse life experiences*. Carers felt that trauma and adversity associated with their child in care’s life experiences resulted in a sense of *vulnerability*, which influenced how children in care engaged with sport. In our discussion of children in care’s *vulnerability*, we explore two subthemes pertaining to: (1) their *uncertainty* and lack of *trust* in their environment (particularly *new environments*); and (2) *feeling different* compared to their peers. It is important to note that, in developing and naming this theme ‘*vulnerability induced by adverse life experiences*’, we are not seeking to ‘label’ children in care as ‘vulnerable’ (or improperly assign any other ‘label’ to children in care). Rather, we consider this theme a reflection of the feelings and experiences of children in care (in relation to this specific issue) as shared by our sample of carers.

Table 1
Demographic characteristics of participants.

Participant	Age	Gender	Type of care	Years experience as a carer	Socioeconomic index quintile*
Jaden	34	Male	Long-term foster	3	5
Sofia	34	Female	Long-term foster	8	3
Ayla	53	Female	Long-term foster	6	5
Chloe	60	Female	Long-term foster	5	5
Trent [†]					
Paige	49	Female	Long-term foster	10	2
Rachel	42	Female	Short-term foster	13	2
Belinda	47	Female	Long-term foster	4	5
Freya	50	Female	Long-term foster	8	4
Emma	37	Female	Short-term foster	3	1
Morgan	34	Female	Long-term foster	8	1
Sakura	40	Female	Short-term foster	1	3
Juliette	40	Female	Long-term foster	10	5
Felice	31	Female	Short-term foster	4	2
Fatima	41	Female	Long-term foster	4	3
Isabel	62	Female	Long-term foster	10	3
Rosemary	59	Female	Long-term foster	2	5
Madeleine	40	Female	Long-term foster	12	4
Zhuri	45	Female	Long-term foster	16	5
Sade	70	Female	Long-term foster	15	2
Penelope	46	Female	Long-term foster	6	5
Curtis	66	Male	Long-term foster	20	4
Mia	52	Female	Long-term foster	6	3
Sandra	59	Female	Long-term foster	14	5
Lula [†]					
Teresa	58	Female	Long-term foster	20	4

Note. * = Socioeconomic status of the postcode of the carers' household was derived from the Index of Relative Socio-economic Advantage and Disadvantage (Australian Bureau of Statistics, 2021), where a '1' indicates the most disadvantage, and a '5' indicates the most advantage. † = Trent and Lula did not complete the demographic survey.

3.1.1. Vulnerability induced by adverse life experiences

3.1.1.1. Trust and uncertainty in new sport environments.

Carers described how past traumatic experiences have impacted their children in care's mental health, behaviours, and perception of their environments. In part, children in care's uncertainty and lack of trust in new environments appears to be underpinned by instability. Children in care have experienced instability throughout their lives due to changing living situations, placements, and guardians, and therefore maintaining stability (in setting, personnel, and activity) can be vital for positive participation experiences in organised sport. For example, Paige discussed the issue of having "a different person every week" instructing their child in care, indicating that it is "no good for him. Because he hasn't built trust with anyone running [the sport activities]". Rosemary described in detail how the ongoing effects of instability can impact children in care's willingness to trust new environments.

A lot of the kids in care get moved around [...] when they move placements, everything in their life changes. [...] everything in their life gets upheaved at the same time. [...] I can see a lot of those kids get to the point where they think there's no point in trying to develop new contacts because "I'm just [going to] get moved again sometime".

As a result of their trauma in earlier life, children in care often approach new environments, situations, or people with a sense of uncertainty and require support (and/or time) to build up the courage to engage in something "scary", "new", and "unknown" (Rachel). Despite reported enjoyment of (or talent in) organised sport, children in care are often hesitant to participate. As Zhuri described, "the fear of the unknown can definitely stop you from doing things that you would love". Questions about trust, safety, and uncertainty arise in children in care's minds when faced with an environment where there are variables outside of their control. Paige expanded on this, explaining how their child in care often asks themselves, "What am I going to face this week? What's [going to] go wrong this week? Who's going to be there that I don't know, who's going to put me at risk?", despite enjoying participating in sport. In sum, feelings of uncertainty in sporting environments appears to present a significant barrier to participation in sport for children in care.

3.1.1.2. Feeling 'different' to peers.

According to carers, children in care are typically aware that their living situation is different to that of children from other 'types' of households. Understandably, children in care dislike the notion of "feeling different" (Paige) and may feel "a little bit ashamed of [being in care]" (Emma). These feelings of alienation are sometimes exacerbated within organised sport. For example, Paige described their child in care's inability to participate in BMX competitions with equivalent equipment to their peers, questioning: "where's the fairness in that? You know, why should he be different just because he's a child in care?". Instead of differences in equipment, Fatima highlighted their child in care's difficulty maintaining "focus" when learning sport skills, and their awareness of disparities in skill level compared to their peers: "He's at the age where he notices that he's not keeping up with the other kids in, in development". For many children in care, such as Fatima's child in care, neurodiversity contributes to 'feeling different' while participating in sport.

