# 'Ahhh it was like paradise, but inside': children's experiences and

# perceptions of a free physical activity program

As most Canadian children are not attaining the recommended 60 minutes of daily
physical activity, it is imperative that affordable and accessible programs are
implemented to help children become more physically active. Specifically, community-
based programs that are free and easy to access have shown to be advantageous for
promoting beneficial health behaviours at a population level. The Grade 5 ACT-i-Pass
(G5AP) is a community-based physical activity program in the mid-sized Canadian city
of London, Ontario that offers free programming to all grade 5 children (ages 9-11
years) at various recreational facilities across the city. The data from 28 focus groups
with past G5AP participants (n=101) were analyzed to understand the influence of the
program on children's perceived physical activity levels, and to investigate the enablers
and/or barriers that children believe influenced their participation in, or access to, G5AP
programming. Five distinct themes were identified during the analysis, including two
themes describing participants' perceived changes to their physical activity levels (i.e.,
additional physical activity opportunities, and well-being and self-efficacy), and three
themes explaining enablers and/or barriers to G5AP programming (i.e., program
structure and implementation, spatial accessibility of programming, and social supports
and constraints). The findings from the focus groups were used to generate
recommendations for current and future community-based physical activity programs as
a means to improve the health and well-being of children.
Keywords: physical activity, child, community-based, intervention, barrier,
enabler, qualitative, focus group

### Introduction

- 26 Canadian children's low physical activity levels are an ongoing public health concern,
- with only 28% of children 5 to 17 years of age accumulating the recommended 60
- 28 minutes of moderate-to-vigorous physical activity daily (MVPA) (ParticipACTION
- 29 2022). Engaging in physical activity promotes beneficial outcomes for children,
- including improved cardiovascular health and bone density (Janssen and LeBlanc 2010;
- Poitra et al. 2016), lower risk of depression and anxiety (Biddle et al. 2019), greater

cognitive functioning and academic achievement (Castelli et al. 2007; Tomporowski et al. 2008), higher self-esteem (Biddle et al. 2019), and greater spiritual development (Lodewyk, Lu, and Kentel 2009). It is therefore important to establish strategies that encourage children to be physically active for supporting their overall health and wellbeing.

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Community-based programs are a desirable method of health promotion as they can account for a variety of determinants that can either increase participation in physical activity opportunities (e.g., parents encouraging their children to be active, interest in activities that elicit MVPA, and local recreation spaces) or restrict the accessibility of recreational programming (e.g., lack of local recreation spaces, insufficient transportation options, and financial constraints; Baker and Brownson 1998; West and Shores 2008). Community-based health promotion can expand beyond the absence of diseases by promoting the physical, mental, emotional and spiritual health and well-being of the community through population-level programs and interventions that are tailored to meet the needs of a specific geographic area or demographic group (McLeroy et al. 2003; Murphy 2014). Evaluations of physical activity initiatives have found that community-based programs that provide children with a supportive and appropriate environment can positively influence children's physical activity levels (Beets 2012; West and Shores 2008). Thus, offering accessible recreational opportunities outside of school could be a valuable approach to bolstering children's physical activity levels (Beets et al. 2009).

Community-based health initiatives have nevertheless been critiqued for their inability to promote substantial changes in health-related behaviours (Guldan 1996).

One challenge of creating effective, community-based health promotion programs is recruiting and retaining participants. There are a variety of factors that influence

participation in and the accessibility of programs. Health behaviours are shaped by
and embedded in often intersecting socio-material structures, such as the local
gendered and cultural norms affecting perceived access to services, the accessibility
of resources (e.g., availability within different neighbourhoods and translated
materials), the quality of the transportation infrastructure (i.e., roads, bike lanes, and
public transportation), and the financial means to afford services (Christensen, Lærke
and Bentsen 2015; Pate et al. 2003; Ravensbergen et al. 2016). The combination of
societal expectations and environmental barriers can ultimately limit or encourage
engagement in health promotion efforts. Consequently, it is challenging to create a
program that applies to the whole community, which may result in decreased
effectiveness and lower participation in the program amongst certain socio-economic
groups (Nilsen 2006). Considering these challenges, evaluations of community-level
programs are vital in order to assess how a given program influences health outcomes
for different subgroups within the community and to discover cognitive, behavioural,
and environmental influences that shape health behaviours (Brodersen et al. 2007).
The Grade 5 ACT-i-Pass (G5AP) is a community-based physical activity
program in London, Ontario, Canada (Gilliland et al. 2015). With the generosity of
various public and private service providers (including, but not limited to, the Boys
and Girls Club, YMCA, and City of London Recreation), the program provides all
grade 5 elementary school children (ages 9-11 years) and an accompanying guest free
access to recreational programming across the city. To participate in the program,
parents complete either a paper or online copy of the registration form. Subsequently,
the child is mailed a pass that can be used to attend any of the designated G5AP
activity times. The G5AP encourages physical activity by removing some financial
constraints and informing children and their caregivers of the recreational

opportunities available to them across London, Ontario. Among children ages 9 to 11 years, previous quantitative evaluations of G5AP child- and parent-reported survey data have shown that the pass is popular within subgroups associated with lower physical activity levels, including girls, children from low-income households, and children with low geographic accessibility to recreational facilities (Clark et al. 2018, 2019).

This study is an extension of prior evaluations of the G5AP, which have thus far been quantitative and survey-based, by undertaking a qualitative exploration of G5AP participants' perceptions of the program to develop a deeper understanding of the complex factors that influence children's physical activity levels and access to recreational programming from their perspectives. This qualitative study offers a rich description of children's experiences with the pass from a large sample of program participants (n = 101). The findings from this study not only provide suggestions for future years of the G5AP, but also importantly point to recommendations for the development and administration of community-based physical activity programs for children. The purpose of this study is to investigate children's experiences and perceptions of the G5AP, including gendered, socioeconomic, and geographic differences in children's experiences. Through this research, the following questions are explored: (1) how did the G5AP influence children's perceived physical activity levels? and (2) what enablers and/or barriers did children feel they encountered when accessing or participating in the G5AP?

#### Methods

## Research approach

This study was exploratory with a focus on the descriptions of past participants' experiences and engagement in the program. As a result, a descriptive approach was used to analyze the data. Margarete Sandelowski (2000, 336) defined qualitative descriptive studies as a "comprehensive summary of an event in the everyday terms of those events." Unlike grounded theory, phenomenological, or ethnographic approaches to qualitative research, descriptive studies offer more literal interpretations of the data, prioritizing the exact words and language used by the participants (Sandelowski 2000). Descriptive qualitative studies are considered appropriate for exploring the relationship between health behaviours and determinants as the methods produce findings that directly investigate the interactions between the participant and a particular determinant (Colorafi and Evans 2016). Thus, a descriptive approach provided findings that represented the experiences of G5AP participants and describe what and how different factors influenced their participation in the program, ultimately creating suggestions for community-based programming.

## Participants and recruitment

This study protocol was approved by Western University's Non-Medical Research Ethics Board (REB #103954). Participant recruitment began in the fall of 2015, following the completion of a larger evaluation of the G5AP. Eligible participants were children enrolled in a grade 6 class in the 2015-2016 school year who were registered for the G5AP the previous year. Due to associations between demographic factors on physical activity participation, the research team prioritized the inclusion of a sample of children with a variety of demographic backgrounds to represent the varying

experiences of G5AP participants. To achieve this, the research team used the
neighbourhood demographics from the 2011 Census of Canada to select a variety of
schools based on the location (urban/suburban), median family income, and the quantity
of service providers in the school catchment areas (Clark et al. 2018). Elementary
school principals were contacted via email to discuss their school's participation in the
study. In total, ten schools were recruited to participate in this study. The participating
schools included an assortment of median family incomes of the school catchment
areas: two low-income schools (i.e., <\$60,000 CAD), five middle income schools (i.e.,
\$60,001 - \$90,000 CAD), and three upper-middle/upper-income schools (i.e., >\$90,001
CAD). The schools also varied by the number of local service providers (i.e.,
recreational facilities providing programming to G5AP participants) located within
1,600 metres from the school. There were five schools with a low number of local
service providers (i.e., zero or one facility), three schools having a moderate number of
local service providers (i.e., two facilities), and two schools having a high number of
local service providers (i.e., three or more facilities). A sample was randomly selected
from a list of children at each participating school who had parental consent to partake
in a focus group. This process resulted in a diverse group of study participants.
Of the 1,673 grade 5 children enrolled in the program, 101 G5AP registrants
(6.04%) across 10 elementary schools took part in 28 different focus groups. The
sample of participants was roughly balanced in terms of those who identified as users
(n=55) versus non-users (n=46) of the program, and girls (n=53) versus boys (n=48).
Nearly half of the participants were from middle-income areas of the city (n=49), with
the remaining participants living in low-income (n=30) and upper-middle/upper income
(n=22) areas. Participants were also located in areas with varying amounts of local

recreational facilities, including low (n=47), moderate (n=24), and high (n=30) number of service providers.

