

INCLUSIVE SPORTS PROGRAMMES FOR CHILDREN WITH DISABILITIES

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Abstract

Inclusive sports programmes are designed to ensure that children with disabilities can participate meaningfully in play, physical education, recreation, and organised sport alongside peers, with appropriate support, adaptation, and respect for individual choice. Participation in sport can contribute to physical fitness, motor competence, confidence, friendships, communication, and a stronger sense of belonging. Yet access remains uneven. Children may encounter inaccessible facilities, transport barriers, limited equipment, negative attitudes, insufficiently trained staff, cost, and programme rules that assume all participants move, communicate, or learn in the same way.

This paper examines the principles, barriers, and practical design features of inclusive sports programmes for children with disabilities. It adopts an explanatory literature-based approach and synthesises scholarship on inclusive physical education, adapted physical activity, participation, family-centred practice, peer relationships, and disability rights. The analysis considers how programme structures influence not only enrolment but also sustained, enjoyable, and socially meaningful participation.

The review indicates that inclusion is not achieved merely by placing a child with a disability in an existing activity. Effective programmes use flexible rules, adapted equipment, accessible communication, differentiated instruction, peer support, trained coaches, family engagement, and clear safeguarding procedures. They also create opportunities for children to make choices about the activity, intensity, role, and level of support they prefer. A balanced approach should preserve challenge and skill development without isolating participants or reducing their role to observation.

The paper concludes that inclusive sports programmes should be treated as a participation and equity strategy rather than a separate add-on. Schools, community clubs, local authorities, health professionals, and disability organisations can strengthen access by working together on accessible venues, workforce development, affordable equipment, transport support, and regular monitoring of participant experiences. The findings provide a practical framework for designing programmes that value diversity, protect dignity, and enable children with disabilities to participate in sport as active members of their communities.

Keywords: *Inclusive Sport, Children with Disabilities, Adapted Physical Activity, Physical Education, Participation, Accessibility, Peer Support, Family Engagement, Coach Training, Disability Inclusion*

1. INTRODUCTION

Sport, play, and physical activity are important parts of childhood because they provide opportunities for movement, learning, enjoyment, social interaction, and participation in community life. For children with disabilities, access to sporting opportunities can also support functional confidence, health-related fitness, communication, identity development, and connection with peers. However, the presence of a sports programme in a school or community does not automatically mean that every child can take part on an equal and meaningful basis.

Children may be excluded explicitly, such as when a club refuses enrolment, or indirectly, when the environment, communication methods, equipment, rules, or staff expectations make participation difficult.

Inclusive sports programmes address this gap by planning for diversity from the beginning. Their purpose is not to make every child perform in an identical manner. Instead, they aim to create an environment in which children can contribute, learn, and experience enjoyment through activities that are adapted to their individual strengths, support needs, interests, and safety considerations. In

practice, this can involve changes to equipment, space, time, instruction, rules, team composition, or the role a child plays within an activity. It can also involve disability-specific sport opportunities where these best match a child's preferences and goals. Inclusion therefore requires meaningful choice rather than a single uniform model.

The distinction between attendance and participation is essential. A child may be physically present in a playground, physical education class, or community club yet remain on the margins if they are not given an active role, cannot understand instructions, are routinely chosen last, or are expected only to observe. Meaningful participation includes engagement, agency, competence, social connection, and a sense that one's contribution matters. Programmes should therefore be evaluated not only by enrolment numbers, but also by regular attendance, skill development, enjoyment, peer interaction, family satisfaction, and the child's own view of the experience.

Participation is shaped by multiple levels of influence. At the individual level, children may have varying movement, sensory, communication, cognitive, or health-related needs. At the interpersonal level, peers, parents, siblings, teachers, and coaches can encourage participation or unintentionally discourage it. At the organisational level, facilities, equipment, staff training, timetables, fees, transport, risk-management practices, and programme culture determine whether access is realistic. At the policy level, disability rights, education standards, sport funding, and local inclusion strategies affect the resources available to schools and communities.

The objective of this paper is to examine the design and implementation of inclusive sports programmes for children with disabilities. It reviews the relevant literature, outlines the object of study, explains the methodology, analyses recurring barriers and facilitators, and discusses practical implications for schools, clubs, families, policy makers, and programme staff. The central argument is that inclusion becomes more sustainable when programmes combine accessibility, skilled support, flexible design, and a strong commitment to the child's voice and dignity.