Children's removal from their biological family also engenders complexities regarding culture and race, particularly if they are relocated to a household (or an area) where there are fewer people who share their background or cultural identity. This was the case for Isabel,

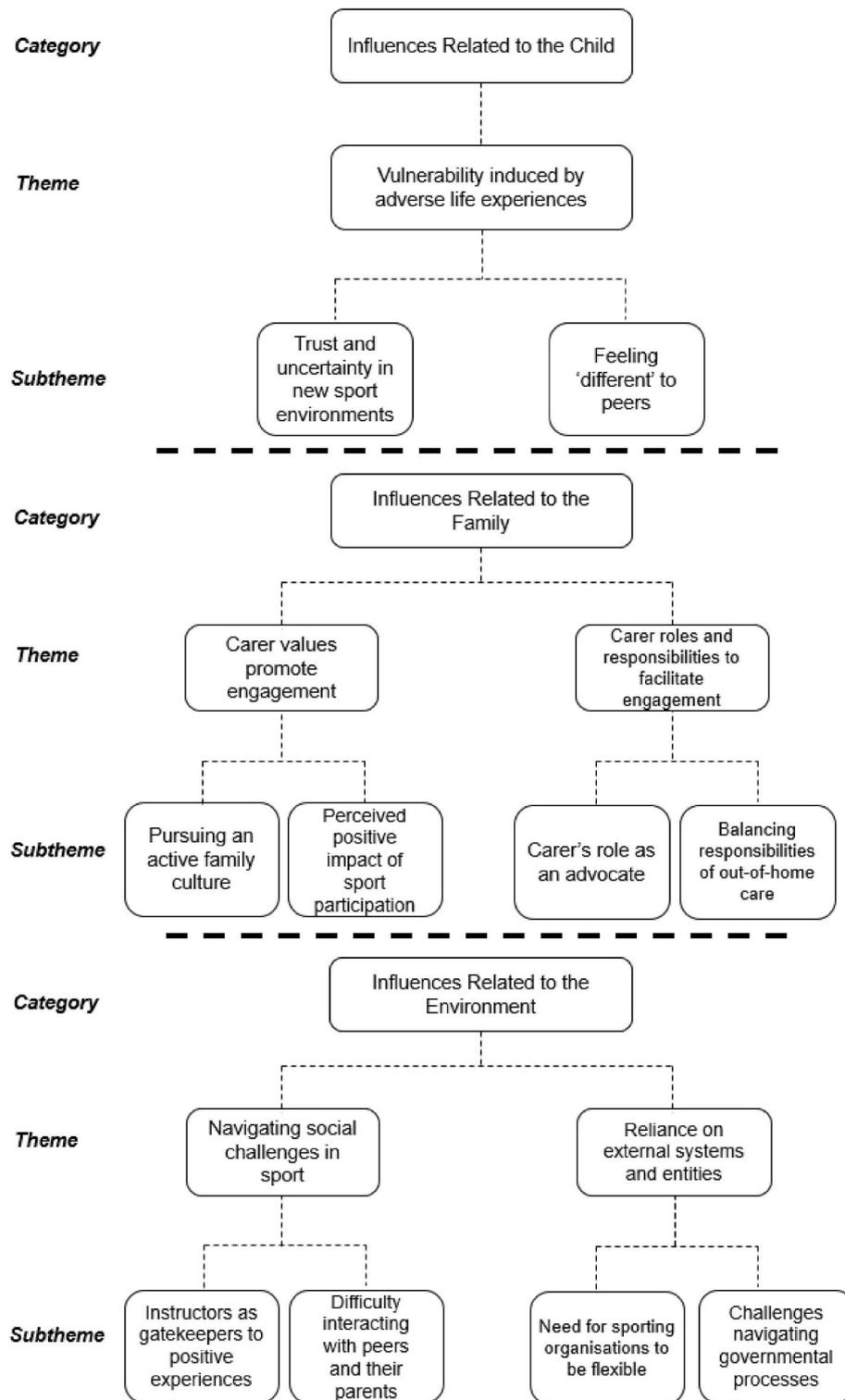


Fig. 1. Graphical representation of theme structure.

who said of their children in care: “in all of these sports, they’re the only Aboriginal kids”, highlighting that for one of their children, “it’s a little thing, but it’s a big thing [that impacts their experiences]”. To further illustrate, Curtis shared how their children in care ‘feel different’, stating: “they’re the only Indigenous kids running around with White parents”, which contributes to the “things that they have to deal with”. However, participating in sport can open up the opportunity to interact with peers from a similar cultural or racial background, with carers emphasising the importance of “cultural connections” (Zhuri) and a

sporting context that is “more interracial” (which “works really well”; Chloe).