#### Data collection: semi-structured focus groups

Prior to the focus groups, members of the research team visited schools to meet with the selected participants to further explain the purpose of the focus groups, and to distribute parental information and child assent forms to ensure the parents/guardians and the child consented to partake in the study. Subsequently, the whole research team met to review the scripts and provide suggestions for the discussions to deliver consistent facilitation of focus groups. Separate scripts were prepared for the user and non-user groups, as questions concerning changes in physical activity levels and experiences participating in the program did not apply to the non-user group.

Each focus group consisted of semi-structured conversations with two to four participants. Focus groups were selected in place of individual interviews as they provided participants with the opportunity to interact with peers, which can improve data quality by providing a supportive environment with others that have similar experiences (Morgan et al. 2002). The groups were mixed gender and were grouped into either G5AP users or non-users. Participants were identified as users if they used the pass at a recreational facility at least one time. Participants' gender status and school were determined from a G5AP survey completed by a parent/guardian (Gilliland et al. 2015). Focus groups were conducted during lunch and recess time in a communal space within the participating schools (library, cafeteria, or gymnasium), and participants received food and refreshments. The average focus group duration was 33 minutes and they ranged from 25 to 47 minutes. Participating schools either had two recess/lunch periods lasting 40 minutes each (balanced school day) or two 15-minute recesses with

one 60-minute lunch period (traditional school day; Clark, Wilk, and Gilliland 2019). Nutritious snacks were provided during each focus group and, wherever possible, the research team finished focus groups at least 10 minutes before the end of the lunch/recess period to give children time to play before returning to class. Additionally, to preserve the quality of the conversations, focus groups were kept shorter than the full period as the literature suggests that children can concentrate on an activity for about 45 minutes (Gibson 2007). There were four members of the research team who acted as moderators for the focus groups and they were each supported by a second team member who was responsible for notetaking and audio-recording. The moderators consisted of post-doctoral and graduate students who had experience leading focus groups and interviews with youth.

Before starting the discussion, participants were asked if they consented to the discussion being audio-recorded, followed by introductions. To consider the power dynamic between the participants and the interviewers, moderators informed participants that they were free to discuss any subject matter they thought was relevant to the discussion and that they did not have to respond to questions they were not comfortable answering (Morgan et al. 2002). Participants were also informed that there are no wrong answers and that their responses were confidential. The focus groups consisted of five (non-user groups) or eight (user groups) open-ended questions, and prompts were used to facilitate discussion or to expand on a topic. Questions focused on their experiences during the program (e.g., what was your experience with the ACT-i-Pass program?), factors that facilitated or hindered program use (e.g., what did you like about the ACT-i-Pass program?), and possible solutions or changes that would encourage participation in the G5AP (e.g., what would you change about the ACT-i-Pass program that would make it better?). Focus groups proceeded until all questions

were answered and children felt they had no additional information to share with the research team.

#### Data analysis

Conversations were audio-recorded and transcribed verbatim, resulting in 412 pages of transcripts. The transcripts were de-identified and reviewed for accuracy by the members of the research team. The focus groups were analyzed in the software NVivo 12 guided by Hsieh and Shannon's (2005) procedure for an inductive conventional content analysis. A content analysis was deemed to be the appropriate method as it provides a summary of children's experiences, which complemented the descriptive approach of this study (Hsieh and Shannon 2005; Sandelowski 2000). This process involved researchers interpreting the data from the focus group by coding and identifying patterns in the discussions (Hsieh and Shannon 2005). Unlike a summative quantitative approach or a theory-directed approach to content analyses, conventional content analyses allowed researchers to explore the experiences of participants without preconceived ideas, resulting in inductive category development and themes derived from the conversations with children (Hsieh and Shannon 2005).

The analysis progressed in five steps. Figure 1 displays the coding process that resulted from the analysis of the data, including examples of the codes, categories and themes developed. First, the transcripts were reviewed by two team members (EO and KR) to familiarize themselves with the data. The analysts did not moderate or participate in the focus groups; as a result, they had no prior knowledge of the topics covered in the conversations with participants before reading the transcripts.

Subsequently, these same team members re-read the transcripts, and began coding words and statements based on key concepts. This process included documenting any

first impressions from the initial analysis, particularly the key ideas shared by the participants concerning their physical activity levels during their grade five year and their access to G5AP programming, including important discussion points, experiences or suggestions repeated by multiple groups; and the tone and language used by participants. This set of codes was then discussed with the wider team to inform how the codes were organized into categories based on the context and their relation to one another. Finally, categories were further combined into larger, overarching themes, which were finalized through iterative team discussions.

## [Insert Figure 1]

## Methodological rigour

Various techniques were applied throughout the study to enhance the quality of the analysis. Lincoln and Guba's (1985) criteria for trustworthiness were used to assess the quality and accuracy of the themes created from the data (Colorafi and Evans 2016).

Trustworthiness consists of four components: (1) credibility (i.e., the results presented represent the experiences of the focus group participants); (2) dependability (i.e., the results being replicated if the study was conducted by another researcher); (3) transferability (i.e., the applicability of the results to different groups or settings); and (4) conformability (i.e., the impact of researchers' perspectives of the outcomes presented). One technique utilized to add trustworthiness to the findings was the adoption of critical friends by involving wider team members in the analysis process. While analyst triangulation focuses on the reproducibility of the findings through intercoder reliability and agreement (Campbell et al. 2013), critical friends aim to create plausible findings based on the data collected for the study (Smith and McGannon

2018). This process challenges individual interpretations of the data by encouraging researchers to reflect upon their comprehension of the data and to consider alternative interpretations from other members of the research team (Smith and McGannon 2018). For instance, in this study, the discussions about the initial codes, categories and themes between the analysts and critical friends resulted in the restructuring of the themes due to the nuances in boys' and girls' experiences in the program. KNF, SEC and JG were the ideal individuals to act as critical friends for this study due to their expertise in children's physical activity and health determinants, experience analyzing interviews with children, and familiarity with content analysis. Additionally, the focus groups included children from various demographic and economic backgrounds, which provided rich data containing a variety of perspectives and experiences, ultimately improving the transferability of the findings to children who reside in comparable urban and suburban areas of similar high-income countries (Carter et al. 2014).

Reflexivity was used to recognize the influence of the researchers' positionalities and knowledge of the subject matter on the findings (Rettke et al. 2018; Mauthner and Doucet 2003). Specifically, Kezar (2002) argued that various aspects of an individual's identity, such as education, social status and life experiences, can shape the way a person interprets and adds meaning to information. The two primary analysts (EO and KR) for this study were athletic adults and cis-gender women researchers. Being adults may have affected the relatability of children's experiences and their perceived barriers. Further, both analysts being athletic women brought a gendered perspective from their involvement in sport and use of physical activity spaces. It is important to consider how these experiences and social positions may have influenced their interpretation of the data and the development of themes (Mason-Bish 2019; Shaw 2010). It was particularly important when looking at differences in the responses

between gender and socio-economic groups to critically reflect on the analysts' knowledge of the literature and the amount of variation in responses that warranted differences between groups. To consider different interpretations of the data, the analysts met at multiple points during the analysis to have an open dialogue about the codes, categories and themes developed during their independent analyses. Through these discussions, the analysts reflected on the decision-making process when grouping codes and categories and alternative interpretations of the data to develop a plausible explanation of children's experiences in the program. This process involved continuous journaling and discussions about the interpretation of the data, resulting in alterations to the reorganization and renaming of codes, categories and themes. **Results** The analysis of the focus groups identified five distinct themes. The themes were categorized based on each research question: (1) perceived alterations to participants' physical activity; and (2) identified enablers and barriers to G5AP programming. Children's perceived physical activity levels Participants believed that the G5AP increased their physical activity levels, as illustrated by two themes: (1) additional physical activity opportunities; and (2) wellbeing and self-efficacy. Additional physical activity opportunities

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Participants who used the pass perceived an increase in their physical activity levels

during the program as the G5AP provided additional activity options after school. For

instance, one participant stated, 'I would play more soccer, so I was more active' (Boy,

