At Promise, Not At Risk: A Literature Review of Special Olympics Impact on Early Childhood Health

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Abstract: The 2024 Raising Canada report identifies limited physical activity and play as a significant threat to children's well-being in Canada. This threat is even greater for children and youth with intellectual disabilities who face heightened health disparities compared to their peers without disabilities. Special Olympics, a global sports organization for individuals with intellectual disabilities, provides a valuable opportunity to address this threat by facilitating diverse physical activity experiences. This paper critically examines 17 empirical, peer-reviewed studies on the health outcomes of children and youth with intellectual disabilities who participate in Special Olympics. Through an analysis of the medical and social models of disability, as well as the theoretical framework of disabled children's childhood studies, the review identifies key gaps, controversies, strengths, and limitations in the existing literature. It concludes by offering practical implications for families, educators, and practitioners to better support physical activity opportunities for this population, advocating for a fundamental shift in the application of children's rights to promote greater social inclusion and more equitable approaches to health and well-being.

Keywords: Special Olympics, Health, Early Childhood, Physical Activity, Disability

Introduction

Limited physical activity and play have been recognized as a persistent threat to children in Canada (Children First Canada, 2024). The Canadian Society for Exercise Physiology (2021) recommends that children and youth aged 5-17 engage in 60 minutes of moderate-to-vigorous physical activity per day. However, only 39% of Canadian children and youth are meeting these national physical activity guidelines (ParticipACTION, 2024). As a result, many young Canadians are not experiencing the benefits of physical activity, such as improved cardiometabolic health, muscular strength, cognitive function, mental well-being and a lower incidence of obesity (Children First Canada, 2024; ParticipACTION, 2024; World Health Organization, 2024). This disparity is further pronounced among young people with intellectual disabilities, who experience lower levels of physical activity and higher rates of sedentary behaviour compared to their peers without an intellectual disability (Collins & Staples, 2017; Hinckson & Curtis, 2013; Wouters et al., 2020). This shows a clear equity issue as individuals with intellectual disabilities are not experiencing the same level of inclusion as others

An intellectual disability is characterized by limitations in cognitive abilities, including learning, reasoning, and problem solving, as well as adaptive behaviour, such as social and self-care skills (National Institute of Child Health and Human Development, 2021). As a result of these limitations, individuals with intellectual disabilities often encounter stigma, social exclusion and discrimination in various areas of their lives, particularly when viewed through the lens of the medical model of disability which focuses on deficits and limitations rather than abilities and strengths (Ellis et al., 2024; McConkey, 2021; Schneider, 2018; United Nations Human Rights Office of the High Commissioner, 2024). These challenges extend into the sports context, where athletes with intellectual disabilities have historically faced institutional discrimination, perpetuating the belief that people with disabilities are incapable of participating in sport (Greenberg & Cork, 2023). To challenge these misconceptions and promote respect, inclusion, and human dignity for intellectually disabled people, the Special Olympics was founded in 1968 (Special Olympics, 2025).

As a global movement, Special Olympics seeks to foster inclusion and build community through sport, encouraging physical activity and ultimately, healthier lifestyles. Providing athletic opportunities to over 42,000 Canadians, Special Olympics Canada is the largest sports organization for individuals with intellectual disabilities (Special Olympics Canada, 2024a). The organization offers sport programming beginning at age two and continues through adulthood, providing a pathway for participants to experience the various health benefits of organized sport participation across multiple life stages (Special Olympics Canada, 2024a). Special Olympics' mission to offer sport experiences that improve the health and well-being of individuals with intellectual disabilities creates a space to explore existing research regarding its effectiveness in fulfilling this mission.

This critical review outlines the purpose, describes the methods and examines literature concerning the health outcomes of children and youth with intellectual disabilities participating in Special Olympics.

Through an analysis of the literature, key themes were extracted, and a critical discussion of the research findings and their implications is presented. The review concludes with a social justice message, advocating for the importance of upholding children's rights.

Purpose

Conducting a critical review of the literature on the health outcomes associated with Special Olympics participation is essential, as it highlights the extent to which children's rights are respected and upheld within the context of the organization. The *United Nations Convention on the Rights of the Child* (UNCRC) is a human rights treaty that outlines the rights to be afforded to all children under the age of 18 (Government of Canada, 2021). Given the emphasis of the UNCRC on participation and inclusion, exploring how Special Olympics supports and reflects these rights through its programs is necessary to understand its broader implications on the health and well-being of children, particularly those with intellectual disabilities.