2. LITERATURE REVIEW

The literature on disability and sport increasingly understands participation as an interaction between the child and the social, physical, and institutional environment. Earlier approaches often focused primarily on impairment or medical diagnosis, whereas contemporary participation frameworks emphasise how barriers in facilities, information, attitudes, and organisational routines can restrict opportunity. This perspective is important because two children with similar support needs may have very different experiences depending on the accessibility of the programme, the willingness of staff to adapt, peer relationships, and family resources.

Research on inclusive physical education has shown that support from teachers, assistants, peers, and administrators affects whether children experience genuine membership in the group. Studies also highlight the importance of adapted equipment, clear and multi-modal communication, planned modifications, and professional confidence among staff. Where staff have limited training or feel uncertain about safety, the child may be excluded from the main activity or assigned a passive task. Conversely, inclusion is more likely when instructors plan multiple ways of participating and view adaptation as a normal feature of good coaching rather than an exceptional burden.

A second theme concerns the social experience of sport. Children often value sport because it provides friendship, competence, and recognition. However, stigma, bullying, overprotection, and low expectations can damage confidence and reduce motivation. Peer education, cooperative activities, buddy systems, and disability-awareness initiatives can support more positive interactions, but these strategies work best when they are embedded in a wider culture of respect rather than delivered as isolated events. The child's preference for competitive, recreational, integrated, or disability-specific sport should remain central.

A third theme is family and community capacity. Parents and caregivers frequently coordinate transport, equipment, information, fees, schedules, and communication with staff. Families may be highly motivated yet face

time pressures, cost, inaccessible information, or uncertainty about safe local options. Evidence therefore supports family-centred approaches in which goals are developed with the child and caregiver, and programme staff connect families with accessible resources.

Community partnerships between schools, sports clubs, rehabilitation services, local government, and disability organisations can reduce fragmentation and create a more reliable pathway from first participation to sustained involvement.

Table 1: Summary of Key Literature on Inclusive Sports Programmes for Children with Disabilities

S. No.	Author(s) / Year	Focus Area	Study Context	Key Contribution
1	United Nations (2006)	Participation rights	Convention on disability rights	Recognises equal opportunity in recreation, leisure, and sport, including for children within the education system.
2	UNESCO (2015)	Quality physical education	Global policy guidance	Frames inclusion, equity, safety, and participation as essential elements of quality physical education policy.
3	Murphy & Carbone (2008)	Sport and health	Clinical guidance for children	Explains the importance of physical activity and identifies child, family, financial, and societal barriers to participation.
4	Block & Obrusnikova (2007)	Inclusive physical education	Literature review	Identifies support, peer attitudes, social interaction, and staff preparation as recurring inclusion themes.
5	King et al. (2003)	Participation model	Recreation and leisure	Proposes a multi-factor model linking child, family, activity, and environmental factors with participation.
6	Goodwin & Watkinson (2000)	Student experience	Inclusive physical education	Shows why belonging, active involvement, and respectful peer interaction matter to children with physical disabilities.
7	Shields et al. (2012)	Barriers and facilitators	Systematic review	Highlights access, motivation, support, confidence, and environmental conditions as important participation influences.
8	Jaarsma et al. (2014)	Sport participation	Systematic review	Synthesises barriers and facilitators across people with physical disabilities and supports a multi-level approach.
9	Martin Ginis et al. (2016)	Physical activity determinants	Review of reviews	Shows that physical activity participation is influenced by personal, social, environmental, and policy-related factors.

Table 1 (Continued): Key Literature on Inclusive Sports Programmes for Children with Disabilities

S. No.	Author(s) / Year	Focus Area	Study Context	Key Contribution
10	McKay, Block & Park (2015)	Peer attitudes	School-based disability awareness	Finds that structured disability-awareness activities can improve student attitudes toward inclusion in physical education.

S. No.	Author(s) / Year	Focus Area	Study Context	Key Contribution
11	Willis et al. (2018)	Family-centred intervention	Children and youth with disabilities	Provides evidence that goal-directed and family-centred support can improve participation outcomes.
12	Aitchison et al. (2022)	Sport experiences	Systematic review and synthesis	Reports perceived physical, psychological, and social benefits of sport while noting continuing access barriers.

