

**Outdoor play decision-making by families, schools, and local government for
children with disabilities**

Julia Sterman, MS, OTR

Supervisors: Professor Geraldine Naughton, Dr. Michelle Villeneuve, Professor Anita
Bundy, and A/Prof Elspeth Froude

A thesis submitted in accordance with the requirements of The Graduate Research
Office, Australian Catholic University for the degree of Doctor of Philosophy by Julia
Sterman

Discipline of Occupational Therapy
School of Allied Health, Faculty of Health Sciences
Australian Catholic University

April 2018

OUTDOOR PLAY DECISION-MAKING

DECLARATION

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma. No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution. No other person's work has been used without due acknowledgment in the main text of the thesis. All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees.

I am the sole author of the Introduction, Methodology, and Discussion chapters. I am the senior (first) author on all published, accepted, and under review manuscripts contained within this thesis.

Julia Sterman

30.04.2018

STATEMENT OF THE CONTRIBUTION OF AUTHORS

The following is a description of the contribution of the main and co-authors for each of the published/accepted/under review manuscripts supporting this thesis.

1) Sterman, J., Naughton, G., Froude, E., Villeneuve, M., Beetham, K., Wyver, S., & Bundy,

A. (2016). Outdoor play decisions by caregivers of children with disabilities: a systematic review of qualitative studies. *Journal of Developmental and Physical Disabilities*, 28(6), 931–957. <http://doi.org/10.1007/s10882-016-9517-x>

Author	Roles	Contribution
Julia Sterman	Conception of study design Structured and performed systematic search of literature Analysis of data Preparation of initial draft of manuscript Acted as corresponding author	70%
Professor Geraldine Naughton	Conception of study design Structured and performed systematic search of literature Assisted with interpreting findings Revision of manuscript	10%
Dr. Michelle Villeneuve	Assisted in conceiving and designing Assisted with interpreting findings Revision of manuscript	5%
Professor Anita Bundy	Assisted in conceiving and designing Assisted with interpreting findings Revision of manuscript	5%
A/Professor Elspeth Froude	Assisted in conceiving and designing Revision of manuscript	5%
Dr. Shirley Wyver	Revision of manuscript	3%
Dr. Kassia Beetham	Revision of manuscript	2%

OUTDOOR PLAY DECISION-MAKING

- 2) Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (Under review).

Outdoor play decision-making by parents of children with disabilities at home and in the community. *Scandinavian Journal of Occupational Therapy*.

Author	Roles	Contribution
Julia Sterman	Conceived and designed methods Created tools Collected data Analysed data Preparation of initial draft of manuscript Acted as corresponding author	70%
Professor Geraldine Naughton	Assisted in conceiving and designing methods Assisted in data analysis/interpretation Revision of manuscript	10%
Dr. Michelle Villeneuve	Assisted in conceiving and designing methods Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	10%
Professor Anita Bundy	Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	5%
A/Professor Elspeth Froude	Assisted in conceiving and designing Revision of manuscript	5%

- 3) Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (2018). Is play a choice? Application of the capabilities approach to children with disabilities on the school playground. *International Journal of Inclusive Education*. <https://doi.org/10.1080/13603116.2018.1472819>

OUTDOOR PLAY DECISION-MAKING

Author	Roles	Contribution
Julia Sterman	Conceived and designed methods Created tools Collected data Analysed data Preparation of initial draft of manuscript Acted as corresponding author	70%
Professor Geraldine Naughton	Assisted in conceiving and designing methods Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	10%
Dr. Michelle Villeneuve	Assisted in conceiving and designing methods Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	10%
Professor Anita Bundy	Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	5%
A/Professor Elspeth Froude	Revision of manuscript	5%

- 4) Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (2018)

Planning for outdoor play: Government and family decision-making.

Scandinavian Journal of Occupational Therapy.