Crucially, regardless of culture, sport allows for children to interact with other children on the ‘same level’ and develop common interests. In turn, children in care may enjoy partaking in similar activities, and having conversations on topics in which they and their peers are interested, which may play a role in them feeling more alike to other children. For example, Freya referred to sport as “a common ground [...] a shared interest”. Furthermore, Rosemary addressed how sport can

bridge their children in care's perceived differences between themselves and other children:

They can always find [other children in care] in a crowd. And so, yeah, they're, they're very, very aware that they are different, so finding things in common with other kids that aren't in care is a big thing and [gives] them a sense of belonging to something.

Although children in care's unique household situations may be apparent in sporting settings, efforts made to focus on shared interests among children within sport may reduce the degree to which children in care perceive themselves as being 'different', ultimately fostering a more positive experience in sport.

3.2. Influences related to the family

We identified two themes pertaining to aspects of the family (i.e., 'care' family, not biological) that influence children in care's participation and experiences in sport: (1) *carer values promote engagement*; and (2) *carer roles and responsibilities to facilitate engagement*. In our discussion of *carer values* and their role in *promoting engagement*, we explore two subthemes reflecting: (1) the role of *pursuing an active family culture* in facilitating involvement in sport for children in care; and (2) the *perceived positive impact of engaging in sport* for both the carer and children in care. In describing the *roles and responsibilities* of carers in facilitating their children in care's involvement in sport (and promoting positive experiences within sport), we report two subthemes, wherein carers discuss: (1) their role as an *advocate* for their children in care; and (2) the difficulties in *balancing responsibilities* of out-of-home care with sporting commitments.

3.2.1. Carer values promote engagement

3.2.1.1. Pursuing an active family culture. Carers often highlighted the ideal of an 'active household', and wanting to create a family environment conducive to developing habitual physical activity (including sport) behaviours. This included typifying a family 'identity' of participating in sport and physical activity. The notion of being "an active family" (Fatima) was important to many carers and playing (or watching each other play) sport is a vital "part of what [they] do as a family" (Zhuri). For some, "outside of their education, [sport] is the number one thing" (Curtis) they felt was most valuable.

Many carers also discussed the importance of modelling behaviours for their children in care. By participating in sport and physical activity themselves, carers hope that their children in care adopt an appreciation for the importance of participating in sport. For Belinda, having their child in care attend their functional gym sessions helps her child in care "see what [they're] doing". Belinda also expressed a desire for their child in care to "start coming to the gym with [them], and then start experiencing it herself" when they get older. Moreover, participating together is another opportunity for carers to facilitate children in care's involvement in sport. Sandra discussed:

I suppose, yeah, we've got an opportunity and we go out there and like [...] I'm not very good at it, but I end up just doing his rebounds. [...] my husband will go out there and, and shoot with him.

The goal for many carers in fostering an active family culture is to promote motivation for sport within their children in care, to encourage them to "find [something] that really resonates with them" (Sandra). Curtis highlighted how their family culture helps drive motivation for participating in sport:

I guess my younger kids are— are given role models that promote, yeah, yeah, though it's a good thing to do that it's fun and it's enjoyable and you get a lot of reward from it. So, it's easy to get them to do it most days.

The importance carers placed on having a physically active family and modelling physical activity behaviours appeared to promote children in care's involvement in sport, embedding a value of physical activity within the whole (foster) family.

3.2.1.2. Perceived positive impact of sport participation. Carers justified *why* they valued engaging their children in care with organised sport based on the *perceived positive impact* of sport (or 'roles' that sport can play in care-experienced children's lives). These include social development, self-esteem, and emotion regulation. Ultimately, the potential for improvements in these areas were important 'reasons' for carers in trying to involve their children in care in sport.

Participating in sport with other children can break down social barriers and help develop children in care's social skills. For example, Mia shared: "[...] she was just interacting with everybody because she had a ball in her hand. So, it helps her socially". Lula, whose child in care "struggles with friendships and social situations", indicated that sport helps their child in care "learn" how to "play with other kids" and "be a friend". Many carers also described sport as a vehicle for developing friendships more explicitly (i.e., beyond merely providing exposure to interaction with others, sport also provides the scaffolding to make friends). The impact of developing these friendships through sport can extend to outside of the sporting context, as discussed by Jaden:

[...] before sport, he'd never been invited over to someone's place to play. Never had a birthday party. Yeah, basically had never had any friends. So now he's got a decent group of friends. And he gets invited to birthday parties. He's had a few sleepovers. Yeah, it's been huge, so.