3. OBJECT OF STUDY

The object of this study is inclusive sports participation among children with disabilities. The analysis focuses on the conditions that enable a child to enter, remain in, and benefit from sport, physical education, recreation, and community-based physical activity. It considers both integrated programmes, in which children with and without disabilities participate together, and disability-specific opportunities that may provide specialised coaching, peer connection, or a preferred competitive pathway.

The study examines participation as more than a count of sessions attended. Relevant outcomes include active engagement, physical competence, enjoyment, confidence, social connection, choice, safety, continuity of participation, and the child's perception of belonging. The analysis also considers the experiences of parents and caregivers, because family support, scheduling, transport, cost, and information can influence whether children are able to sustain participation over time.

In addition, the study considers programme-level features that can either expand or restrict access. These features include accessible facilities, adapted equipment, rules and communication, coach and teacher capability, ratios of support staff, safeguarding, peer culture, financial arrangements, transport, and links with local disability services. The aim is to develop a practical framework that recognises the diversity of children with disabilities and avoids assuming that one participation pathway is suitable for every child.

KEY POINTS OF OBJECT OF STUDY

- To examine how inclusive sports programmes support active participation, skill development, and enjoyment for children with disabilities.
- To analyse physical, communication, attitudinal, financial, and organisational barriers that can limit entry and sustained involvement.
- To assess the role of adapted equipment, flexible rules, differentiated instruction, and accessible information in programme design.
- To investigate how coach, teacher, and volunteer training influences confidence, safety, and meaningful inclusion.
- To consider how peer relationships, team culture, and disability awareness affect belonging and social participation.
- To explore family-centred approaches, including shared goal setting, transport planning, and communication with programme staff.
- To compare integrated, inclusive, and disability-specific sporting opportunities in relation to child preference and programme fit.
- To identify strategies that protect dignity, agency, and safeguarding while supporting appropriate challenge and skill progression.
- To examine the importance of local partnerships among schools, clubs, rehabilitation services, and disability organisations.
- To develop a conceptual framework for equitable, sustainable, and child-centred inclusive sports provision.

Table 2: Object of Study Framework

S. No.	Study Component	Description	Purpose
1	Participation	Attendance, active involvement,	Assess meaningful participation

	Experience	enjoyment, choice, and sustained engagement	rather than physical presence alone
2	Child Strengths and Support Needs	Movement, sensory, communication, learning, health, and confidence considerations	Guide individualised planning without lowering expectations
3	Accessible Programme Design	Equipment, rules, space, time, instruction, and activity modifications	Reduce avoidable barriers and create multiple ways to participate
4	Staff Capability	Coach, teacher, assistant, and volunteer knowledge, confidence, and communication skills	Support safe, respectful, and responsive delivery
5	Peer and Team Culture	Friendship, cooperation, acceptance, leadership, and anti-bullying practices	Strengthen belonging and positive social interaction
6	Family and Caregiver Support	Transport, routines, cost, information, shared goals, and advocacy	Recognise the practical conditions needed for continuity

Table 2 (Continued): Object of Study Framework

S. No.	Study Component	Description	Purpose
7	Organisational Conditions	Facilities, funding, staff ratios, safeguarding, scheduling, and partnerships	Identify system-level enablers and constraints
8	Child Well-Being Outcomes	Fitness, competence, confidence, autonomy, social connection, and community participation	Connect programme quality with broader developmental outcomes

4. RESEARCH METHODOLOGY

This paper uses an explanatory and integrative review design. Rather than collecting a new survey or intervention dataset, it synthesises peer-reviewed studies, policy documents, disability-rights frameworks, and practice-oriented guidance relevant to inclusive sport and physical activity for children with disabilities. This approach is appropriate because the research question concerns the interaction of multiple factors, including programme design, staff capability, peer relations, family support, accessibility, and policy context.

The review is organised around four analytical domains: participation rights and equity; programme accessibility and adaptation; social and family supports; and institutional capacity. Sources are considered for their contribution to understanding participation experiences, barriers, facilitators, intervention design, and practical implications. Particular attention is given to evidence that distinguishes physical

presence from meaningful engagement, because a programme can be formally open to children with disabilities while still failing to provide genuine opportunity for active participation.