Children's Rights and Participation

Article 12 of the UNCRC states that every child has the right to form their own views and express them freely in all matters that affect them (Human Rights Department of Canada Heritage, 1991). In other words, children have the right to be heard and to participate in decisions that affect their lives. Moreover, Article 12 emphasizes that children's views should always be considered and taken seriously (Human Rights Department of Canada Heritage, 1991). Therefore, when reviewing the literature on the health outcomes of young people with intellectual disabilities, it is crucial to critically assess the extent to which their voices are considered and whether Article 12 is being upheld. This is particularly relevant in the context of Special Olympics, where the inclusion of participants' views and active involvement in their athletic experiences is central to the program's mission.

Children's Rights and Physical Activity

In addition to children's right to participate, Article 31 of the UNCRC states that children have the right to engage in play and recreational activities that are appropriate to their age (Human Rights Department of Canada Heritage, 1991). Children's right to participate is further reinforced by Article 30(5d) of the *Convention on the Rights of Persons with Disabilities* (CRPD), which declares that States Parties must ensure children with disabilities have equal access to play, recreation, leisure and sporting activities (United Nations Human Rights Office of the High Commissioner, 2008). Special Olympics specifically serves individuals with intellectual disabilities. Therefore, these rights remain crucial, as they emphasize the importance of inclusion and equal opportunities for participation in physical and recreational activities. Exploring how these rights are upheld within the Special Olympics context is essential in understanding the broader implications of the program on its participants' social and physical well-being.

Research Method

To identify relevant literature for this critical review, a comprehensive search of peer-reviewed, empirical articles was conducted. A total of 17 studies were identified through the following databases and platforms: EBSCOhost, ERIC, PubMed Central, Taylor & Francis Online and Wiley Online Library. The search was limited to articles published within the last 15 years to include the most current research. To ensure the reliability and validity of the sources, only peer-reviewed, empirical studies were included in the review. Newspaper articles, theses, and dissertations were excluded. Relevant keywords, including 'intellectual disabilities,' 'Special Olympics,' 'physical activity,' 'health outcomes,' 'children and youth,' and 'sport participation' were used to guide the search. These terms were selected to facilitate a comprehensive review of the literature related to the health outcomes of Special Olympics programs for individuals with intellectual disabilities.

A critical review was selected to examine the health outcomes of Special Olympics participation as it allows for analysis and synthesis of a wide range of studies. Rather than simply summarizing existing literature, a critical review enables an evaluation of the quality of research, identification of gaps and

recognition of recurring themes across studies (Paul & Criado, 2020). This method is particularly significant given the need to understand the broader implications for children's rights, inclusion and health outcomes in this population.

Literature Review

A critical review of the current literature was conducted to assess the health outcomes of children and youth with intellectual disabilities participating in Special Olympics Programming. Through this review, three key themes emerged including, physical health, mental health and emotional well-being. These themes represent the primary areas where Special Olympics participation has affected young participants' lives. The review will further explore these themes by synthesizing and integrating findings from the selected studies, examining how they contribute to the overall health and development of children and youth with intellectual disabilities.

Physical Health Outcomes and Special Olympics Participation

To determine the physical health outcomes of participating in Special Olympics, it is essential to review existing literature regarding the overall health of young people with intellectual disabilities. Hartman et al. (2015) investigated the development of physical fitness among children and youth with intellectual disabilities. Through a four-year longitudinal study, Hartman et al. (2015) measured both strength and aerobic fitness in children between ages 8-12, comparing those with and without an intellectual disability. The results indicated that children with intellectual disabilities were significantly less fit in all measures of muscular strength and aerobic fitness across all age groups. This finding is complemented by Lloyd et al. (2012) who identified overweight and obesity as significant concerns for children and youth with intellectual disabilities. Through an analysis of 9,678 Special Olympic athlete records, Lloyd et al. (2012) revealed that 30% of the sample was classified as overweight or obese, according to body mass index (BMI). The prevalence was notably higher in girls, with 54% classified within the overweight or obese category.