Participants also highlighted how sport can promote children in care's self-esteem, often through positive feelings derived from a sense of competence or achievement in sport. Rachel explained that sport is an opportunity to "lift" their child in care's feelings about themselves: "[...] we try and do [sports] that we can see ability in so they can feel good about themselves because they have so much going on in their world". Additionally, in the context of other aspects of children in care's lives (e.g., school), the power of sport to enhance self-esteem is particularly salient. For some children in care, schooling is "not something that [their child in care] excels at", whereas "sport is [their] thing and makes [them] feel good" (Sofia). This notion is extended by Curtis, who stated: "[...] she can swim better than 95% of the population. [...] most of us aren't better at 95% of the population at anything. So, it gives her that reward".

Carers highlighted how their children in care often struggle with regulating their emotions—particularly when things do not 'go their way'. Participating in sport provides exposure to situations where children need to manage their emotions, which "helps a lot" with developing emotion regulation and is "part of why" some carers "want them to be doing a sport" (Felice). Some carers also use events that occur in sport as opportunities for discussion about emotion regulation with their child in care. Emma, for example, "talk[s] a lot about" emotional responses with their child in care in to facilitate their "learning that things can go wrong, and [they] can choose how [they] respond to it". To summarise, many carers believed that sport provided benefits for children in care beyond physical fitness and skill development, and these benefits (e.g., social and emotional development) served as key motivators for carers' pursuing children in care's involvement in sport.

3.2.2. Carer roles and responsibilities to facilitate engagement

3.2.2.1. Carer's role as an advocate. Facilitating children in care's involvement in sport can be accompanied by a number of challenges. Some of these challenges involve external people, organisations, and processes (see *influences related to the environment* for further exploration), which require dedication and persistence from carers to navigate.

Many carers expressed a desire to ensure the sporting environment in which they enrolled their children in care was appropriate for their needs and was an environment where they were likely to have a positive experience. To achieve this, carers often believed they took on a role as an ‘advocate’ for their children in care’s needs. This may involve spending extended time searching for sporting opportunities “that [their child in care] feels comfortable to be able to join in” (Freya), or, for Felice, trying to “look for [...] that sort of culture” where it “isn’t a really competitive space”.

Even after children in care begin participating in sport, the carer’s role as an advocate remains. In particular, carers described becoming involved in sporting club or team activities to ensure their children in care’s needs are being catered to appropriately. By doing so, they can “help run things a bit quicker and smoother for [their] kids” or ensure their children in care “get on a team” (Rachel). Jaden, for example, became involved as “the vice president of the [...] committee” at their child in care’s Australian rules football club because it helps them ensure “the programme will be able to cater to [their] needs and other kids who have high needs as well”.

Outside of being directly involved in sporting activities in which their children in care are participating, carers may also need to have conversations with instructors providing sporting sessions, or with organisers prior to their children in care’s participation. This allows them to make sporting organisations aware of their child in care’s needs and behaviours. Ayla, for example, discussed a time they gave a sporting organisation “a heads up” that “[their child] wants to join in, but we might have a few teething problems”. Additionally, carers may at times need to “watch for [their] triggers [...] when something’s not going [their] way” (Paige) to help people understand their child in care’s behaviours and ensure they maintain positive experiences in sport. For carers, being constantly required to advocate for their child in care’s needs in sport “takes a lot of time and effort” (Ayla), yet is often necessary to maximise the likelihood of positive experiences in sporting environments for children in care.

3.2.2.2. Balancing responsibilities of out-of-home care. Involvement in the foster care ‘system’ is often associated with specific responsibilities and commitments, such as maintaining contact with biological families. Although the importance of these arrangements was acknowledged, many carers felt that these requirements impeded their children in care’s ability to engage in sport and other extracurricular activities. This notion is exemplified by Sakura, whose child in care has contact three days a week after school: “[...] [because] the contact is such a lot, but we– we were all trying to be supportive of the contact, but just [because] it’s, I’m not [going to] say disrupting, but yeah, that’s a lot of time”. For some carers, having family contact several times a week means that “if you say this thing’s on a Monday or a Wednesday or Friday, then we, they just can’t go” (Emma).

Another challenge for many carers is having multiple children in care in one household, which reflects the larger issue of a care system comprising fewer available carers than the numbers of children requiring care. For Rosemary, having to balance all of their children in care’s sporting interests presents a barrier to such an extent that “if all four kids wanted to play a different sport, it wouldn’t happen”. Children in care often require additional supports in place to be involved in sport (e.g., the carer needing to stay and watch), which can present difficulties balancing the needs of two or more children in their care. When some children (often biological children) have sporting commitments, carers feel as though they can “leave them there” and “feel safe to do so with their coach” (Juliette). For many children in care, however, carers “can’t do that” and are required to provide “support”, often “at the detriment of missing a training [...] with the biological kids” (Juliette). Similarly, as described by Isabel, children in care may miss out on sporting commitments due to the carer’s attention being required elsewhere:

So, this weekend, Jacob couldn’t go to soccer. [...] I just said he had a bye because otherwise he would have really carried on. But because the girls had cheerleading, I just couldn’t do - do both. So, sometimes he just has to have a bye and come along with the majority.