The analysis also differentiates between short-term access and sustained inclusion. A one-time event can introduce children to sport, but long-term participation depends on regular opportunities, affordability, safe transport, accessible facilities, well-prepared staff, and a welcoming social environment. The review therefore considers whether interventions support continued engagement, skill progression, social connection, and choice over time.

4.1 RESEARCH DESIGN

- Study Type: Explanatory and literature-based research.
- Approach: Integrative review and conceptual synthesis.

- Unit of Analysis: Inclusive sports programmes, physical education settings, and child participation experiences.
- Primary Participation Domains: Accessibility, adaptation, skill development, belonging, choice, peer interaction, and safety.
- Context Variables: Disability-related support needs, family capacity, staff training, facilities, transport, cost, and policy support.
- Outcome Variables: Programme enrolment, active participation, regular attendance, enjoyment, confidence, social inclusion, and continuation.
- Ethical Position: No personal or human-subject data were collected for this study.

4.2 METHODOLOGICAL STEPS

- Step 1: Define inclusive sport as meaningful participation with appropriate choice, support, and adaptation.
- Step 2: Identify research and policy literature addressing disability rights, physical activity, physical education, recreation, and community sport.
- Step 3: Classify evidence by participation barrier, facilitator, programme feature, and outcome.
- Step 4: Examine how adaptations to equipment, rules, space, time, and communication influence participation.
- Step 5: Compare social supports, including peer relationships, staff responses, and family-centred planning.
- Step 6: Analyse organisational conditions such as facilities, fees, transport, staffing, safeguarding, and partnerships.
- Step 7: Interpret findings in relation to diversity in disability, age, interests, confidence, and local context.
- Step 8: Develop practical implications for child-centred, equitable, and sustainable programme design.

5. DATA ANALYSIS

The data analysis is based on qualitative synthesis of the reviewed literature and policy guidance. The evidence is interpreted by tracing how programme features influence a child's opportunity to start, continue, and

benefit from sport. The analysis does not report newly collected observations. Instead, it consolidates recurring patterns from inclusive physical education, community recreation, adapted sport, and disability participation research.

Across the reviewed literature, a consistent message is that participation is shaped by the fit between the child and the environment. A child's support needs may become a barrier when facilities are inaccessible, instructions are unclear, equipment cannot be adapted, staff are unprepared, or peers are not supported to cooperate. The same child may participate actively when the activity is planned flexibly, the staff understand how to adapt, and the programme culture values different ways of moving, communicating, and contributing. The following sections organise the analysis around four areas that are particularly influential in programme quality.

5.1 ACCESS, AFFORDABILITY, AND PHYSICAL ENVIRONMENT

Access begins before a child arrives at a sports venue. Families need clear information about registration, fees, location, schedules, support arrangements, equipment requirements, and the programme's approach to disability inclusion. Information should be available in understandable formats and should invite families to discuss support needs without making them feel that their child is a problem to be managed. Registration forms that ask only about medical diagnosis, without asking what supports help a child participate, can produce an incomplete and overly clinical picture.

Physical accessibility remains a basic condition. Entrances, changing rooms, toilets, seating areas, routes through the facility, playing surfaces, lighting, noise levels, visual contrast, and emergency procedures can all influence participation. Accessibility is not limited to wheelchair access. Children with sensory, communication, developmental, or health-related disabilities may also need predictable spaces, visual schedules, quiet areas, clear signage, hearing support, reduced sensory overload, or opportunities for gradual entry into a new activity.

Cost and transport are equally important. Adapted equipment, travel, support persons, and specialist instruction can increase family

expenses. When programmes rely on inaccessible public transport or are scheduled at inconvenient times, children may not be able to attend consistently. Subsidised fees, equipment loans, local transport partnerships, and neighbourhood-based programmes can reduce these barriers. Programme planners should recognise that affordability is part of inclusion, particularly for families who already face disability-related costs.

KEY OBSERVATION:

- Accessible participation requires clear information, reliable transport, affordable fees, and environments that address physical, sensory, communication, and safety needs.
- A programme should assess barriers in the venue and administrative process rather than assuming that the child must adapt alone.
- Small access improvements can have a large effect on whether a family can begin and sustain participation.