In addition to examining BMI, Lloyd et al. (2012) found that the odds of becoming overweight or obese increased with age, particularly in North America. This is noteworthy as Hartman et al. (2015) found that the gap in aerobic fitness and muscular strength between children with intellectual disabilities and those without remained relatively stable or narrowed as the children aged, demonstrating a relationship between increasing obesity rates and decreasing fitness levels as children grow older. Collins and Staples (2017) examined this further through studying the effectiveness of structured opportunities to develop physical fitness. Through assessing various fitness components, Collins and Staples (2017) revealed that children with intellectual disabilities who participated in a 10-week fitness program showed significant improvements in aerobic functioning, muscular strength and endurance. Similarly, a study conducted in 2013 investigated the effectiveness of the Special Olympics Young Athletes program in promoting motor development among preschool aged children with intellectual disabilities (Favazza et al., 2013). In a randomized study of 233 children, those in the Young Athletes intervention group exhibited motor skill development at twice the rate of the control group, gaining seven months of developmental motor skills in a two-month period (Favazza et al. 2013).

Both Collins and Staples (2017) and Favazza et al. (2013) suggested that participation in physical activity programs, such as Special Olympics, which incorporate individualized instruction, has the potential to improve the fitness capacities of young people with intellectual disabilities. This suggestion is further supported by Rubenstein et al. (2020) who concluded that Special Olympics fitness models, focused on inclusive physical activity and goal setting, showing promise as an effective health intervention for populations with intellectual disabilities. More specifically, these tailored fitness models have been shown to reduce blood pressure, weight and BMI scores (Rubenstein et al., 2020). Furthermore, a study published in 2024 shows a clear reduction in diabetes among adult athletes who participated in Special Olympics programs (Lloyd et al., 2024). From these findings, it is evident that future studies could be valuable in understanding how Special Olympics participation impacts diabetes in children and youth as well.

In contrast with previous findings, Rintala et al. (2016) found that Special Olympics athletes did not exhibit significant differences in physical fitness compared to individuals with intellectual disabilities who

were not athletes. Through an analysis of various fitness components including BMI, standing long jump, hand grip and walking tests, only hand grip strength and walk time showed statistical significance. Rintala et al. (2016) suggest that the lack of significant difference may be due to variations in the structure and intensity of physical fitness training programs across Special Olympics programs. They call for further examination of the content and structure of these programs to better understand how they impact physical fitness outcomes.

Mental Health Outcomes and Special Olympics Participation

To assess the mental health outcomes of participating in Special Olympics, it is essential to review existing literature on the mental well-being of young people with intellectual disabilities. Slevin et al. (2014) extended existing literature on the physical health challenges faced by children and youth with intellectual disabilities by examining the effects of these challenges on mental health. The study indicated that children with intellectual disabilities who are also overweight or obese may be "doubly stigmatized" as they face stigmatization on multiple fronts, affecting their self-esteem, increasing the likelihood of bullying and mental health difficulties (Slevin et al., 2014). Similarly, Crawford et al. (2015) noted that young people with intellectual disabilities are particularly vulnerable to low self-esteem and its associated outcomes, including loneliness, depression and anxiety.

Through an examination of participation in sport programming, Crawford et al. (2015) found a positive association between involvement in Special Olympics and increased psychological well-being among athletes with intellectual disabilities. The study also revealed that engagement in Special Olympics leads to higher levels of self-esteem, reduced stress and increased motivation to be active, positively affecting both mental and physical health outcomes. Lloyd et al. (2023) extended these findings through an investigation of depression among Special Olympic athletes. In a 20-year retrospective cohort study of 51,103 Special Olympics participants and non-participants, the research sought to reveal the mental health outcomes of sport participation. The study indicated that those who participate in Special Olympics have a 49% reduction in the risk of being diagnosed with depression compared to non-participants with an intellectual disability. Based on these findings, their study concluded that engagement in Special Olympics is beneficial for the mental health of the participants (Lloyd et al., 2023). Likewise, Rosenblatt et al. (2011) found that participation in physical activities such as yoga and dance, programs offered through Special Olympics, resulted in decreased feelings of irritability among children with autism. These findings align with conclusions from Lloyd et al. (2023), which emphasized the effectiveness of physical activity, particularly involvement in Special Olympics, for improving the mental health outcomes of children with intellectual disabilities (Rosenblatt et al., 2011).