<https://doi.org/10.1080/11038128.2018.1447010>

Author	Roles	Contribution
Julia Sterman	Conceived and designed methods Created tools Collected data Analysed data Preparation of initial draft of manuscript Acted as corresponding author	70%

OUTDOOR PLAY DECISION-MAKING

Professor Geraldine Naughton	Assisted in conceiving and designing methods Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	10%
Dr. Michelle Villeneuve	Assisted in conceiving and designing methods Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	10%
Professor Anita Bundy	Assisted in design of tools Assisted in data analysis/interpretation Revision of manuscript	5%
A/Professor Elspeth Froude	Assisted in conceiving and designing Revision of manuscript	5%

I hereby declare that my contribution to each of the four published/submitted/proposed manuscripts, as outlined above, to be accurate and true.

Main Author: Julia Sterman

Signature: _____ [Redacted] _____ Date: _01/03/18_

Co-Author: Professor Geraldine Naughton

Signature: _____ [Redacted] _____ Date:
09/03/18

Co-Author: Dr. Michelle Villeneuve

Signature: _____ [Redacted] _____ Date __09/03/18__

Co-Author: Professor Anita Bundy

Signature: _____ [Redacted] _____ Date: __07/03/18__

Co-Author: A/Professor Elspeth Froude

Signature: _____ [Redacted] _____ Date: _09/03/18_

OUTDOOR PLAY DECISION-MAKING

Co-Author: Dr. Shirley Wyver

Signature: _____ [Redacted] _____ Date: __08/03/18__

Co-Author: Dr. Kassia Beetham

Signature: _____ [Redacted] _____ Date: _08/03/18__

ACKNOWLEDGEMENTS

I would like to thank my supervisors for their encouragement, support, and wisdom in research and life. Jeri, for willing to take on ideas and methodologies new to you with enthusiasm while being a never-wavering champion for me. You always put the student first. Michelle, for your strong conceptual direction and qualitative mentorship. Thank you for being a friend and mentoring me in many ways on my journey to being an academic. Anita, for problem solving, confidence in me, and interest in me as a whole person. Elspeth, for your keen eye and introduction to the Australian context.

This work could not be possible without the participants' willingness to let me in their lives and their candour in interviews. While in this thesis I highlight ways to change certain attitudes and practices, I hope to do it through acknowledging the work that the participants are doing every day to support children with disabilities. I appreciate the camaraderie and problem solving from PIEL and the University of Sydney OT department, and for those from singing who have helped create balance in my life. Thanks for the problem solving and support from the Sydney Playground Project team as well as the financial support through my scholarship.

OUTDOOR PLAY DECISION-MAKING

OUTDOOR PLAY DECISION-MAKING

ABSTRACT

Introduction: Play is a right for all children and an essential childhood occupation. Yet, children with disabilities experience exclusion from outdoor play participation. How children's skills interact with the environment in which they live, notably their family, school, and community, shapes their play choice.

Aim: The aim of this study was to understand outdoor play decision-making at family, school, and local government levels for primary school-age children with disabilities.

Method: A multiple-perspective case study allowed for comprehensive understanding of the phenomenon of outdoor play decision-making. Data collection included:

interviews with five parents of children with disabilities, four teaching assistants, three special education teachers, one vice principal, four local government employees, and two employees of not-for-profit organizations within one culturally and linguistically diverse local government area; one week parent survey of their child's play the day before; observations at school and community playgrounds; document review; and video-assisted recall with four school employees. Analysis was guided by cross-case analysis, interpretive description, and analytical deduction and involved first understanding individual perspectives, and then considering similarities and differences within and between stakeholder groups. Discussions are considered through the application of the capabilities approach.

Findings: Families valued and planned for play within the context of their child's interests and abilities and their family's needs. Schools had low play expectations and considered the children's presence on the playground sufficient. When considering playgrounds, local government focused on meeting minimal requirements and physical access rather than social inclusion. School and local government's predominately-negative perception of children with disabilities and their families affected meaningful engagement.