5.2 ADAPTATION, INSTRUCTION, AND SAFETY

Inclusive sports programmes are strengthened when adaptation is built into planning rather than added only after difficulty occurs. Equipment may be made larger, lighter, softer, brighter, audible, or easier to grip. Space can be reduced or expanded, targets can be moved, and activities can be broken into shorter steps. Rules can be adjusted to allow more time, additional touches, alternative movement patterns, paired participation, or different ways to score. These changes should preserve the purpose and enjoyment of the activity while enabling the child to experience real participation.

Instruction also needs to be flexible. Some children benefit from demonstrations, visual prompts, simplified language, short instructions, tactile guidance with consent, repetition, predictable routines, or opportunities to practise in smaller groups. Others may need a choice of roles, a quiet place to pause, or extra time to process information. Effective coaches and teachers combine clear expectations with responsive observation. They ask what works for the child, consult families and support

professionals where appropriate, and invite the child to express preferences about communication and support.

Safety should be managed through informed planning rather than exclusion. Staff should understand relevant health needs, emergency procedures, manual handling boundaries, communication protocols, and safeguarding responsibilities. However, overprotective practice can remove challenge and limit independence. Appropriate risk assessment identifies how to make participation safer while still allowing skill development, movement, decision-making, and enjoyment. The goal is not risk elimination, which is impossible in sport, but risk management that respects the child's right to participate.

KEY OBSERVATION:

- Adaptations to rules, equipment, space, time, and instruction should be treated as standard planning tools rather than special exceptions.
- Inclusive instruction combines clear communication, repeated opportunities to practise, and choices that are meaningful to the child.
- Safeguarding and risk assessment should support participation, not become automatic reasons for exclusion.

5.3 PEER RELATIONSHIPS, BELONGING, AND CHILD VOICE

Sport is often valued by children because it creates opportunities for friendship, teamwork, recognition, and shared achievement. For children with disabilities, these outcomes depend heavily on peer culture. A child can feel included when teammates learn how to cooperate, celebrate different contributions, and share responsibility for a positive activity. Conversely, repeated exclusion from games, teasing, unwanted help, or low expectations can lead children to withdraw even when a programme is formally open to them.

Peer support is most effective when it is reciprocal. Buddy systems, cooperative games, rotating leadership roles, and small-group tasks can help children develop relationships, but the child with a disability should not always be cast as the person receiving help. Programmes can create roles that allow every child to lead, explain, encourage, strategise, or demonstrate skills. This approach reduces the risk that inclusion becomes charity rather than

membership. It also helps peers recognise competence in multiple forms.

The child's voice should guide programme decisions. Children may prefer a particular sport, level of competition, communication approach, team arrangement, or form of adaptation. Some may wish to participate in an integrated programme; others may value disability-specific sport because it offers specialist coaching, shared experience, and a strong sense of identity. Respecting these preferences is important because inclusive practice is not about forcing one model. It is about ensuring that children have real options and are not excluded by design.

KEY OBSERVATION:

- Belonging is strengthened when peers share responsibility for cooperation, respect, and achievement.
- Support strategies should be reciprocal and should not position the child with a disability as a permanent passive recipient of help.
- Children should be consulted about activity preferences, adaptations, goals, and what makes participation enjoyable or uncomfortable.

5.4 FAMILY ENGAGEMENT, STAFF DEVELOPMENT, AND PARTNERSHIPS

Families often make inclusion possible in practical ways: they identify suitable activities, arrange transport, manage routines, communicate support needs, and encourage children to continue after difficult experiences. Programme staff should treat parents and caregivers as partners while respecting the child's growing autonomy. Family-centred practice can include shared goal setting, accessible communication, discussion of equipment and support arrangements, and a clear process for reviewing what is working. It should not shift responsibility entirely onto families or assume that every caregiver has the same time, resources, or confidence.

Staff capability is another decisive factor. Teachers, coaches, and volunteers may support inclusion strongly in principle yet feel uncertain about adaptation, communication, safety, or behaviour support. Practical training should therefore include case-based planning, demonstrations of adapted equipment, disability awareness, inclusive language, safeguarding, first-response procedures, and

opportunities to learn from children, families, and disability organisations. Ongoing mentoring is usually more useful than a single short workshop because staff need support when they encounter real programme challenges.