Additionally, Özer et al. (2012) aimed to determine the effects of Special Olympics participation on various behaviours including aggression, impulse-control and frustration tolerance. Reports were completed by participants' parents and teachers before and after the Special Olympics intervention. The results revealed that youth with intellectual disabilities who participated in Special Olympics showed a reduction in these behaviours both at home and in school (Özer et al., 2012). Nicholson et al. (2011) extended these findings by exploring the relationship between academic engagement and physical activity. The study's results indicated that physical activity interventions contributed to decreased disruptive classroom behaviours and increased academic engagement among children with autism.

Emotional Health Outcomes and Special Olympics Participation

When conducting a literature review on emotional health outcomes associated with Special Olympics participation, Unified Sports emerged as a recurring focus (Bota et al., 2014; Corazza & Dyer, 2017; McConkey et al., 2013; Özer et al., 2012; Pan & Davis, 2018). Unified Sports is an inclusive sports program within the Special Olympics that brings together athletes with and without intellectual disabilities for competition (Special Olympics, 2024a). The goal of the Unified model, to bridge social divides and create meaningful sport participation for all athletes, provides a space for research on emotional health to emerge.

Through individual and group interviews with Unified Sports participants, coaches and community leaders, McConkey et al. (2013) found that bonded relationships were among the most significant outcomes

of Unified Sports participation. These bonds were rooted in respect and equality, contributing to the growth of friendships and a sense of belonging. McConkey et al. (2013) stated that friendships and a sense of belonging are fundamental human needs, therefore Unified Sports ability to offer such opportunities has a positive effect on an individual's quality of life. This conclusion is reinforced by Asunta et al. (2022) who found that Special Olympics athletes viewed inclusion as participation in teamwork. The athletes formed social bonds that led to a strong sense of belonging and connectedness, characterized by experiences of unity and team pride. Furthermore, Asunta et al. (2022) also highlighted that Special Olympics athletes perceive teamwork as a vital component of quality of life. The importance of team dynamics is further supported by Komenda et al. (2022), who examined life satisfaction among Special Olympics athletes. The study's findings revealed that athletes with coaches who prioritize autonomy and sport competence experience higher life satisfaction (Komenda et al., 2022).

In addition to revealing the effects of Special Olympics in fostering social inclusion, Bota et al. (2014) found that participation in Unified Sports led to an increase in athletes' positive self-concept. This enhanced self-concept was correlated with how the athletes' classmates without disabilities perceived them. In other words, children with intellectual disabilities who engaged in Unified Sports were perceived more positively by their peers, which further aided social inclusion and increased motivation to participate in social life (Bota et al., 2014).

Everett et al. (2020) emphasized the limited opportunities for participation that athletes with intellectual disabilities face. Through interviews with five Special Olympics athletes, the results unanimously revealed that the athletes felt their voices were not incorporated into the sporting context (Everett et al., 2020). While they reported enjoying the sport experience, the athletes also expressed dissatisfaction with the lack of personal choice and the limited ability to take on additional roles and responsibilities, which ultimately affected their overall satisfaction and motivation (Everett et al., 2020).

Summary

A review of physical, mental and emotional health outcomes of young people with intellectual disabilities participating in Special Olympics reveals several key findings. Children and youth with intellectual disabilities often have higher BMI scores and obesity rates, compared to those without intellectual disabilities (Hartman et al., 2015; Lloyd et al., 2012). However, participation in Special Olympics improves fitness, including muscular strength, aerobic fitness and motor skills (Collins and Staples, 2017; Favazza et al., 2013; Lloyd et al., 2012). In addition to physical benefits, Special Olympics participation also positively affects mental health, increasing self-esteem, reducing depression and improving psychological well-being and academic engagement (Crawford et al., 2015; Lloyd et al., 2023; Nicholson et al., 2011). Furthermore, Unified Sports an inclusive program within the Special Olympics, promotes social inclusion and emotional health by fostering connectedness among individuals with and without intellectual disabilities, leading to greater life satisfaction (Asunta et al., 2022; Komenda et al., 2022; McConkey et al., 2013). However, some participants reported a lack of agency, which affected levels of motivation and satisfaction, highlighting the need for greater integration of the voice of athletes with intellectual disabilities in the sporting context (Everett et al., 2020).