OUTDOOR PLAY DECISION-MAKING

Conclusion: Children experienced greater play choice within their families than at school or in the community. Families should continue to value play as a means and ends, and plan for play based on their values and their child's interests. To increase play choice and inclusion, the school needs to increase play expectations for children with disabilities and better support the play environment. Local government must increase meaningful engagement with families, and consider how to support the entire family's playground inclusion. Finally, inclusive language should be modelled across ecocultural levels.

OUTDOOR PLAY DECISION-MAKING

LIST OF ABBREVIATIONS

ADHD	Attention deficit hyperactive disorder
AIHW	Australian Institute of Health and Welfare
ASD	Autism spectrum disorder
CALD	Culturally and linguistically diverse
CASP	Critical Appraisal Skills Programme
DIAP	Disability Inclusion Action Plan
ICF	International Classification of Functioning, Disability, and Health
LGA	Local government area
PRSIMA	Preferred Reporting Items for Systematic Reviews and Meta-analyses
SES	Socioeconomic status

TABLE OF CONTENTS

DECLARATION	ii
STATEMENT OF THE CONTRIBUTION OF AUTHORS	iii
ACKNOWLEDGEMENTS	viii
ABSTRACT	x
LIST OF ABBREVIATIONS	xii
TABLE OF CONTENTS	xiii
LIST OF TABLES AND FIGURES	xx
CHAPTER 1	1
Introduction.....	1
Outdoor Play	2
Introduction.....	3
Study Background.....	3
My Background	3
Play Influences through Clinical Practice.....	4
Sydney Playground Project.....	6
Ecocultural Model.....	7
Play Decision-Making	10
The Child	10
Families.....	11
Disability and low SES: factors that influence each other.....	12
Schools.....	14
Local Government	14
Play Benefits and Beneficial Aspects of Play for Children with Disabilities.....	16
Unstructured.....	17
Social Opportunities	17
Loose Materials.....	17
Physical Activity.....	18
Taking Risks in Play	18
Play Interventions for Children with Disabilities	19
Impairment.....	22
Social Model of Disability and the Environment	23
Inclusion and Human Rights.....	24
Capabilities Approach.....	25
Study Design.....	30
Outline of the Thesis.....	31
CHAPTER 2	33

OUTDOOR PLAY DECISION-MAKING

Outdoor Play Decisions by Caregivers of Children with Disabilities: a Systematic Review of Qualitative Studies	33
Abstract	34
Introduction	35
Methods	38
Results	43
Reasons for Participating	55
Societal Environment	58
Family or School	60
Caregivers	62
Child	64
Discussion	65
Societal	66
Family and School	67
Caregiver	67
Child	68
Strengths and Limitations	68
Further Research	71
Compliance with Ethical Standards	71
Funding	72
Conflicts of Interest	72
Systematic Review Update: 2015-2017	73
Motivation	73
Environment	74
Family	74
Parent/Educator	74
Child	75
Discussion	75
CHAPTER 3	76
Methodology	76
Study Purpose	77
Aims	77
Research Questions	78
Design	78
Rationale for Approaches	79
Qualitative approach	79
Quantitative	79

OUTDOOR PLAY DECISION-MAKING

Scope.....	80
Focal Children.....	80
Ethics	80
Systematic Review.....	81
Multiple-Perspective Case Study.....	82
Approach.....	82
Case.....	83
Case Selection.....	84
Participant Recruitment	86
Focal children and parents	86
School staff	88
Local government	89
Generalisability.....	90
Role of the Researcher.....	91
Data Collection	92
Document review	95
Observation.....	95
Participant interviews	96
Video-assisted recall.....	97
Parent survey.....	98
Modification to data collection.....	101
Data Analysis.....	102
Strategies for Validating Findings	104
Internal validity.....	105
Fidelity.....	106
Reliability.....	106
CHAPTER 4	107
Outdoor Play Decision-Making by Parents of Children with Disabilities at Home and in the Community	107
Abstract.....	108
Introduction.....	109
Materials and Methods.....	112
Study Design.....	112
Ethics	113
Setting	113
Participants.....	113
Data Collection	117