G5AP user). Another child agreed with the sentiment, explaining, '[the G5AP] did increase the amount I did them [sports]' (Boy, G5AP user). With the additional activities available, some participants credited the G5AP for reducing engagement in screen-based activities after school as, prior to the program, they would 'come home and there was nothing to do except video games or draw' (Boy, G5AP user). As one participant explained, 'Instead of thinking like "oh I'll just go to my room and play video games" I was like "oh maybe I should go to the ACT-i-Pass" (Girl, G5AP user). In addition to the supplementary activities, participants felt that the free

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programming available with the pass increased their physical activity levels, as 'it was free so if you wanted to try it [an activity or sport], you could, and you didn't have to pay for like a year of classes' (Boy, G5AP user). A handful of participants explained how free programming offered additional physical activity opportunities that they were previously unable to participate in due to enrolment fees. One participant explained, 'I got to go skating and swimming and usually I don't do that stuff. But it was free, so I went a lot' (Boy, G5AP user), with another participant sharing a similar sentiment, stating, 'it encouraged me to try more sports, 'cause they are more open to me 'cause they are free.' (Girl, G5AP user). Further, some participants highlighted the benefits of free programming for low-income families that had limited access to recreational opportunities since 'free is something that can get just any kid to probably do something' (Girl, G5AP user). Participants mentioned that 'there will be students I guess who don't have as much opportunities that others... as other students' (Boy, G5AP user) and that the G5AP 'once helped out my friend who, she was like out of money I don't know why, but she just didn't have money with her so I got her in with the ACT-i-Pass' (Girl, G5AP user). Ultimately, providing free physical activity opportunities supported parents as 'they're [service providers] too much money for

most people' (Girl, G5AP user) and allowed parents to 'just, like, drop [their children] off and go without having to know every time if there was like different money privileges' (Girl, G5AP user). The responses from the participants indicated that the free, supplementary programming offered by the G5AP enabled participation in additional recreational opportunities, resulting in perceived higher physical activity levels.

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Well-being and self-efficacy

Participants indicated that they enjoyed the activities available with the G5AP and they developed physical activity-related skills through the program, which engaged them in physical activity. Many of the participants who took part in the program described the ACT-i-Pass as 'really awesome! It was a good time and I really enjoyed it' (Boy, G5AP) user) since 'I got to like try different activities at the gym. I got to do volleyball and dodgeball and everything. I really loved it.' (Girl, G5AP user). Additionally, participants, predominantly girls, indicated that they enjoyed that the G5AP provided 'a whole bunch of activities that I've not tried before' (Girl, G5AP user) and 'encouraged me to try more sports' (Girl, G5AP user). According to one child, 'Yeah, it [the ACT-i-Pass] definitely did it for me [increased physical activity levels], 'cause this year I actually started dance and then I started running' (Girl, G5AP user). Another participant explained, 'Well at the time, I didn't do volleyball, so I tried volleyball, like something new. I also did cheer 'cause like I've never done it before' (Girl, G5AP user). By attempting new activities, participants felt they had expanded their physical activityrelated skills: 'I learned like bumping, spiking [volleyball skills]' (Girl, G5AP user). Alternatively, the majority of boys felt the program provided extra activity options, but 'it wasn't any new sports for me' (Boy, G5AP user). As one boy explained, 'I do a lot

356	of activities, but it kind of just adds to more activities' (Boy, G5AP user). As a result,
357	boys wanted to maximize their use of the pass as they enjoyed being more active after
358	school: 'I'm gonna use this [the pass] a lot 'cause it's for free and it's for like a limited
359	amount of time I'm trying to get as much exercise in as possible' (Boy, G5AP user).
360	Some participants also reported maintaining higher physical activity levels
361	following the program. Specifically, participants felt that the G5AP had a long-term
362	effect on their physical activity even after the one-year pass ended, explaining that they
363	'actually started dance and then I started running' (Girl, G5AP user) and 'it [ACT-i-
364	Pass programming] was my first time [playing basketball] and now I'm gonna try out
365	for the basketball team' (Girl, G5AP user). Another participant felt they were more
366	active following the program: 'My dad now is gearing to go find every single free skate
367	that's available and he's trying to get us to be able to go to stick and puck on Fridays
368	and free skates on Sundays and Wednesdays' (Boy, G5AP user). Overall, the program
369	introduced participants to new, enjoyable activities; helped them develop physical
370	activity-related skill sets; and encouraged enrollment in programming the following
371	year.
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373	Enablers and barriers to G5AP programming
374	The following three themes reflected the factors that the participants felt facilitated or
375	hindered program participation: (1) program structure and implementation; (2) spatial
376	accessibility of programming; and (3) social supports and constraints.
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378	Program structure and implementation
379	Participants discussed various aspects of the program design that affected their

participation in the program. First, some participants mentioned that the variety and

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types of programming available with the G5AP enabled their participation. Participants
highlighted that the variety of activities 'removed the restriction of the times' (Boy,
G5AP user) as they could 'use it anytime you want.' (Girl, G5AP user). Another child
expanded on this idea by explaining, 'it was also nice because they [the service
providers] were dotted around the city, so [it was] not just one place [that] was next to
where every single place was. It was spread out, so that north could get involved, south,
west, east' (Boy, G5AP user). Several participants also felt that the selection of
activities encouraged the use of the pass, as there were a variety of activities that could
reach a broad assortment of interests. Specifically, participants spoke about the
combination of drop-in times where 'you could just walk in and do something' (Boy,
G5AP user), and weekly activities where 'it was kind of like a schedule, so it was kind
of like a weekly thing' as a favourable feature of the program (Girl, G5AP user).

Although the variety of programming facilitated the use of the pass, a number of participants reported time constraints as a barrier to program participation, particularly participants who were classified as non-users. Participants referred to pre-existing commitments (e.g., organized sports, music lessons, and schoolwork) as barriers to participating in the G5AP, with children explaining, 'I couldn't go to too many things, 'cause the schedule conflicts' (Boy, G5AP non-user). This was particularly a barrier amongst those who are already highly active. This was emphasized in the following quote:

Well, I play sports so often, it's kind of hard to fit in my schedule. I'm training four or five times a week and then I have a game on the weekend and sometimes you just not able to get it [the ACT-i-Pass] in your schedule with school and all that. (Boy, G5AP non-user)

Likewise, other participants explained, 'I do dance a lot of days of the week and I have violin, so I didn't really have much time to do whatever I want' (Girl, G5AP non-user)

and 'it's like a soccer practice program where there are like tournaments and everything
and sometimes that would stop me from going anywhere with ACT-i-Pass' (Girl, G5AP
user).

To alleviate the issue of schedules conflicting with program times, participants suggested expanding the G5AP programming and activity options. During the focus group discussions, participants described the need for 'more variety of programs, like different sports' (Boy, G5AP non-user). As one participant recommended:

I wish, like, similar programs were on separate days, 'cause I know a lot of weeks I could never do it because the one thing that I really wanted to do that week I was always busy... So it would be more helpful if the same thing was like twice in one week in the ACT-i-Pass. (Boy, G5AP non-user)

A few participants expressed interest in a higher number of outdoor activities, such as 'a reserved area for like snowball fights and stuff' (Boy, G5AP non-user), 'set up a water fight like you would have water balloons' (Boy, G5AP non-user), or 'tubing or skiing would be fun' (Girl, G5AP user). More social and unstructured activities were also suggested: 'If it [ACT-i-Pass programs] takes place at, like, [an anonymous] park and we played like manhunt or whatever, some sort of communal thing where you can gather up at a park or whatever' (Girl, G5AP user). Alternatively, another participant emphasized the need for adventurous activities: 'If they don't have archery then maybe archery, because I've always wanted to try that' (Boy, G5AP non-user).