Discussion

To critically analyze the reviewed literature, this section will present relevant conceptual models as well as a theoretical framework, established by previous scholars and proposed for use in this analysis, which will form the foundation of the discussion. It will also address key gaps, controversies, strengths, and limitations. The section will conclude by offering practical implications derived from the analysis.

Conceptual Models and Theoretical Framework

Medical versus Social Model of Disability. Research in the field of sport and disability highlights the conflicting values between the medical and social models of disability. The medical model views disability as an issue stemming from the individual's condition that requires treatment, suggesting that the disability resides within the person rather than their environment (Ellis et al., 2024; Schneider, 2018). In contrast, the

social model frames disability as a result of environmental factors, emphasizing limited accessibility and societal barriers that prevent full participation (Ellis et al., 2024; Schneider, 2018). These models are particularly relevant to Special Olympics as their mission aligns with the social model by striving to improve access, opportunities and quality of life for individuals with intellectual disabilities (Special Olympics Canada, 2024b).

Disabled Children's Childhood Studies. In addition to the medical and social models of disability, the literature can also be examined through the theoretical framework of disabled children's childhood studies. Building on the social model of disability, the field of disabled children's childhood studies emerged. This theoretical framework shifts the focus from traditional discussions of impairment to a more critical exploration of the experiences and perspectives of disabled children and their families (Curran & Ruswick-Cole, 2014; Watson, 2012). By emphasizing the importance of honouring disabled children's voices, the framework connects to Article 12 of the UNCRC, which asserts the need to uphold children's views in both research and practice. Disabled children's childhood studies are relevant to analyzing the literature as it illustrates the extent to which the voices of children with intellectual disabilities are meaningfully included.

Identified Gaps in the Literature

One of the most notable gaps within the literature is the lack of studies involving younger participants, specifically children aged 2-7 in early childhood. Among the 17 studies reviewed, Favazza et al. (2013) was the only one to examine physical activity in children with intellectual disabilities under the age of eight. Most studies focused on adolescents, with age ranges typically starting at eight and extending up to 18 (Collins & Staples, 2017; Hartman et al., 2015; Lloyd et al., 2012; McConkey et al., 2013; Özer et al., 2012; Rosenblatt et al., 2011; Slevin et al., 2014). Therefore, there is a significant gap in research on the health outcomes of younger participants. Furthermore, the wide age range in several studies, such as those by Bota et al. (2014) and Lloyd et al. (2012), makes it difficult to generalize findings across the entire participant group. The 10-year span in both studies overlook significant developmental differences between children aged eight and those nearing 18, for example. This disparity limits the applicability of findings to younger participants.

In addition to age-related gaps, there are geographical disparities in the literature on health outcomes of Special Olympics participation. Studies on physical health outcomes were predominantly conducted in North America (Collins & Staples, 2017; Favazza et al., 2013; Lloyd et al., 2012; Rubenstein et al., 2016), whereas emotional health outcomes were largely studied outside of North America. Of the five studies on emotional outcomes, two were conducted in the United Kingdom (Everett et al., 2020; McConkey et al., 2013), and one each in Finland (Asunta et al., 2022), Austria (Komenda et al., 2022) and Romania (Bota et al., 2014). This geographical divide may reflect the prevalence of the medical model of disability in North America, which often views sport as a health intervention aimed at improving physical outcomes such as BMI scores and fitness skills (Collins and Staples, 2017; Hartman et al., 2015; Lloyd et al., 2012). In contrast, research from countries outside North America is more aligned with the social model of disability, focusing on the environmental aspects of Special Olympics and its positive effect on self-concept, belonging and connectedness (Asunta et al., 2022; Bota et al., 2014; McConkey et al., 2013).

Identified Controversies in the Literature

The debate over whether segregated or inclusive sport is more beneficial is long-standing. Originally, Special Olympics was an organization exclusively for individuals with intellectual disabilities, operating as a segregated sport arena. However, it has expanded to include Unified Sports, which bring people with and without disabilities together, creating an inclusive sporting environment. Studies on the emotional health outcomes of Special Olympic participants predominantly focus on experiences within Unified Sports, illustrating the social benefits that often lead to an improved quality of life (Asunta et al., 2022; Komenda et al., 2022; McConkey et al., 2013). This emphasis suggests that inclusive sport structures, such as Unified Sports, may be the most beneficial. However, studies that examine individual health outcomes, such as physical fitness, BMI, depression and irritability, point to the importance of segregated participation that allows for tailored interventions and support (Hartman et al., 2015; Lloyd et al., 2012; Rosenblatt et al., 2011). These conflicting perspectives highlight the ongoing debate and the need for further research to better

understand the specific contexts in which each approach may be most effective in promoting positive health outcomes among young people with intellectual disabilities.