OUTDOOR PLAY DECISION-MAKING

Data Analysis	117
Results.....	118
Descriptions of Participants and their Play.....	119
Ahmad and his mother, Sana	119
Mohamed and his mother, Salma.....	119
Nathan and his mother, Melissa.....	120
Ibrahim and his mother, Aisha.....	120
Hana and her mother, Yasmine.....	121
Description of play across participants	122
Play Values	127
They need that outside play time	127
I think they enjoy it more with the family	128
There's always something that you learn from playing	128
Planning for play.....	129
I have to make that happen	129
Bringing items to support lasting fun.....	130
Safety	130
We've actually fixed the area up for them	131
Satisfaction.....	132
Discussion	132
Limitations	134
Implications for Practice and Further Research.....	135
Declaration of Interest.....	136
Funding	136
Chapter 5.....	137
Is Play a Choice? Application of the Capabilities Approach to Children with Disabilities on the School Playground	137
Abstract.....	139
Introduction.....	139
Materials and Methods.....	143
Design	143
Setting	143
Ethics.....	144
Participants.....	145
Data Collection	148
Playground observation	148
Document review	148

OUTDOOR PLAY DECISION-MAKING

Interviews.....	149
Video-assisted recall	149
Data Analyses	150
Results.....	151
Values	151
They're still a person	151
Mothered by the teaching assistants	152
Not valuable play partners	153
They don't come from the best home environments	154
Expectations.....	154
Purpose of recess	155
That's their play	156
Nothing for these children to do	157
These children can only learn so much.....	158
Choice	159
Discussion.....	160
Conclusion	165
CHAPTER 6	166
Planning for Outdoor Play: Government and Family Decision-Making	166
Abstract.....	169
Introduction.....	170
Materials and Methods.....	173
Study Design.....	173
Ethics	173
Location	174
Participants.....	174
Data Collection	178
Data Analysis	180
Findings	181
Perceptions of Disability.....	181
Absence of Meaningful Community Engagement.....	183
Engagement leads to belonging	185
Just Getting There is Too Hard.....	187
Think About it as the Minimum Standard	189
Discussion.....	192
Conclusions.....	198
Disclosure Statement	198

OUTDOOR PLAY DECISION-MAKING

Funding	198
CHAPTER 7	199
Discussion	199
Major Findings.....	200
Findings and Recommendations	201
Family	201
School	203
Local Government	207
Across Stakeholders.....	208
Practitioners	217
Summary of Recommendations.....	218
Strengths and Limitations	219
Strengths	219
Limitations	222
Future Research	225
Conclusion	228
References.....	230
APPENDIX A.....	276
Ways to Conceptualise Outdoor Play	276
APPENDIX B	283
Central Capabilities and Play as a Fertile Functioning.....	283
APPENDIX C	288
Curriculum Ties to Play	288
APPENDIX D.....	291
Data Displays	291
Decision-Making Factors within Systematic Review.....	292
Parents Overcoming Barriers.....	295
School Staff Consideration of Families	299
School Staff Perceptions of Role and Children	301
Motivation for Play.....	307
Child Interest Intersections	309
Council Versus Family Ecocultural Grid.....	312
APPENDIX E	315
Ethics Approval	315
APPENDIX F.....	321
Consent and Information Sheets	321
APPENDIX G.....	335

OUTDOOR PLAY DECISION-MAKING

Parent Survey	335
APPENDIX H.....	337
Interview Guides.....	337
Administrator Interview Guide.....	338
Teacher Interview Guide	339
APPENDIX I	340
Evidence of Peer Review	340