Ultimately, competing demands that are unique to or heightened within the out-of-home care system have the potential to restrict children in care’s participation in sport.

3.3. Influences related to the environment

We identified two themes regarding environmental influences on children in care’s experiences in sport: *Navigating social challenges in sport, and reliance on external systems and entities*. In describing *social challenges in sport*, we report two subthemes: (1) the significant impact *instructors* have on sport experiences; and (2) perceptions of *interactions with parents and peers*. In our discussion of the *systems and entities* which hold responsibility over children in care’s involvement in sport, we discuss two subthemes: (1) the need for more *flexible sporting organisations*; and (2) *navigating challenges* associated with *governmental processes*.

3.3.1. Navigating social challenges in sport

3.3.1.1. Instructors as gatekeepers to positive experiences. Coaches or instructors (or similar ‘leaders’ in a sporting context, referred to hereafter as ‘instructors’) oversee and directly influence the activities that take place in a ‘session’ of sport. Our carers noted that for children in care, the relationship with instructors is particularly important (due to some of the personal factors discussed above), but may require additional scaffolding (e.g., connection, individualised instruction). If children in care “don’t have that connection, that really impacts upon whether they like going [to play sport] or not” (Isabel). Carers highlighted how appropriate, individualised instruction can lead to more engaged children in care (and more positive experiences in sport). For Curtis, this involved coaches being “loud and positive”, showing children in care that they “care”, and “convincing [their child in care] that they can do it. They don’t have to be winners, but they can do it”. Juliette highlighted how their child in care’s swimming instructor “gave her a little bit more attention, and a little bit more guidance and support” (after an initial lack of success in engaging the child), which helped their child in care feel as though they were “important” and “improving”. Ultimately, this led to a “huge transformation” in the child’s experiences. For many carers, “having that patience and tolerance for kids that really struggled [to] focus, to take instruction” (Penelope) was also valuable for promoting children in care’s enjoyment of sport.

Although many carers described similar experiences of instructors having a positive impact on the experiences of children in care in sport, some explained how inappropriate instruction can lead to negative experiences or even disengagement with sport. Carers’ stories of negative experiences generally reflected the unavoidable reality that instructors and coaches within organised sport (often volunteers) lack an understanding of children in care’s (sometimes) complex needs. Instructor behaviours that exemplify this include “punish[ing] [children] with running”, “putting them down” (Jaden) and “[pushing] the kids really hard”, which can be “a really big negative” that children in care “don’t cope with” (Rosemary). Following experiencing some of the above behaviours, Jaden’s child in care “went from being really excited about football” to “[not] enjoying [it] as much as his other sports”. Instructors play a critical role in the experience of sport for children in care. Creating connection and being patient and understanding can all contribute to children in care enjoying sport—conversely, instructors who are abrasive in their approach may lead to dissatisfaction with sporting experiences or deter children in care from participating.

3.3.1.2. Difficulty interacting with peers and their parents. Carers highlighted how interactions with peers (in sport) may differ between

children in care and children who are not in care. In part, children in care's experience of trauma and their often-complex needs can result in difficulties interacting socially with other children. Rosemary described how their child in care "struggled with the social aspect of [sport]" and with "being able to interact with a group of [other children]". These challenges may negate some positive effects of sport or make it more difficult to enjoy participating. Additionally, some carers discussed other children's lack of understanding of children in care's situations: "[...] some kids ask some very daunting questions, and some kids say some bloody horrible things about them" (Curtis). This can lead to children in care being drawn to other children in care in sporting contexts, as they can be more confident that they are "a safe person" (Rachel). For Rachel's children in care, other children in care were "the only ones that they've built a little bit of forming with".

Distress about being judged by other people in sporting contexts appears to be common for children in care. When referring to instances of judgement, some carers also discussed other parents' perceptions of their children in care, which serves as "another little stigma for these kids as well" (Rachel). In particular, some carers expressed that other parents (from other household structures) can respond negatively when a child in care has a behavioural incident, which can lead to shame or stigma and ultimately create a barrier to future participation. Following being substituted off the pitch in a game of soccer due to a behavioural outburst, Isabel's child in care told them: "I'm not going to training tonight [...] I'm just a bit embarrassed they took me off, [...] I'm embarrassed". For Freya, the issue revolved around parents not understanding why a child in care might behave a certain way:

[...] just not having the people that are aware that you know, he may suffer and [...] that his struggles can look very different to other children's struggles. So that's yeah, I guess it's yeah, it's just that acceptance of him in his situation.