Identified Strengths in the Literature

Several strengths emerged within the scientific literature, including large study sizes, long durations and applicability to broader contexts. Over half of the studies included in the review had participants sizes exceeding 100, with two studies (Lloyd et al., 2012; Lloyd et al., 2023) involving nearly 10,000 participants. This provided a strong statistical foundation that enhanced the reliability of the findings across a wide population.

In addition to large study sizes, six of the included studies spanned various durations, ranging from eight weeks to four years. Collins and Staples (2017), Favazza et al. (2013), Özer et al. (2012) and Rosenblatt et al. (2011) used a research design that allowed them to revisit the study and draw conclusions after 8-10 weeks. Additionally, Lloyd et al. (2023) conducted a retrospective study, examining depression rates among Special Olympics participants and non-participants over a 20-year period. In contrast, Hartman et al. (2015) employed a longitudinal research design to track the development of physical fitness in children with intellectual disabilities over the span of four years. Although the studies used different methodologies, the significant investment of time in examining the health outcomes of Special Olympics participation over extended periods is evident.

Several studies also extended findings from the Special Olympics context to broader implications. Asunta et al. (2022), Komenda et al. (2022) and McConkey et al. (2012) analyzed the emotional health outcomes of Special Olympics, linking the friendship and sense of belonging found in Unified Sports to overall quality of life. Furthermore, decreases in disruptive behaviours and irritability associated with Special Olympics participation, as shown by Nicholson et al. (2011) and Özer et al. (2012), were connected to positive behaviour at home and in the classroom as well as increased in academic engagement.

Identified Limitations in the Literature

While some studies demonstrated notable strengths, several exhibited limitations. As previously mentioned, the literature on physical and mental health outcomes of Special Olympics participation predominantly views sport as a health intervention for children with intellectual disabilities. From this perspective, physical health challenges, such as BMI, overweight and reduced fitness, as well as mental health issues such as depression, irritability, and aggression, are framed as problems to be 'treated' through sport (Collins and Staples, 2017; Lloyd et al., 2012; Lloyd et al., 2023; Özer et al., 2012; Rosenblatt et al., 2011). This approach may inadvertently reinforce the idea that an intellectual disability is something requiring intervention, rather than viewing Special Olympics as a means to challenge societal barriers and limited accessibility. This limitation contributes to a lack of research that examines Special Olympics through a social model lens, which may reinforce societal perceptions of intellectual disability as something needing to be 'treated.' Disabled children's childhood studies would critique this limitation further, calling for a shift in focus from traditional discussions of impairment toward more inclusive explorations of disabled children's experiences and perspectives (Curran & Ruswick-Cole, 2014; Watson, 2012).

In addition to the limitation of studies applying the social model of disability, several did not incorporate the voices of intellectually disabled young people in their research design. Of the studies reviewed, fewer than half included the opinions of participants, with the majority relying on Special Olympics databases or the perspectives of coaches, parents and teachers (Lloyd et al., 2012; Lloyd et al., 2023; Nicholson et al., 2011; Özer et al., 2022; Rubenstein et al., 2016). This limitation underscores the extent to which Article 12 of the UNCRC, which emphasizes the importance of children's participation in decisions affecting them, is not consistently upheld. The absence of children's voices in the research process limits the representation of their unique experiences and perspectives. Furthermore, disabled children's childhood studies would critique this lack of inclusion as perpetuating traditional, impairment focused discussions that often exclude children's active participation, limiting the meaningful inclusion of their voices in the research.