LIST OF TABLES AND FIGURES

Chapter 1

Figure 1.1: Capabilities approach applied to play28

Chapter 2

Table 2.1: Title, Abstract, and Keyword Searches39
 Figure 2.1: PRISMA diagram of study selection process (Liberati et al., 2009).....43
 Table 2.2: Demographic, design, and analysis characteristics of included studies45
 Table 2.3: Study outcomes and ecocultural themes.....47
 Table 2.4: Results of CASP assessment52
 Figure 2.2: Factors affecting caregiver decision-making in active outdoor play55
 Table 2.5: Systematic review update results (2015-2017)..... 73

Chapter 3

Figure 3.1: Included studies within the thesis.....78
 Figure 3.2: Participant recruitment at each ecocultural layer86
 Table 3.1: Data collection techniques linked to type of data and research questions
 addressed.....93

Chapter 4

Figure 4.1: Outdoor play decision-making focusing on families107
 Table 4.1: Child, parent, and family attributes115
 Table 4.2: Family’s outdoor play as described in survey in combination of data
 extracted from interviews123

Chapter 5

Figure 5.1: Outdoor play decision-making focusing on the school context138
 Figure 5.2: School staff roles and demographic146
 Table 5.1: Focal children demographic information.....147
 Figure 5.3: Capabilities approach framing playground decisions161
 Table 5.2: Recommendations for increased play capabilities.....164

Chapter 6

Figure 6.1: Outdoor play decision-making focusing on how interactions between
 families and local government impacts play capabilities168
 Table 6.1: Child, parent, and family attributes175
 Table 6.2: Government and not-for-profit representatives and roles related to outdoor
 play.....176
 Table 6.3: Interview guides.....179
 Figure 6.2: Intersections of government and not-for profit participant considerations191

Chapter 7

OUTDOOR PLAY DECISION-MAKING

Figure 7.1: Outdoor play decision-making across ecocultural layers.....	199
Figure 7.2: Capabilities approach applied to play	200
Figure 7.3: Interaction of family backgrounds, family agency and engagement, school perspectives and priorities on children’s play capabilities at school	214
Figure 7.4: LGA and family influence on children’s play capabilities and familial collective play capabilities.....	215

OUTDOOR PLAY DECISION-MAKING

CHAPTER 1

Introduction

OUTDOOR PLAY DECISION-MAKING

Outdoor Play

Outdoor play is beneficial to children's development and well-being (Burdette & Whitaker, 2005; Little & Wyver, 2008). Due to the nature of activities available, caregivers tend to be less directive in outdoor play than structured recreation or classroom activities (Maynard & Waters, 2007). Children generally enjoy being outside, and when provided with a supportive environment, outdoor play can foster development of independence and physical skills (Stephenson, 2003) as well as a sense of well-being and belonging (R. Lyons, Brennan, & Carroll, 2016).

Typically developing children currently engage in less outdoor play than in previous years (Clements, 2004; Tremblay et al., 2015), and children with disabilities participate in even less outdoor play than typically developing children (Bult, Verschuren, Jongmans, Lindeman, & Ketelaar, 2011). Children with disabilities like play; but tend to be onlookers rather than participants (Hestenes & Carroll, 2000; Richardson, 2002), alone rather than in peer play (Brewster & Coleyshaw, 2011; Nabors & Badawi, 1997; Oates, Bebbington, Bourke, Girdler, & Leonard, 2011), and engaged in sedentary rather than active play (Anaby et al., 2013; Clements, 2004).

Overall, children with disabilities may demonstrate decreased diversity and intensity of participation in a variety of leisure activities, including outdoor play, than their typically developing peers (Imms, 2008; King, Law, Hurley, Petrenchik, & Schwellnus, 2010). They tend to interact with their siblings and families more than peers (King et al., 2010), participate in more informal than formal activities (Longo, Badia, & Orgaz, 2013), and participate in activities located further from their house (R. Lyons et al., 2016). To reduce this inequity, more must be known about how children with disabilities can play within their contexts.