Interactions with other children and parents present an additional barrier for children in care when participating in sport, often contributing to their perceptions of stigma and potentially reducing positive experiences.

3.3.2. Reliance on external systems and entities

3.3.2.1. Need for sporting organisations to be flexible. Sporting organisations, such as community sport clubs, generally oversee sporting activities in which children participate. Consequently, organisations control sporting environments and influence whether children in care can (and feel they can) participate with equal opportunity. Facilitating children in care's participation requires administrators and 'managers' who understand children in care's needs, but many participants emphasised that this was seldom the case. Many organisations do not provide "flexibility" or demonstrate "interest" (Madeleine) in making "allowance[s]" (Paige) for children in care with complex needs, leaving carers with the sense that "if it doesn't work for you, then you just [have to] go" (Madeleine).

Children in care may experience emotional and behavioural difficulties. Many carers discussed a lack of inclusive policies and practices exhibited by organisations to support participation for children in care. An extreme illustration of this was shared by Curtis, who was told by an Australian rules football club that their child in care was not welcome to participate:

[...] they didn't want her at the football—local football club, because they didn't want someone with ADHD that was [going to] stand in the corner and be ... it was all just too hard. They weren't qualified to be able to deal with that and [it] "wasn't fair on the other kids". As I said to them, "well, that's not fair on my kid".

A significant challenge in enrolling children in care with sporting organisations is their ability to accept children into their programs.

More specifically, organisations often have pre-determined enrolment dates, but children in care may move to a placement at a later point in the year—some carers felt accommodations should be made to allow children to join at other times. Emma described how they wanted to enrol their child in care in sport as "he's always wanted to join a soccer team", however, they were told that they needed to "start at the start of term" despite the fact their child in care "came to [the carer] the last week of the term". Ultimately, this led to Emma not being able to "get them into anything", where flexibility from the organisation in this instance may have allowed them to participate.

Conversely, some carers reported that some sporting organisations demonstrated an understanding of children with complex needs, which facilitated their children in care's participation. For example, Rachel discussed a gymnastics organisation which provided support for them when needed: "[Organisation name] is amazing. For our, our nine-year-old, with gymnastics, if I don't have the stuff, they will rustle up us a, you know, costume from ages ago". Overall, however, instances of organisations demonstrating understanding of children in care's needs were rare, and more tailored support from organisations may provide children in care with greater access to sport and ease in participating.

3.3.2.2. Challenges navigating governmental processes. Out-of-home care is overseen by a governing body (usually a Governmental Department; referred to as the 'Department' hereafter as this term was often used by our participants). For many carers, providing children in care with opportunities for sport participation relied on support from the Department. A significant and "frustrating" (Teresa) challenge for some carers was waiting for delays in Department processes. A recurring issue among carers was inability to participate in sport until the Department paid fees to sporting organisations. When processes take longer than expected, carers reported that their children in care may have "missed a couple of classes [...] because of the paperwork and the time" (Fatima), and without carers purchasing equipment themselves, children may not be "allowed to do the lesson" (Teresa).

Carers' experiences with the Department were varied. In part, this appeared to be a result of being in different jurisdictions, which was exacerbated when children from different 'districts' (i.e., governed by different offices within the Department) lived in the same household. For example, Rachel highlighted that it was "very difficult" having one district "supply our five-and-a-half-year-olds [...] [with] training, dance clothes, the tap dance shoes, the jazz, the bag, you name it", and another district with "a limit of like, nearly \$200". Additionally, carers indicated that it can be difficult to know *how* to navigate governmental processes and suggested that some carers may not know what support is available to them. This was described by Rosemary as "a nightmare and virtually impossible", a notion which Curtis concurred with: "I find for a lot of us carers, just—it all just became too hard". Curtis, who had over "20 years of learning" to "manipulate the system" emphasised that "it's hard for [a] lot of these carers because, one, they don't know", which may mean that children in care miss out on sporting opportunities they could otherwise have accessed. In sum, approval and other processes surrounding the out-of-home care system often appear to hinder (or at least delay) children in care's ability to be involved in sport.

4. Discussion

The purpose of our study was to explore how carers interpret and construct the influences on their children in care's participation and experiences in organised sport. Embedded within this aim was a desire to understand the experiences (from the perspective of carers) of children in care in sport, and the barriers and facilitators involved in maintaining participation. We identified five themes (relating to the child, family, and environment) pertaining to shared meaning regarding vulnerability, carer values, carer roles and responsibilities, interactions with people, and overarching systems and entities. Our findings

illuminated the importance of children in care's worldview on their experiences in sport. Specifically, that feelings of vulnerability stemming from traumatic early life experiences can influence the way in which children in care perceive, and engage with, sporting environments. Additionally, we identified carer values, and roles and responsibilities as key issues within the care household, both of which can impact children in care's sporting experiences. Finally, carers highlighted how the environment (people, organisations, systems) restricts or facilitates participation in sport for children in care. Together, these three influences (intrapersonal, family, environment) combine to shape children in care's experiences in sport, and importantly, inform how we can enhance their experiences as well as promote and maintain their involvement. Below, we reflect on what we consider to be the most salient conclusions from our findings. Notably, we do so in terms of how carers construct and interpret meaning around children in care's participation and experiences in sport.