Partnerships can extend programme capacity. Schools can connect with local sports clubs, disability organisations, rehabilitation services, public health agencies, and community volunteers. Such collaboration can improve referral pathways, equipment access, staff expertise, transport solutions, and continuation from school activity to community sport. Partnerships should be based on clear roles and shared safeguarding standards so that families do not have to navigate disconnected services alone.

KEY OBSERVATION:

- Families should be involved as partners in planning, while programmes remain responsible for providing accessible and appropriately supported opportunities.
- Staff confidence improves through practical, ongoing development rather than one-time awareness training alone.
- Local partnerships can reduce fragmentation and create sustainable pathways from introductory activity to regular sport participation.

6. DISCUSSION

The reviewed literature demonstrates that inclusive sport is shaped by a combination of individual support, programme design, social relationships, and institutional commitment. It is not enough for a school or club to state that it welcomes children with disabilities. Inclusion must be visible in registration processes, venue access, staffing, equipment, instruction, group culture, safeguarding, communication, and evaluation. A programme is more likely to succeed when it anticipates diversity and offers multiple ways to take part from the beginning.

The distinction between integration and inclusion is useful here. Integration may involve placing a child with a disability into a pre-existing activity and expecting the child to adjust to its dominant rules and routines. Inclusion requires the activity itself to be flexible enough to accommodate different bodies, communication styles, learning patterns, and support needs. It also recognises

that children should have access to disability-specific sports where these provide a preferred and meaningful option. The key issue is not whether a programme has one fixed label, but whether children can make genuine choices and participate with dignity.

The analysis also suggests that programmes should avoid two opposite errors. The first is exclusion through low expectation, where children are assumed to be unable to participate before their strengths and preferences are understood. The second is superficial inclusion, where children are enrolled but are not actively involved or are repeatedly isolated from the main activity. Both problems can be reduced through shared planning, adaptable activities, peer engagement, and staff who have the time and confidence to respond to individual needs.

Measurement should extend beyond participation counts. Enrolment data can show whether a programme is open, but they do not show whether children feel safe, valued, competent, or connected. Programme evaluation should include child-friendly feedback, family feedback, attendance patterns, retention, observations of active participation, staff reflection, and records of access barriers that remain unresolved. This information can help providers identify whether changes in equipment, staffing, schedules, facilities, fees, or communication are required.

For policy makers and sport organisations, the practical implication is that inclusion needs sustained investment. Accessible facilities, equipment, coaching development, inclusive physical education, transport support, and community partnerships should be treated as core elements of sport development rather than optional add-ons. Equity also requires attention to gender, rural access, language, poverty, and the differing needs of children with physical, sensory, intellectual, developmental, and psychosocial disabilities. A single programme model will not suit all communities, but the underlying principle is

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consistent: every child should have a realistic opportunity to enjoy sport, develop skills, and belong.

7. CONCLUSION

This paper examined inclusive sports programmes for children with disabilities through the perspectives of participation, accessibility, adaptation, belonging, and rights. The analysis shows that participation depends not only on a child's abilities or diagnosis but also on how sport is organised. Inaccessible venues, inflexible rules, poor communication, cost, transport difficulties, staff uncertainty, and negative attitudes can restrict participation. Conversely, flexible programme design, adapted equipment, trained staff, peer support, family engagement, and strong partnerships can make sport more available, enjoyable, and sustainable.

The evidence indicates that meaningful inclusion requires more than attendance. Children should be able to take active roles, build skills, make choices, form relationships, experience appropriate challenge, and feel that they are valued members of the group. Integrated and disability-specific sports opportunities can both be important when they are selected according to child preference, support needs, and local availability. The most effective programmes do not treat adaptation as an afterthought; they design for diversity from the outset.

The paper concludes that inclusive sport should be understood as a practical expression of child rights, community participation, and health equity. Future research should examine long-term participation outcomes, the experiences of children who are currently underrepresented in sport, the effectiveness of coach-development models, and the role of digital and low-cost adaptations in resource-constrained settings. For schools, clubs, and policy makers, the priority is clear: create programmes in which children with disabilities are not simply admitted, but are genuinely able to participate, contribute, and thrive.

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