OUTDOOR PLAY DECISION-MAKING

Introduction

The purpose of the research in this thesis was to understand how families, schools, and local government make outdoor play decisions for children with disabilities within a specific setting. To determine available evidence about adult outdoor play decision-making for children with disabilities, I first conducted a systematic review. For depth of understanding of the phenomenon of decision-making within a setting, I used a multiple-perspective case study (Stake, 1995; Yin, 2014). In this thesis I addressed play decision-making at the family, school, and local government levels through a case of one local government area (LGA), school, and group of families. In this chapter, I introduce the context for this research, my interest in outdoor play decision-making for children with disabilities, the background and rationale for this study, and the conceptual frameworks that shaped the design and framing of this thesis. I conclude the chapter with the overall design of my research and an outline of the thesis.

Study Background

My Background

I grew up down a dirt road in a house surrounded by nature, and have always loved playing in the woods. Alone or with friends, I created worlds that existed through natural materials and imagination. We concocted potions of berries in a cauldron, gathered tall grasses like characters in the books we read, created “houses” in marshland, and watched in the winter as the woods became a magical wonderland glistening with the sparkles of snow: a world transformed. We built snowmen and snow angels, sledged down hills, and used our imaginations when exploring the forest painted in snow. As we got older, we were allowed to follow the path in the woods to the stream that flowed from our pond. We wandered along the flowing water, moving

OUTDOOR PLAY DECISION-MAKING

rocks, searching for living creatures, and creating complex pretend play narratives far from the eyes of our parents. Our world expanded when we had the freedom to ride our bicycles along the bike path to our friends' houses and play there. Independence gradually earned and cherished. Those childhood experiences created a lifelong valuing of unstructured outdoor play, especially in natural settings.

Play Influences through Clinical Practice

Clinical practice as an occupational therapist in the Pacific Northwest of the United States facilitated my renewed interest in children's play, especially children with disabilities from complex backgrounds. "Patrick", aged nine, and two of his siblings lived with their grandparents who were in the process of adopting them out of foster care. This engaging, curious, and energetic boy came to the clinic with many diagnoses and labels: possible foetal alcohol spectrum disorder, post-traumatic stress disorder from abuse while in foster care, attention deficit hyperactivity disorder (ADHD), conduct disorder, and sensory processing challenges. Despite their long hours at physical jobs, his grandparents were outstanding advocates for their grandchildren. They brought the children to therapies and worked to get the supports needed at home and school, as well as providing stable predictable routines for children who had lacked it. The family's low socioeconomic status (SES) influenced their housing choices. They lived in a three-bedroom apartment in a large apartment complex. Patrick wanted to play outside and walk to school with his friends. However, older children whom the grandparents suspected were involved in drugs dominated the playground, and a drive-by shooting had recently occurred in the complex. To keep the children safe, Patrick's grandparents often confined them to the apartment and small balcony. When Patrick played outside, often supervised, he was sometimes successful in participating, and

OUTDOOR PLAY DECISION-MAKING

other times missed play cues, resulting in strained friendships. At school, Patrick often had to stay inside during recess to finish his work.

I had worked with Patrick and his family for a year, when they found a barely affordable house to rent. This allowed the children to play in the backyard without constant supervision. One day, when I arrived at the house, Patrick excitedly showed me his fort in the woods and the bicycle he was able to ride down the lane. It did not change everything in their lives, but having somewhere that the grandparents were able to choose to let Patrick and his siblings play outside increased Patrick's mood, attention, and independence, and allowed his grandparents a break from children who were very loved but required much attention.

"Ahmed", aged two, lived with his parents who had recently immigrated from Sudan, in a two-bedroom apartment, with a small balcony, in a large apartment complex. Despite being professionals in Khartoum, due to educational and licensing requirements, Ahmed's parents were unable to continue their careers in the United States. Similar to Patrick, Ahmed too would soon have a label: autism spectrum disorder (ASD), as would his brother who was born during the time I worked with Ahmed. Ahmed was a very active child, who wanted to explore his world through manipulating objects. Confined to their apartment, Ahmed threw items off the balcony, and pulled all the cushions off the couch. When Mum turned her back for a moment, he poured an entire salt container out on the balcony and explored it with his hands, much to her dismay. She said, "If we were in my country, he would be able to play in the dirt outside, but here there is only asphalt." She knew that he liked to play outside, but there was no playground in their apartment complex, and getting to the nearest playground required walking on a sidewalk along a road busy with traffic and Ahmed would often

OUTDOOR PLAY DECISION-MAKING

try to run from her. The family could not afford to buy a car, and on the bus Ahmed would often try to run off at each stop.