Carers in our study reported their perceptions that children in care, underpinned by instability in their lives, often approach sporting environments with some trepidation and hesitance. In particular, children in care may have reservations about other people they encounter, avoid developing strong connections with others due to the fear of being 'moved' (Johnson et al., 2020), or worry about unexpected events occurring while participating in sport. Further, children in care, due to previous marginalising and stigmatising experiences, may try to 'hide' their identity as a 'foster child' as a protective mechanism for their sense of belonging (Johnson et al., 2020). Instability has previously been framed as a systemic or environmental element influencing children in care's ability to continue participation and develop friendships (e.g., Green et al., 2022; Quarmby & Pickering, 2016). Our findings support this notion; however, they also provide valuable insight into how instability can directly impact a child in care's perception of their environment (i.e., as an intrapersonal influence). Carer's beliefs that their children in care felt uncertain in sporting environments aligns with evidence that children in care are less likely to trust other people (e.g., Brown, 2023), and that adversity and trauma leads to challenges participating in physical activity (e.g., McLean & Penco, 2020). Our findings highlight the socially constructed realities of carers' experiences with children in care's sport participation. Rather than viewing vulnerability as an inherent trait, we interpret it as a construct that emerges from the participants' interpretations of the children's past trauma and ongoing challenges in navigating social environments. Through the lens of relativism, we recognize that these experiences are not universal but are situated within the specific cultural, temporal, and social contexts of each participant. For example, carers' interpretations of vulnerability and trust were shaped by their interactions with both the children in their care and the broader systems they engage with, such as sport organisations and social services.

Sport can play an important role in overcoming stigmatising 'labels' of being in care—although, there is a risk that sport can *reinforce* existing stereotypes and contribute to a child's perceived stigma (Quarmby & Sandford, 2021). These findings highlight the need for sport organisations to work together with carers to help develop environments that are perceived as safe by children in care. This is particularly important in the context of Dorsch et al.'s (2022) integrated model of youth sport, which highlights that the responsibility of engaging young people in sport lies within interrelated subsystems including family and sporting organisations. Responding to issues surrounding children in care's vulnerability, carers reported their active role as an advocate in a sporting setting, further reinforcing the critical importance of carers in children in care's sporting involvement (Sandford et al., 2021). In fulfilling this advocacy role, carers often find themselves acting as intermediaries between the competing interests of sporting organisations, governmental organisations, and their child in care. This task becomes even more difficult for carers with multiple children in care (which, among our participants, were the majority). We encourage further investigation into how carers and organisations can be supported in scaffolding children in care's

involvement in sport. On a related note, it is noteworthy that our findings describe 'levels' of influence similar to that of an ecological systems approach (Bronfenbrenner, 1979; see also Dorsch et al., 2022 for a systems perspective in a youth sport context), and researchers may consider expanding on our study (and work by Quarmby & Pickering, 2016) by aligning their research with a socioecological perspective.

Generally, sporting organisations rely heavily on volunteers to operate (Hoye et al., 2015), which limits the degree to which administrators, instructors, and other organisational staff can be expected to possess specific knowledge about complex populations. Our findings revealed that a critical environmental aspect influencing children in care's experiences in sport was the (in)flexibility of (or lack of inclusive policies and practices within) organisations. Many carers expressed frustrations with organisations who were unwilling (or unable) to make accommodations to facilitate their children in care's participation. Sporting organisations' lack of understanding of challenges faced by children in care, or of the complexities of the care system itself (e.g., delays from governmental processes), may restrict children in care's ability to participate (Green et al., 2022; Quarmby et al., 2022). However, beyond initial access to sporting opportunities, ongoing experiences in sport may also be impacted by organisations' (or, within the organisational structure, instructors') understanding of children in care. Importantly, carers revealed that coaches who are able to build connections with children in care, and deliver appropriate, individualised coaching practices, positively influence sporting experiences for children in care. We encourage exploration of avenues for improving sporting organisations' (and instructors') understanding of children in care's unique experiences. Potential approaches include improving communication between governmental departments and sport organisations, or in providing learning opportunities for instructors and administrators (Quarmby et al., 2022). Professional learning, for example, has been applied in the organised sport sector for topics and populations adjacent to children in care (e.g., mental health literacy; Vella et al., 2021). Additionally, to enhance the likelihood of success in engaging children in care with sport, sport participation needs to become a priority for Government—flexibility embedded into care system policies may reduce the negative impact governmental processes currently have on children in care's ability to participate in sport.