Some participants highlighted mechanistic issues around receiving the physical pass, distributing the pass, and replacing a lost pass. One child mentioned, 'another reason I couldn't use it [the pass], I never got it. They never delivered it' (Boy, G5AP non-user), with another child explaining, 'it [the pass] came to me two months late." (Girl, G5AP non-user). Another participant felt that losing their pass affected their participation in the G5AP:

433	I went skating and then I lost it for the whole year, so we ordered another one. We got
434	the other one, and then somehow I don't know where my mom put it. Then I had found
435	it right at the end of the year, so I only got to use it twice for skating and then it was
436	expired. (Girl, G5AP user)
437	A handful of participants also highlighted challenges trying to acquire a new pass, with
438	one child explaining, 'I lost it, and they went to go get me one, but by the time I got it
439	[the pass], it was expired' (Girl, G5AP user). Since they did not have their pass,
440	participants 'only got it for a month' (Boy, G5AP user), 'only did it with a friend' (Girl,
441	G5AP user) or 'couldn't use it' (Girl, G5AP user). Overall, participants felt that
442	difficulties receiving or misplacing their pass limited the amount of time they could
443	utilize G5AP programming.
444	Moreover, some participants felt that limited information about the G5AP
445	reduced their use of the pass, as they were not aware of all the aspects of the program.
446	One child explained, 'when we signed up for this [the ACT-i-Pass], I had no idea there
447	was an email, I had no idea there was a bus, I had no idea of anything just give more
448	information' (Girl, G5AP non-user). A couple of participants also reported difficulties
449	entering service providers due to the front desk staff being unaware of the G5AP, so 'it
450	was like really hard to get signed in' (Boy, G5AP user). When entering service
451	providers, one participant explained, 'the managers would all know about it, but when I
452	would go in for a drop-in program, the front clerk person wouldn't really understand
453	what that [the pass] was' (Boy, G5AP user).
454	To improve program awareness and clarify aspects of the G5AP to children,
455	many participants recommended additional promotions and resources to increase
456	program enrollment and pass use. Participants recommended continuing to provide in-
457	class presentations for recruiting children to the program, which is emphasized in the
458	following quote:

459 It [the presentation] was pretty helpful, because, like, it kinda told us a bit like about the 460 program, so like we would know a bit more about it before we go ask our parents 'can 461 we have this, can we have this?' (Girl, G5AP non-user) 462 Another child felt that the presenters 'were energetic about it and they said that we 463 could do a lot of things with it and I was excited to test it [the pass] out' (Girl, G5AP 464 non-user). Further, participants thought that reminders and promotions would overcome 465 the issue of forgetting about the pass. Through emails, children felt that the G5AP 466 would benefit from program co-ordinators sending 'them something that says "have you 467 used the pass?" just to remind them and the child that they have it and they won't forget 468 about it' (Girl, G5AP non-user) and this would overcome the problem of 'lost 469 information and I go searching through my room and then my room is a mess, so maybe 470 there should be like, some like email kinda thing where it has all your information on 471 there' (Girl, G5AP non-user). Finally, participants wanted clarity about the locations 472 that accepted the pass by explaining, 'at the places [service providers] that you could do 473 it [the program], they should have a sign that says "ACT-i-Pass is able to [be] use[d] 474 here" (Boy, G5AP user). 475 476 Spatial accessibility of programming 477 Participants described spatial accessibility as a barrier to G5AP programming. 478 Descriptions of the spatial accessibility encompassed the distance to G5AP service 479 providers and transportation options. The accessibility of service providers and 480 programming was described from two distinct perspectives based on the socioeconomic 481 status of the school. Participants that attended low- or middle-income schools felt they 482 'mainly [used local community center], just because they're closer' (Boy, G5AP user). 483 Transportation was also an issue highlighted by participants in lower-income areas as it 484 'sometimes would put restrictions on where we could go' (Boy, G5AP non-user), with Accepted version of manuscript: Ostermeier, E., Reilly, K., Nelson Ferguson, K., Coen, S. E., & Gilliland, J. (2022). 'Ahhh it was like paradise, but inside': Children's experiences and perceptions of a free physical activity pass.

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another child mentioning, 'we only use stuff in my neighbourhood cause my mom doesn't [have] that much money to [get] gas' (Girl, G5AP user). Alternatively, participants that attended middle- and upper-middle-income schools spoke of large distances to selected service providers obstructing them from their preferred activities and/or service providers: 'The YMCA is kind of far and my parents don't want to drive me, or I don't have anyone to drive me' (Girl, G5AP user). Participants also mentioned that they were already enrolled in the local recreational opportunities: 'some of the ACT-i-Pass programs were further away and the ones that were close to me, like the Y, I already had a membership there so I feel like I didn't get as much use out of it' (Boy, G5AP non-user). As a result, some participants noted that 'it was a bit difficult [using the pass], because where I live the only thing I really can do is a hockey arena but I'm already signed up for that' (Boy, G5AP non-user).

Going forward, participants felt that the G5AP needed to improve the accessibility of programming. Participants emphasized that decreasing the distance to recreational venues would improve the overall accessibility of the program:

[The ACT-i-Pass should] try to make things in different areas, because I think it seemed that a place where all the dance programs were downtown or something and like all the sports things were like more like the other part of London. (Girl, G5AP user)

Another participant explained the advantages of local programming options, stating, 'if it was close, I'd probably walk with my friends. We could commute together and if our parents were busy with something we could probably just go' (Boy, G5AP non-user).

An alternative solution suggested by participants was providing transportation to service providers 'it would be cool to have a bus just picking you up, because my parents are usually busy' (Girl, G5AP user). Participants proposed, 'if [service providers] could maybe have a bus here 'cause I'd like to do that instead of my mom having to drive me because we live in an area that's farther away' (Girl, G5AP user).

Social	supports	and	constraints
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Participants perceived their family and friends as influencers in their participation in the program. One aspect of the G5AP that facilitated program use was the plus one option. A majority of participants explained that the ability to bring a friend or family member encouraged them to use service providers, as a companion created a comfortable environment for play. One participant explained, 'you're not really going alone. Like if you don't know anyone, then you have a friend. So, say you're doing golf, then you would have a friend. Otherwise, you're just with all these strangers' (Boy, G5AP user). Likewise, another participant enjoyed having a friend "cause a lot of times when you see people you're probably, like, too shy to introduce yourself, so it's better when you have friends with you' (Boy, G5AP user). Participants also appreciated the opportunity to spend time with friends and family. For instance, one child explained that 'my uncle and I go swimming there a lot more often, so I was like this could be actually good for me and my family' (Boy, G5AP user), with one participant expanding on this idea, describing that the G5AP 'was honestly awesome. Having my best friend with me, plus it was free. We could stay there all we want. Ahhh it was like paradise, but inside' (Boy, G5AP user). Many participants agreed that 'the thing that I liked about the ACT-i-Pass the most is that you could bring someone with you, because then it's like, great now I can go for free with my friend' (Boy, G5AP user). It was evident that participants felt that involving friends and family in activities encouraged program participation. While boys described their positive experiences having a plus one at activities, some girls indicated that they underwent social challenges that restricted participation and access to the program. One participant explained that they were unable to participate in activities since 'I never have anyone to go with me' and '[I] don't want to

be a loner' (Girl, G5AP non-user). One child expanded on this concept, explaining how

they were unable to enjoy activities without a friend: 'when I go alone, I'm kinda bored... but then when someone is there, you're like "OK! Let's do this! Let's see who can do the best dive!"' (Girl, G5AP user).

Family involvement in the program was also highlighted as a factor that influenced G5AP participation. Some participants felt that encouragement from parents, guardians and/or other family members improved access and use of the pass, where one participant said 'my parents wanted me to be more active' (Girl, G5AP user).

Participants believed that their parents helped engage them in the program, with one participant explaining, 'my friends from other schools, they were also in grade five and they got the ACT-i-Pass, and then all the parents agreed that we should all go together' (Boy, G5AP user). Another participant talked about the benefits of their family participating in activities: 'My friends kind of helped me when they went into it, but they didn't really stick with it as much as I did, so I kind of had to keep myself going. My brother really helped with that and so did my dad' (Boy, G5AP user). Another factor that participants emphasized was family members' ability to provide or arrange transportation to service providers: 'my parents dropped me off and when they couldn't drop me off, I'd go with my parent's friends' (Boy, G5AP user).

Conversely, participants with busy families, primarily those who were unable to use the pass, described limited access to G5AP programming. Participants talked about family obligations limiting participation in the program, saying, 'my parents take turns working late and my dad also sometimes has to stay late too, so I'm home alone with my brother and I can't leave him there' (Girl, G5AP non-user) or that 'they work on the farm, so they're always busy' (Boy, G5AP non-user). Similarly, another participant mentioned, 'I never have anyone to take me [to ACT-i-Pass programming]' (Girl, G5AP non-user). One participant felt their busy siblings hindered their ability to attend

G5AP programming: 'I would have gone except like my parents are really busy with my brothers, so my brothers were always... they have a lot of sports too and me, so they couldn't really drive me' (Boy, G5AP non-user).

Moreover, a few participants explained that family obligations restricted their ability to attend G5AP programming, as one participant stated, 'well, my grandpa recently had a hip surgery in the summer, and now he has no left hip, so he's recovering most of the summer and I was visiting him, so what's why I didn't get to use it often' (Boy, G5AP non-user). A handful of participants also highlighted the challenges of having separated/divorced parents, or a single caregiver, stating 'My mom is in [another town] learning and my dad had to take care of my baby brother, so I didn't really have time to use it' (Girl, G5AP non-user) and 'my dad lives in [another city], so like three times during the month I go to his house for the week." (Boy, G5AP non-user).