Sometimes children in neighbouring apartments played in the parking area between two apartment buildings, running or on bikes, and Ahmed joined in on his toddler bike. This gave Ahmed an opportunity to play outside with peers, and his mum a break and time to interact with other moms who were also far from their native countries. On the weekends, Dad and Mom brought Ahmed and his brother to the park. Because he enjoyed playing so much, often when they returned from the park, Ahmed sat on the steps outside their apartment and refused to go inside. He loved playing outside, and his parents actively sought ways to provide that opportunity, but found it challenging.

The caregivers of Ahmed and Patrick both saw positive changes in their children's behaviour when they played outside and understood that their child would benefit from more outdoor play. Despite this understanding of the benefits of outdoor play, it was very challenging for these parents to decide for it to happen, and act on those steps. This limited the children's play choice and equity.

Sydney Playground Project

While this thesis represents an independent study, my scholarship was through an Australian Research Council Discovery Grant for the Sydney Playground Project. I have been a member of the Sydney Playground Project research team as a PhD candidate and qualitative researcher. To support self-determination in children with disabilities, the Sydney Playground Project conducts interventions that place recycled materials on school playgrounds in conjunction with "Risk Reframing" sessions (Bundy et al., 2015). Risk reframing invites parents and school staff to reflect on what they enjoyed about play in their own childhood, characteristics that they value for their

OUTDOOR PLAY DECISION-MAKING

child's future, and how manageable risk in play can support enjoyable play and a positive future for their child. While listening to risk reframing sessions, I heard parents of children with disabilities discuss challenges in setting up outdoor play opportunities for their child. They considered risk, but often as one factor of many within their decision-making. Similarly, teachers thought about risk as one of their many considerations while on the school playground. I wondered how the many factors dynamically interacted to form their outdoor play decision-making.

As an individual and clinician, I already valued outdoor play for all children. As a researcher, I further developed this valuing of outdoor play through my involvement with the Sydney Playground Project. For example, in the section outlining beneficial elements of play, my inclusion of loose materials and risk is partially attributable to the influence of the Sydney Playground Project. To reduce play inequities for children with disabilities, in this thesis I will explore how caregivers make decisions about when children with disabilities are able to play outside. For maximum depth, I explored this decision-making in the complex world in which the families, schools, and communities exist. Within this study, caregivers were parents at the family level; and teaching assistants, teachers, and vice principals at the school level. Consistent with ecocultural theory, I also sought perspectives of local government and not-for-profit organisation representatives because their decision-making shaped children's play environments. Additionally, for the purpose of highlighting ongoing concerns about play choice for children with disabilities, I have purposefully written the introductory chapter largely in present tense.

Ecocultural Model

For depth of understanding within the many factors influencing the play of children with disabilities, I applied the ecocultural model to the systematic review and

OUTDOOR PLAY DECISION-MAKING

study design. I pursued a holistic understanding of a child and his or her family via ecological approaches previously advocated for use in child health research (King et al., 2003; Palisano et al., 2009; Rosenbaum & Stewart, 2004). Ecocultural theory draws from the socio-ecological work of Bronfenbrenner (1979). The ecological model emphasises the dynamic interactions between individuals and their environment. An ecological model considers the dynamic context in which the child lives and interacts, including: the family and school (Microsystem), interaction of family and school (Mesosystem), neighbourhood (Exosystem), and attitudes, as well as the historical, cultural, physical, and social aspects of the society (Macrosystem) (McLaren, 2005).