Furthermore, a next step in the research could be a greater emphasis on the Canadian context of Special Olympics participation. Barriers to participation and inclusion within the Canadian context should be examined to provide more specific recommendations on areas to create more inclusive spaces within Special Olympics Canada. Conducting more research on Special Olympics Canada has the potential to significantly enhance participation rates and improve outcomes for athletes in terms of physical health, mental health, and emotional well-being. By exploring the barriers to participation, such as accessibility, stigma, and resource availability, researchers can identify targeted strategies to address these challenges and create more inclusive programming. Additionally, in-depth studies can uncover the physical and psychological benefits of participation, such as improved fitness, reduced stress, and increased self-esteem, providing compelling evidence to attract stakeholders, sponsors, and participants. Understanding the unique needs of athletes with intellectual and developmental disabilities can also guide the development of tailored training programs, community engagement initiatives, and holistic support systems that promote overall well-being. Ultimately, such research contributes to a stronger, more inclusive community, empowering athletes to thrive both on and off the field.

Practical Implications of the Literature

Drawing from the findings and key themes in the literature, several key recommendations are offered. Despite gaps and limitations in including young children and their voices in the research, many studies emphasize the importance of fostering early physical activity experiences. Given that the risk of becoming overweight or obese increases with age and the gap in aerobic fitness and muscular strength between children with and without intellectual disabilities remains relatively stable, it is crucial to provide consistent, accessible and engaging physical activity opportunities (Hartman et al., 2015; Lloyd et al., 2012). Offering such opportunities acts as a motivator for children with intellectual disabilities to remain active while also encouraging greater social participation, leading to positive physical, mental and emotional health outcomes (Bota et al., 2014; Crawford et al., 2015).

These positive outcomes are particularly evident through participation in Special Olympics. All of the reviewed studies highlighted the physical, mental and emotional health benefits for people with intellectual disabilities involved in the program. The tailored model of Special Olympics, which focuses on developing physical activity and sport experiences for individuals with intellectual disabilities, creates an accessible and inclusive environment that fosters a range of health benefits and enhances quality of life (Asunta et al., 2022; Komenda et al., 2022; McConkey et al., 2013; Rubenstein et al., 2020). With Special Olympics sports programming available in 193 countries worldwide, it is essential for caregivers, teachers and practitioners to recognize the benefits of Special Olympics participation for children and youth with intellectual disabilities under their care (Special Olympics, 2024b).

Additionally, it is crucial that future research and engagement with young people who have intellectual disabilities upholds their right to participate. As mentioned, many of the reviewed studies excluded the voices of the participants. Although Everett et al. (2020) did not directly link their findings to the UNCRC, they revealed that athletes felt their voices were not integrated into the sporting context, leading to dissatisfaction and decreased motivation to participate. To promote sustained engagement in physical activity and organized sports like Special Olympics, it is essential to respect and honour the perspectives of children and youth with intellectual disabilities. Through ongoing communication and collaboration that includes their input, services and programs can become more accessible and meaningful to this population.

Conclusion

Current literature has effectively highlighted the threat that limited physical activity and may pose on one's childhood, affecting physical, mental and emotional health (Children First Canada, 2024). This is particularly evident for children and youth with intellectual disabilities who face more significant health challenges than their peers without disabilities. However, an examination of literature regarding Special Olympics participation reveals that this model of sports programming can offer valuable opportunities for promoting the well-being of individuals with intellectual disabilities. An analysis of three key themes including Special Olympics participation and physical, mental and emotional health outcomes, demonstrates that engagement in such programming yields positive benefits that extend beyond the sport arena, fostering a sense of

community and overall quality of life. Future research should prioritize upholding children's right to participate by incorporating the voices of Special Olympics athletes, especially younger participants who are often excluded from the conversation. Additionally, research conducted outside of North America would contribute to a broader understanding of the effectiveness of Special Olympics on a global scale.

The central focus of this critical review is a call for a fundamental shift in how we perceive children, particularly those with intellectual disabilities. Inspired by Favazza et al. (2013), it is essential to view children with intellectual disabilities as 'at promise', capable of thriving and contributing authentically, rather than 'at risk'. This shift is vital for fostering positive health outcomes as well as in advocating for social justice. Every child, regardless of ability, has the right to good health, to have their voice heard, and to be recognized as an active agent in their own well-being. Prioritizing accessible and meaningful physical activity experiences, such as those offered by Special Olympics, creates opportunities for children to succeed, while striving to redefine societal perceptions of disability. Therefore, adopting a perspective that acknowledges the potential, rights and agency of children and youth with intellectual disabilities is the first step toward advancing a more equitable and just society.

Conflict of interest

The authors declare no conflict of interest in this study.

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