## **Discussion**

The purpose of this study was to explore children's experiences and perceptions of the G5AP, a free physical activity program. The program was perceived to have positively influenced participants' physical activity levels by providing children with additional resources and enjoyable programming. Participants also highlighted program structure and implementation, spatial accessibility of programming, and social supports and constraints as factors that positively and/or negatively influenced program participation. To increase accessibility and involvement in the G5AP, participants suggested offering a greater assortment of options (i.e., locations, times, and activities), providing a form of transportation or more local physical activity opportunities, and improving program promotions and resources.

One key finding that appeared throughout the discussions was the importance of
peers and family for program participation. Previous studies have found a positive
association between physical activity participation and children's perceived social
connection (Ullrich-French, Mcdonough, and Smith 2012), indicating that children may
not partake in sufficient amounts of physical activity when they are alone (Beets et al.
2006). Support from family and peers is linked to higher physical activity levels (Wilk
et al. 2018a, 2018b), and continued participation in physical activity programs (Ullrich-
French and Smith 2009). Specific examples of parental support include providing
transportation to recreational venues (Welk, Wood, and Morss 2003), praising their
child for being active (Beets, Cardinal, and Alderman 2010), modelling active lifestyles
(Edwardson and Gorely 2010), and performing activities with their children (Beets,
Cardinal, and Alderman 2010). Additionally, previous literature has shown that peer
support can encourage children to engage in physical activity behaviours (Beets et al.
2006; Wilk et al. 2018b). Peers can positively influence children's physical activity
levels through invitations to participate in activities, and encouragement from friends to
overcome perceived barriers to recreational programming (Fitzgerald, Fitzgerald, and
Aherne 2012). Consequently, programs should offer group-based activities, such as
family nights, to help create an environment that supports children's physical activity.
Participants also deemed the lack of informative resources and reminders as an
opportunity to improve the G5AP. Accordingly, participants recommended the use of
promotions and advertisements as a strategy to alleviate this issue. Reminders and
promotions, including newsletters, phone calls, and printed materials, have been
associated with increased physical activity (Burke et al. 2003). For instance, Huhman et
al. (2007) evaluated the VERB <sup>TM</sup> campaign, a multi-media campaign promoting
physical activity to children ages 9 to 13 years, and found that children who had seen

VERB<sup>TM</sup> promotions reported greater participation in physical activity outside of school in comparison to children who were unaware of the campaign. Participants in our study also described in-class presentations as an ideal platform for information dissemination. This recommendation corresponds with previous findings that demonstrated in-class presentations with children resulted in higher program uptake and participation compared to promoting directly to parents via handouts (Clark et al. 2018, 2019). Accordingly, active forms of recruitment like presentations can be a valuable method of program promotion for children.

Our analysis pointed to some important gendered patterns in how children experienced the program. For example, girls participating in the G5AP emphasized the importance of expanding their physical activity-related skills and introducing new activity options, while boys more often described using the program to supplement their regular activities as they were already enrolled in sports leagues and programs. Providing the opportunity to learn new activities can help develop children's activity-related skills and activity competence, which can encourage greater involvement in physical activity programs (Barnett et al. 2011; Harvey et al. 2018). As girls are consistently reported in the literature as having lower physical activity levels compared to boys (Barnes et al. 2016; Colley et al. 2017; Roberts et al. 2017), providing girls with the skills and the confidence to engage in physical activity can help increase their current physical activity levels, as well as create lasting positive health behaviours (Smith et al. 2020).

There was also a slight nuance between boys' and girls' perceptions of the social environment at recreational facilities. Girls more often discussed the social environment from a more negative perspective, conveying that they were unable to fully participate in activities without a friend and were concerned about being viewed as alone or

friendless. Alternatively, boys often used a more positive tone. They described that the
G5AP provided them with the opportunity to play with friends, experiencing a sense of
comfort when they had a friend attend activities with them. This finding, in part, may be
attributed to the gendered interactions between boys and girls in physical activity
spaces. For instance, Vu et al. (2006) found that encouragement from boys, such as
inviting girls to join games and celebrating their successes, prompted girls ages 11 to 15
years to engage in activities. The findings also indicated that teasing from boys when an
activity is performed incorrectly or questioning girls' proficiency in a sport could
motivate girls to join activities as they wanted to prove that they are strong and capable.
Conversely, in a study by Oliver and Hamzeh (2010), fifth-grade girls explained that
they tended to not engage in activities during recess time because the boys labelled
them as not good enough or athletic enough to play and did not allow them to
participate in games. It is possible that encouragement or exclusion experienced during
physical activities may have a greater influence on girls' physical activity engagement
compared to boys, which may explain some slight differences in responses in our study.
The gendered nature of physical activities and physical activity environments may have
also affected boys' and girls' responses. For instance, the masculine stereotype towards
physical activity participation may have influenced boys' responses, as disclosing
negative feelings towards being lonely or not having friends during activities may be at
odds with certain dominant masculine norms (MacArthur and Shields 2015). Girls'
negative perception may be attributed to the importance of engaging in activities with
peers on physical activity engagement and the greater number of perceived social
barriers they encounter when accessing physical activity opportunities (Coen et al.
2019; Patnode et al. 2010). It would be important for a future evaluation of the G5AP to
probe these micro-gendered dynamics in more detail by, for example, employing single-

gender rather than mixed focus groups. This format might also allow for further exploration of how wider gendered norms and expectations (e.g., masculine risk-taking, or girls as caregivers) intersect with children's physical activity uptake and engagement in this context.

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In terms of income, there were differences between income groups when children referred to the physical accessibility of the G5AP programming. Participants who attended schools in low-income areas of the city reported spatial accessibility as a barrier to recreational spaces due to the distance between their homes and the recreational facilities, as well as the cost of transportation. Compared to different subgroups within the population, previous research indicates that lower-socioeconomic groups are particularly vulnerable to environmental factors, such as the transportation infrastructure and the location of recreational spaces (Yen and Kaplan 1998), as lowerincome families are more likely to have nonstandard work schedules and lack of vehicle ownership in comparison to higher-income families (Kumanyika and Grier 2006). Therefore, children who reside in low-income neighbourhoods are more dependent on local physical activity opportunities (Humbert et al. 2006). Participants who attended schools in higher-income neighbourhoods did report spatial accessibility as a barrier; however, their challenges were due to activity and service provider preferences, as well as their parents' availability to drive to G5AP programming. To encourage participation in programming, program coordinators need to improve access to recreational opportunities, such as organizing forms of transportation (Sallis, Prochaska, and Taylor 2000). Also, providing popular activities in various areas of the city can help improve participation in G5AP programming. Alternative solutions offered by participants included hosting outdoor unstructured activities in public parks, such as water balloon fights or tobogganing, in neighbourhoods that lack specific recreational facilities.

Outdoor environments, such as playgrounds, trails, and green spaces, provide children with the opportunity to develop their self-efficacy, cultivate their creativity, and develop their problem-solving and social skills (Tremblay et al. 2015), as well as positively contribute to their emotional well-being (Tillmann et al., 2018). Providing children outdoor spaces for play in close proximity to their homes offers them an accessible physical activity opportunity that has been associated with greater amounts of daily MVPA among children ages 9 to 14 (Coen et al. 2019; Mitchell, Clark and Gilliland 2016).

Participants highlighted the importance of free recreational programming for low-income households. While participants enjoyed that the G5AP increased activity options during their leisure time, these child participants recognized that free programming provided the greatest opportunity to children in low-income households. Lower socioeconomic status is associated with lower physical activity levels, and one determinant that differs between high-income and low-income neighbourhoods is the availability of affordable programming (Brodersen et al. 2007). Previous studies have found that low-, medium- and high-income neighbourhoods contained a similar number of pay-to-use recreational opportunities; however, low-income neighbourhoods have been identified as lacking free programming needed by residents (Estabrooks, Lee, and Gyurcsik 2003; Mckenzie et al. 2013). Due to a lack of free programming in areas where financial support is required, programs like the G5AP are beneficial as they offer affordable programming that may be lacking in low-income neighbourhoods.