Despite challenges faced in engaging children in care with sport, carers made it clear that sport has the potential to play an important role in children in care's lives. Carers emphasised the positive impact sport can have for their children in care—namely, social development, self-esteem, and emotion regulation. Given possible associations between these outcomes and mental health (e.g., Cloitre et al., 2019; Li et al., 2023), these findings contribute to evidence that sport (if accessible and delivered appropriately) may be a crucial medium for improving mental health outcomes in children in care (or providing important protective effects; Wilson & Barnett, 2020). The opportunity for positive outcomes, contrasted with the notion that children in care face difficulties participating in community-based organised sport, presents an interesting question—should efforts be made to develop targeted, tailored interventions for children in care? In doing so, there may be an increased opportunity for eliciting positive health outcomes (see Wilson & Barnett, 2020); however, there is potential risk involved with further isolating a group of children who already often 'feel different' to their peers. We encourage exploration of the potential for sport-based interventions to act as a platform or pathway for children in care's involvement in community sport.

4.1. Limitations and research directions

Our findings make an important contribution to our understanding of children in care's experiences in sport; however, it is important to consider these findings in context of the limitations of our study. First, our study did not directly involve children in care. It is possible that children in care hold views about their sporting environment that were

not identified by carers. However, given the importance of carers in facilitating children in care's sporting involvement, and their unique perspective and understanding of the array of aspects (e.g., personal, familial, societal) influencing children in care's participation, discussion with carers was and is a critical step in deepening our holistic understanding of how children in care interact with organised sport. We encourage researchers to conduct similar work with children in care themselves to strengthen the evidence base on the sporting landscape for children in care. Various methodological approaches would be appropriate for future exploration of care-experienced children's sport experiences—one potential avenue, for example, could be phenomenological or ethnographic approaches, seeking in-depth insight into personal perceptions and broader cultural and social dynamics that shape their engagement in sport.

Second, there was an underrepresentation of male carers among our participants. This pattern reflects challenges in recruiting fathers in parenting research more broadly (e.g., Panter-Brick et al., 2014), and may have resulted in important insights not being considered in our study. In the same vein, our participants were primarily foster carers. Kinship care, where children are cared for by a relative, is the most common type of care in Australia (AIHW, 2022)—these carers were not represented in our study and are also underrepresented in the broader literature (Wilson & Barnett, 2020). Further, our demographic data collection was limited (i.e., we did not collect in-depth data on the number of children each participant cared for, or ethnicity). We encourage further research exploring the influence of various demographic factors, such as different types of out-of-home care, number of children in care, or race or ethnic background.

Finally, we acknowledge that our approach to this research was not explicitly 'trauma-informed' (although was conducted using methods that align with trauma-informed research principles). However, our conclusions were guided by the emphasis on our own participants placed on the importance of trauma-informed care—this dynamic highlights an example of how the research process was co-constructed with our participants, as their lived experiences and reflections on trauma significantly shaped our understanding of key influences on sport participation for children in care. Moving forward, we encourage fully incorporating trauma-informed practices into research with carers and children in out-of-home care (see McGannon & McMahan, 2024; Quarmby et al., 2024).

5. Conclusion

In this study, we provide detailed and novel insight into carers' perspectives of influences on children in care's participation and experiences in sport. Importantly, we present implications of our findings. For policymakers, we emphasise the need for prioritising sport participation within governmental systems. We also suggest that sporting organisations review their processes and policies to deliver sport that is inclusive of children in care's unique and complex situations, and of all children. This may include, for example, providing staff with access to trauma-informed training as part of their role to broaden their understanding of children in care's needs. Finally, we encourage researchers to explore how children in care's needs can be better supported in sport, with consideration of interactions between intrapersonal, familial, and environmental influences on children in care's participation and experiences in sport. Future research should be designed to elicit the perspectives of children in care. We hope this evidence can be used to support children in care's involvement and experiences in sport, and to encourage the many social, participatory, and health-related outcomes with which enriching sport experiences are so often associated.

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Aaron Simpson: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Ben Jackson:** Writing – review & editing, Supervision, Methodology, Formal analysis, Conceptualization. **Claire Willis:** Writing – review & editing, Formal analysis. **Ashleigh Lin:** Writing – review & editing, Conceptualization. **Ashleigh L. Thornton:** Writing – review & editing, Supervision, Conceptualization. **Bonnie Furzer:** Writing – review & editing, Supervision, Conceptualization. **James Dimmock:** Writing – review & editing, Supervision, Conceptualization. **Ivan Jetic:** Writing – review & editing, Formal analysis. **Michael Rosenberg:** Writing – review & editing, Supervision. **Timothy Budden:** Writing – review & editing, Supervision, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.psychsport.2025.102802>.

Data availability

Data will be made available on request.

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