#### Limitations and future directions

There are several limitations to this study that warrant consideration. First, schools were selected as the setting for the G5AP focus groups to provide a familiar

space for the participants. However, adding moderators from the research team into the
school environment may have influenced participants' behaviour and/or their
interactions with their peers, as participants could have viewed the adult moderators as
authority figures; this could shape the focus group dialogue in terms of how open
children felt they could be as they may be focused on providing 'correct' responses and
might not be comfortable describing their genuine experiences. Additionally,
participants were classified as G5AP users or non-users based on a survey completed by
their parent or guardian; however, a few participants stated they belonged to a different
program user group. As a result, if participants were classified into the wrong user
status, they would not have had the experiences necessary to answer certain questions.
Moreover, the choices for gender on the survey were limited to binary gender options,
and did not include a field to indicate gender-diverse identities (e.g., trans, non-
binary)—a limitation which will be addressed in future evaluations. As a result, this
study does not capture the experiences of LGBTQ+ and non-binary children at
recreational facilities. Also, the use of mixed-gender focus groups may have influenced
the responses received from the participants, and the gendered experiences described in
this study may have differed if gender-specific focus groups were conducted. Finally,
this study did not consider how ethnicity, recent immigration, or other family
characteristics influenced children's perceptions of the G5AP, although previous
evaluations have associated some sociodemographic characteristics with varying levels
of G5AP participation (Clark et al. 2019; Smith et al. 2020).
Although the current study provides insight into perceptions of one specific

Although the current study provides insight into perceptions of one specific community-based physical activity initiative, additional research is needed to fill existing gaps in the literature. For instance, future studies should evaluate the experiences of other sociodemographic groups associated with lower physical activity

levels, such as immigrant status (Tremblay et al. 2006), Indigenous status (Norman et al. 2018), and disability status (Barg et al. 2010), to help recognize the unique experiences of sub-populations within the community. Finding strategies that can engage these groups in local physical activity opportunities can help reverse the declining physical activity levels reported in the literature. Future research should also evaluate the impact of the key recommendations provided by participants on program participation and physical activity levels, such as improving the accessibility of program information, using technological platforms to encourage participation, providing outdoor recreational opportunities, and/or offering free transportation to venues. Social interactions appeared to be a strong influence on physical activity participation; therefore, further qualitative research into the social determinants that influence participation in physical activity and community-based programs will provide a greater understanding of how and why interactions with others impact physical activity behaviours. Future research should also investigate the experiences of LGBTQ+ and gender-diverse children.

### Conclusion

In sum, children's descriptions of the G5AP indicated that community-based physical activity programs can improve children's overall quality of life through engagement in physical activity. The five themes identified in the current study provide context into the aspects of community-based programs that may encourage program participation and increase children's physical activity levels. Public health officials, program co-ordinators and policymakers should consider the following factors when implementing community-based programs: (1) provide a variety of programming options to fit a diversity of children's interests and families' schedules; (2) offer free,

760	local programming and informative resources in multiple neighbourhoods to improve
761	children's accessibility to physical activity opportunities; and (3) encourage children to
762	engage in activities with family and friends to support their participation in recreational
763	programming. With most Canadian children not achieving the recommended level of
764	daily physical activity, it is critical that we continually evaluate and improve available
765	programs to encourage and support children to engage in opportunities that can improve
766	their overall health and quality of life.
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789	References
790	Baker, Elizabeth A., and Carol A. Brownson. 1998. "Defining Characteristics of
791	Community-Based Health Promotion Programs." Journal of Public Health
792	Management and Practice 4 (2): 1–9. https://doi.org/10.1097/00124784-

- 793 199803000-00003.
- Barg, Carolyn J., Brittany D. Armstrong, Samuel P. Hetz, and Amy E. Latimer. 2010.
- "Physical disability, stigma, and physical activity in children." *International*
- *Journal of Disability, Development and Education* 57 (4): 371-382.
- 797 https://doi.org/10.1080/1034912X.2010.524417
- 798 Barnes, Joel D., Christine Cameron, Valerie Carson, Jean Philippe Chaput, Guy E.J.
- Faulkner, Katherine Janson, Ian Janssen, et al. 2016. "Results from Canada's 2016
- Participaction Report Card on Physical Activity for Children and Youth." *Journal*
- of Physical Activity and Health 13 (11): S110–116.
- 802 https://doi.org/10.1123/jpah.2016-0300.
- 803 Barnett, Lisa M., Philip J. Morgan, Eric Van Beurden, Kylie Ball, and David R. Lubans.
- 2011. "A Reverse Pathway? Actual and Perceived Skill Proficiency and Physical
- Activity." *Medicine and Science in Sports and Exercise* 43 (5): 898–904.
- 806 https://doi.org/10.1249/MSS.0b013e3181fdfadd.
- 807 Beets, Michael W., Aaron Beighle, Heather E. Erwin, and Jennifer L. Huberty. 2009.
- "After-School Program Impact on Physical Activity and Fitness. A Meta-
- Analysis." *American Journal of Preventive Medicine* 36 (6): 527–37.
- 810 https://doi.org/10.1016/j.amepre.2009.01.033.
- 811 Beets, Michael W. 2012. "Enhancing the Translation of Physical Activity Interventions
- in Afterschool Programs." *American Journal of Lifestyle Medicine* 6 (4): 328–341.
- 813 https://doi.org/10.1177/1559827611433547.
- Beets, Michael W., Bradley J. Cardinal, and Brandon L. Alderman. 2010. "Parental
- Social Support and the Physical Activity-Related Behaviors of Youth: A Review."
- 816 *Health Education and Behavior*. 37 (5): 621–644.
- 817 https://doi.org/10.1177/1090198110363884.
- 818 Beets, Michael W., Randy Vogel, Loretta Forlaw, Kenneth H. Pitetti, and Bradley J.
- Cardinal. 2006. "Social Support and Youth Physical Activity: The Role of Provider
- and Type." *American Journal of Health Behavior* 30 (3): 278–89.
- 821 https://doi.org/10.5993/AJHB.30.3.6.
- 822 Biddle, Stuart J. H., Simone Ciaccioni, George Thomas, and Ineke Vergeer. 2019.
- "Physical Activity and Mental Health in Children and Adolescents: An Updated
- Review of Reviews and an Analysis of Causality." *Psychology of Sport and*
- 825 Exercise 42: 146–155. https://doi.org/10.1016/j.psychsport.2018.08.011.
- 826 Brodersen, Naomi Henning, Andrew Steptoe, David R. Boniface, and Jane Wardle.

our in Adolescence:
of Sports Medicine 41 (3):
eilin, and Stephen
ns for Couples: A
niology 56 (5): 421–432.
e K. Pedersen. 2013.
f Unitization and
ods & Research 42 (3):
r Blythe, and Alan J.
esearch." Oncology
NF.545-547.
ather E. Erwin. 2007.
nd Fifth-Grade Students."
2.
g in the UK: indoor
5: 64.
"Conceptions of place:
ren's Geographies 13 (5):
ilk, and Jason A.
Using a Physical Activity
dren's Recreation Pass."
omparing Physical
lanced and Traditional
129-135.
ith, Josh Archer, and

861	Jason A. Gilliland. 2018. "Examining How Neighborhood Socioeconomic Status,
862	Geographic Accessibility, and Informational Accessibility Influence the Uptake of
863	a Free Population-Level Physical Activity Intervention for Children." American
864	Journal of Health Promotion 32 (2): 315–24.
865	https://doi.org/10.1177/0890117117718433.
866	Coen, Stephanie E., Christine A. Mitchell, Suzanne Tillmann, and Jason A. Gilliland.
867	2019. "'I like the "Outernet" Stuff: Girls' Perspectives on Physical Activity and
868	Their Environments." Qualitative Research in Sport, Exercise and Health 11 (5):
869	599-617. https://doi.org/10.1080/2159676X.2018.1561500.
870	Colley, Rachel C., Valerie Carson, Didier Garriguet, Ian Janssen, Karen C. Roberts, and
871	Mark S. Tremblay. 2017. "Physical Activity of Canadian Children and Youth,
872	2007 to 2015." Health Reports 28 (10): 8–16.
873	Colorafi, Karen J., and Bronwynne Evans. 2016. "Qualitative Descriptive Methods in
874	Health Science Research." Health Environments Research & Design Journal 9 (4):
875	16–25. https://doi.org/10.1177/1937586715614171.
876	Edwardson, Charlotte L., and Trish Gorely. 2010. "Parental Influences on Different
877	Types and Intensities of Physical Activity in Youth: A Systematic Review."
878	Psychology of Sport and Exercise 11 (6): 522–535.
879	https://doi.org/10.1016/j.psychsport.2010.05.001.
880	Elliott, R., and Ladislav Timulak. 2005. "Descriptive and Interpretive Approaches to
881	Qualitative Research." A Handbook of Research Methods for Clinical and Health
882	Psychology 1 (7): 147–159.
883	Estabrooks, Paul A., Rebecca E. Lee, and Nancy C. Gyurcsik. 2003. "Resources for
884	Physical Activity Participation: Does Availability and Accessibility Differ by
885	Neighborhood Socioeconomic Status?" Annals of Behavioral Medicine 25 (2):
886	100-104. https://doi.org/10.1207/S15324796ABM2502_05.
887	Fitzgerald, Amanda, Noelle Fitzgerald, and Cian Aherne. 2012. "Do Peers Matter? A
888	Review of Peer and/or Friends' Influence on Physical Activity among American
889	Adolescents." Journal of Adolescence 35 (4): 941-958.
890	https://doi.org/10.1016/j.adolescence.2012.01.002.
891	Gibson, Faith. 2007. "Conducting focus groups with children and young people:
892	Strategies for success." Journal of Research in Nursing 12 (5): 473-483.
893	https://doi.org/10.1177/1744987107079791
894	Gilliland, Jason A., Andrew F. Clark, Patricia Tucker, Harry Prapavessis, William
	Accepted version of manuscript: Ostermeier, E., Reilly, K., Nelson Ferguson, K., Coen, S. E., & Gilliland, J. (2022). 'Ahhh it was like paradise, but inside': Children's experiences and perceptions of a free physical activity pass.

Qualitative Research in Sport, Exercise and Health. https://doi.org/10.1080/2159676X.2022.2152081

- Avison, and Piotr Wilk. 2015. "The ACT-i-Pass Study Protocol: How Does Free
- Access to Recreation Opportunities Impact Children's Physical Activity Levels?
- 897 Energy Balance-Related Behaviours." BMC Public Health 15 (1): 1286.
- 898 https://doi.org/10.1186/s12889-015-2637-x.
- 899 Guldan, Georgia S. 1996. "Obstacles to Community Health Promotion." Social Science
- 900 and Medicine 43: 689–695. https://doi.org/10.1016/0277-9536(96)00114-1.
- Harvey, Jacqueline, E. S. Pearson, P. Sanzo, and A. E. Lennon. 2018. "Exploring the
- Perspectives of 10-, 11-, and 12-Year-Old Primary School Students on Physical
- 903 Activity Engagement—"Cause You Can't Just Be Sitting at a Desk All the
- Time!" Child: Care, Health and Development 44 (3): 433–442.
- 905 https://doi.org/10.1111/cch.12555.
- 906 Hsieh, Hsiu F., and Sarah E. Shannon. 2005. Three Approaches to Qualitative Content
- 907 Analysis. Qualitative Health Research. 15 (9): 1277–1288.
- 908 https://doi.org/10.1177/1049732305276687.
- 909 Huhman, Marian E., Lance D. Potter, Jennifer C. Duke, David R. Judkins, Carrie D.
- Heitzler, and Faye L. Wong. 2007. "Evaluation of a National Physical Activity
- 911 Intervention for Children. VERB<sup>TM</sup> Campaign, 2002-2004." *American Journal of*
- 912 *Preventive Medicine* 32 (1): 38–43. https://doi.org/10.1016/j.amepre.2006.08.030.
- 913 Humbert, M. Louise, Karen E. Chad, Kevin S. Spink, Nazeem Muhajarine, Kristal D.
- Anderson, Mark W. Bruner, Tammy M. Girolami, Patrick Odnokon, and Catherine
- 915 R. Gryba. 2006. "Factors That Influence Physical Activity Participation among
- 916 High- and Low-SES Youth." *Qualitative Health Research* 16 (4): 467–483.
- 917 https://doi.org/10.1177/1049732305286051.
- Janssen, Ian, and Allana G. LeBlanc. 2010. "Systematic Review of the Health Benefits
- of Physical Activity and Fitness in School-Aged Children and Youth."
- 920 International Journal of Behavioral Nutrition and Physical Activity. 7 (1): 1-16.
- 921 https://doi.org/10.1186/1479-5868-7-40.
- 922 Kezar, Adrianna. 2002. "Reconstructing static images of leadership: An application of
- positionality theory." *Journal of Leadership Studies* 8 (3): 94-109.
- 924 Kumanyika, Shiriki K., and Sonya Grier. 2006. "Targeting Interventions for Ethnic
- 925 Minority and Low-Income Populations." *The Future of Children* 16 (1): 187–207.
- 926 https://doi.org/10.1353/foc.2006.0005.
- 927 Lincoln, Yvonna S., and Egon G. Guba. 1985. *Naturalistic Inquiry*. Sage Publications.
- 928 https://stars.library.ucf.edu/cirs/690/.

929	Lodewyk, Ken, Chunlei Lu, and Jeanne Kentel. 2009. "Enacting the Spiritual
930	Dimension in Physical Education." Physical Educator 66 (4): 170-179.
931	MacArthur, Heather J., and Stephanie A. Shields. 2015. "There's no crying in baseball,
932	or is there? Male athletes, tears, and masculinity in North America." Emotion
933	Review 7 (1): 39-46.
934	Mason-Bish, Hannah. 2019. "The Elite Delusion: Reflexivity, Identity and Positionality
935	in Qualitative Research." Qualitative Research 19 (3): 263-276.
936	https://doi.org/10.1177/1468794118770078.
937	Mauthner, Natasha S, and Andrea Doucet. 2003. "Reflexive Accounts and Accounts of
938	Reflexivity in Qualitative Data Analysis." Sociology. 37 (3): 413-431.
939	https://doi.org/10.1177/00380385030373002.
940	Mckenzie, Thomas L, Jamie S Moody, Jordan A Carlson, Nanette V Lopez, and John P
941	Elder. 2013. "Neighborhood Income Matters: Disparities in Community
942	Recreation Facilities, Amenities, and Programs." Journal of park and recreation
943	administration 31 (4): 12-22.
944	McLeroy, Kenneth R, Barbara L Norton, Michelle C Kegler, James N Burdine, and
945	Ciro V. Sumaya. 2003. "Community-based interventions." American journal of
946	public health 93 (4): 529-533.
947	Mitchell, Christine A, Andrew F Clark, and Jason A Gilliland. 2016. "Built
948	environment influences of children's physical activity: Examining differences by
949	neighbourhood size and sex." International Journal of Environmental Research
950	and Public Health 13 (1): 130.
951	Morgan, Myfanwy, Sara Gibbs, Krista Maxwell, and Nicky Britten. 2002. "Hearing
952	Children's Voices: Methodological Issues in Conducting Focus Groups with
953	Children Aged 7-11 Years." Qualitative Research 2 (1): 5-20.
954	https://doi.org/10.1177/1468794102002001636.
955	Murphy, J. W. 2014. "Community-based interventions: Philosophy and action." In S.
956	Chen & J. L. Powell (Eds.), International Perspectives on Social Policy,
957	Administration, and Practice. Springer. https://doi.org/10.1007/978-1-4899-8020-5
958	Nilsen, P. 2006. "The Theory of Community Based Health and Safety Programs: A
959	Critical Examination." Injury Prevention. 12 (3): 140–145.
960	https://doi.org/10.1136/ip.2005.011239.
961	Norman, Moss E., LeAnne Petherick, Eric Garcia, Gordon Giesbrecht, and Todd
962	Duhamel. 2018. "Governing indigenous recreation at a distance: a critical analysis

963 of an after school active health intervention." Sport, Education and Society 23 (2): 964 135-148. 965 Oliver, Kimberly L., and Manal Hamzeh. 2010. "The boys won't let us play" Fifth-966 grade mestizas challenge physical activity discourse at school." Research 967 Quarterly for Exercise and Sport 81 (1): 38-51. 968 https://doi.org/10.1080/02701367.2010.10599626 969 ParticipACTION. 2022. "ParticipACTION Report Card on Physical Activity for 970 Children and Youth." https://www.participaction.com/wp-971 content/uploads/2022/10/2022-Children-and-Youth-Report-Card.pdf 972 5634c41a0170\_2020\_Report\_Card\_Children\_and\_Youth\_Full\_Report.pdf. 973 Pate, Russell R., Ruth P. Saunders, Dianne S. Ward, Gwen Felton, Stewart G. Trost, 974 and Marsha Dowda. 2003. "Evaluation of a Community-Based Intervention to 975 Promote Physical Activity in Youth: Lessons from Active Winners." American 976 Journal of Health Promotion 17 (3): 171–82. https://doi.org/10.4278/0890-1171-977 17.3.171. 978 Patnode, Carrie D., Leslie A. Lytle, Darin J. Erickson, John R. Sirard, Daheia Barr-979 Anderson, and Mary Story. 2010. "The relative influence of demographic, 980 individual, social, and environmental factors on physical activity among boys and 981 girls." International Journal of Behavioral Nutrition and Physical Activity 7 (1): 1-982 10. https://doi.org/10.1186/1479-5868-7-79. 983 Poitras, Veronica Joan, Casey Ellen Gray, Michael M. Borghese, Valerie Carson, Jean 984 Philippe Chaput, Ian Janssen, Peter T. Katzmarzyk, et al. 2016. "Systematic 985 Review of the Relationships between Objectively Measured Physical Activity and 986 Health Indicators in School-Aged Children and Youth." Applied Physiology, 987 Nutrition and Metabolism 41 (6): \$197-\$239. https://doi.org/10.1139/apnm-2015-988 0663. 989 Ravensbergen, L., Buliung, R., Wilson, K., & Faulkner, G. 2016. "Socioeconomic 990 discrepancies in children's access to physical activity facilities: Activity space 991 analysis." Transportation Research Record, 2598 (1), 11–18. 992 https://doi.org/10.3141/2598-02 993 Rettke, Horst, Manuela Pretto, Elisabeth Spichiger, Irena A. Frei, and Rebecca Spirig. 994 2018. "Using Reflexive Thinking to Establish Rigor in Qualitative Research." 995 Nursing Research 67 (6): 490–497. 996 https://doi.org/10.1097/NNR.0000000000000307.

997	Roberts, Karen C, Xiaoquan Yao, Valerie Carson, Jean P. Chaput, Ian Janssen, and
998	Mark S. Tremblay. 2017. "Meeting the Canadian 24-Hour Movement Guidelines
999	for Children and Youth." Health Reports 28 (10): 3-7.
1000	Sallis, James F., Judith J. Prochaska, and Wendell C. Taylor. 2000. "A Review of
1001	Correlates of Physical Activity of Children and Adolescents." Medicine and
1002	Science in Sports and Exercise 32 (5): 963-975. https://doi.org/10.1097/00005768-
1003	200005000-00014.
1004	Sandelowski, Margarete. 2000. "Focus on Research Methods: Whatever Happened to
1005	Qualitative Description?" Research in Nursing and Health 23 (4): 334–340.
1006	https://doi.org/10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g.
1007	Shaw, Rachel. 2010. "Embedding Reflexivity within Experiential Qualitative
1008	Psychology." Qualitative Research in Psychology 7 (3): 233–243.
1009	https://doi.org/10.1080/14780880802699092.
1010	Smith, Brett, and Kerry R. McGannon. 2018. "Developing Rigor in Qualitative
1011	Research: Problems and Opportunities within Sport and Exercise Psychology."
1012	International Review of Sport and Exercise Psychology 11 (1): 101–121.
1013	https://doi.org/10.1080/1750984X.2017.1317357.
1014	Smith, Christine, Andrew F. Clark, Piotr Wilk, Patricia Tucker, and Jason A. Gilliland.
1015	2020. "Assessing the Effectiveness of a Naturally Occurring Population-Level
1016	Physical Activity Intervention for Children." Public Health 178: 62-71.
1017	https://doi.org/10.1016/j.puhe.2019.08.022.
1018	Tillmann, Suzanne, Danielle Tobin, William Avison, and Jason Gilliland. 2018.
1019	"Mental health benefits of interactions with nature in children and teenagers: A
1020	systematic review." Journal of Epidemiology & Community Health 72 (10): 958-
1021	966. https://doi: 10.1136/jech-2018-210436.
1022	Tomporowski, Phillip D., Catherine L. Davis, Patricia H. Miller, and Jack A. Naglieri.
1023	2008. "Exercise and Children's Intelligence, Cognition, and Academic
1024	Achievement." Educational Psychology Review 20 (2): 111-131.
1025	https://doi.org/10.1007/s10648-007-9057-0.
1026	Tremblay, Mark S., Casey Gray, Shawna Babcock, Joel Barnes, Christa Costas
1027	Bradstreet, Dawn Carr, Guylaine Chabot et al. 2015. "Position statement on active
1028	outdoor play." International Journal of Environmental Research and Public Health
1029	12 (6): 6475-6505.

Tremblay, Mark S., Shirley N. Bryan, Clardio E. Pérez, Chris I. Ardern, and Peter T.

1030

1031	Katzmarzyk. 2006. "Physical activity and immigrant status: evidence from the
1032	Canadian Community Health Survey." Canadian Journal of Public Health 97 (4):
1033	277-82. https://doi.org/10.1007/BF03405603
1034	Ullrich-French, Sarah, Meghan H. Mcdonough, and Alan L. Smith. 2012. "Social
1035	Connection and Psychological Outcomes in a Physical Activity-Based Youth
1036	Development Setting." Research Quarterly for Exercise and Sport 83 (3): 431-
1037	441. https://doi.org/10.1080/02701367.2012.10599878.
1038	Ullrich-French, Sarah, and Alan L. Smith. 2009. "Social and Motivational Predictors of
1039	Continued Youth Sport Participation." Psychology of Sport and Exercise 10 (1):
1040	87–95. https://doi.org/10.1016/j.psychsport.2008.06.007.
1041	Vu, Maihan B., Dale Murrie, Vivian Gonzalez, and Jared B. Jobe. 2006. "Listening to
1042	girls and boys talk about girls' physical activity behaviors." Health Education &
1043	Behavior 33 (1): 81-96.
1044	Welk, Gregory J., Kherrin Wood, and Gina Morss. 2003. "Parental Influences on
1045	Physical Activity in Children: An Exploration of Potential Mechanisms." Pediatric
1046	Exercise Science 15 (1): 19–33. https://doi.org/10.1123/pes.15.1.19.
1047	West, Stephanie T., and Kindal A. Shores. 2008. "A Comparison of Four Recreation
1048	Facilitation Styles and Physical Activity Outcomes in Elementary School
1049	Children." Journal of Park and Recreation Administration 26 (2): 115-133.
1050	https://www.researchgate.net/publication/234063311.
1051	Wilk, Piotr, Andrew F. Clark, Alana Maltby, Christine Smith, Patricia Tucker, and
1052	Jason A. Gilliland. 2018. "Examining Individual, Interpersonal, and Environmental
1053	Influences on Children's Physical Activity Levels." SSM - Population Health 4:
1054	76–85. https://doi.org/10.1016/j.ssmph.2017.11.004.
1055	Wilk, Piotr, Andrew F Clark, Alana Maltby, Patricia Tucker, and Jason A Gilliland.
1056	2018. "Exploring the Effect of Parental Influence on Children's Physical Activity:
1057	The Mediating Role of Children's Perceptions of Parental Support." Preventive
1058	Medicine 106: 79–85. https://doi.org/10.1016/j.ypmed.2017.10.018.
1059	Yen, Irene H., and George A. Kaplan. 1998. "Poverty Area Residence and Changes in
1060	Physical Activity Level: Evidence from the Alameda County Study." American
1061	Journal of Public Health 88 (11): 1709-12. https://doi.org/10.2105/AJPH.88.1

Topic **Codes** Categories Themes ■ Free program; more opportunities Free programming Additional Opportunities for low SES children Physical Activity Additional physical **Opportunities** • More activity options to typical schedule activity options Replaced sedentary activities (e.g., screen after school Physical Enjoyed the G5AP Activity Loved programming available Enjoyed service providers Levels New activities Well-being and New activities and Developed new skillsets; improved Self-efficacy skillsets competence in activities Sustained physical activity levels after the Maintained program physical activity Enrolled in activities the following year Variety of A large amount of activity choices programming An assortment of times and locations • Pre-existing commitments (e.g., sports) Time constraints Cannot attend current program timing Greater variety of activity times Program More weekend activities Increasing activity Structure and selection More adventurous activities (e.g., laser tag) Implementation More outdoor activities Lost pass Pass difficulties Not receiving pass Lack of G5AP resources Program Forgot about program Lack of Barriers and Presentations encouraged program use information Enablers Create additional informative and promotional materials Service providers too far from home Location of service Limited to local service providers providers Spatial • Members at local recreation centres Accessibility of Programming Improve access to Service provider buses/transportation facilities Service providers in neighbourhoods Spending time with friends and family Companionship Not wanting to be a "loner" **Social Supports** Enrolling child in the program and Constraints Parents facilitating pass use (e.g., transportation) Family availability Family obligations Busy siblings/parents; unable to drive Lone-parent households

Figure 1. Code map from the conventional content analysis of G5AP focus groups.