Within this thesis, I consider family and school routines around play, as well as decision-making at family, school, and local government levels. In ecocultural theory, activity is the unit of analysis (e.g., play) (Weisner, 2002), and there is a focus on the everyday routines of individuals (e.g., children and their caregivers) (Llewellyn, 2012). Activities are influenced by characteristics of the family, school, or local government: values, goals, resources, people, tasks, and scripts (Weisner, 2002). How families and schools create and maintain routines reflects their adaptation to circumstances (Llewellyn et al., 2010). Family and school routines, including play, are shaped by the social, material, and cultural environments in which they take place (Bernheimer, Gallimore, & Weisner, 1990; Llewellyn, 2012). Thus, it is important to understand how different factors affect the family and school's routines within the context of the ecocultural environment (Bernheimer et al., 1990).

When considering changes to the daily routines, interventions must fit within the family's niche, or their ability to adapt to their environment, which may be affected by income, housing, transportation, and other services (Bernheimer et al., 1990). The niche is hierarchical. For example, if the family has an unstable housing situation or are food

OUTDOOR PLAY DECISION-MAKING

insecure then they may be unable to focus on changing outdoor play routines, which they perceive as less critical (Milteer et al., 2012). Thus, understanding the environment is vital to understanding the behaviours of individuals within the environment (McLaren, 2005). Families and schools may adapt differently to the demands of the environment, and as a result, even in similar circumstances children may be afforded different play opportunities (Llewellyn, 2012). What is seen as a resource for some families and schools may be perceived as a barrier to others (Llewellyn et al., 2010; Phenice, Griffore, Hakoyama, & Silvey, 2009). To better understand caregiver play decisions and areas to target for interventions, the context of their environment (physical, cultural, social, and historical) has to be considered. This is the only way ecological depth can be achieved, ultimately affecting change at multiple levels (McLaren, 2005). Targeted aspects of the environment should be the factors most amenable to change and affect participation (King et al., 2003). They should be considered together with mediating and moderating factors that permit or maximise changes to occur (Davison, Jurkowski, & Lawson, 2013; Graham, Rodger, & Ziviani, 2009). Open and trusted dialogues about where caregivers perceive new activities or changes to existing activities could fit in their day are important for successful change (Phenice et al., 2009). This communication is especially important when working with marginalised groups, such as families with a child with disability from culturally and linguistically diverse (CALD) backgrounds. Recommended changes should be compatible to the goals, values, culture and worldview of caregivers as well as to what families, schools, and LGAs perceive to be possible within the environment. While the research within this thesis was not an intervention, recommendations I make within it reflect principles of considering family values and ecocultural niches.

OUTDOOR PLAY DECISION-MAKING

Play Decision-Making

Adult outdoor play decision-making is a process that is specific to each child and often considerations can extend across multiple ecocultural layers. Caregivers must consider the child's physical, social, emotional, and mental dimensions, as well as environments in which they interact (Rogers, 1983). Research discussing decision-making for participation in active play for typically developing children indicates that caregivers consider the social, environmental, familial, and personal contexts (Saluja et al., 2004), as well as their own experiences (Backett-Milburn & Harden, 2004). Limited studies are available for children with disabilities; however, studies exploring physical activity participation for children with disabilities indicate a similar process to caregivers of children with and without disabilities (Must, Phillips, Curtin, & Bandini, 2015; Shields & Synnot, 2016). In one of the few reports relating to play decision-making for children with disabilities, successful participation in recreation activities required parents of children with ASD to plan in advance, use flexibility, and engage their capacity to modify the environment or routine to accommodate the children's needs (Schaaf, Toth-Cohen, Johnson, Outten, & Benevides, 2011).

The Child

Play supports the rights of children with disabilities to fully express their identities. Often impairment or ability-focused child factors affect whether children's outdoor play participation and the types of opportunities caregivers decide is appropriate for them. Children's functional skills affect: parents' perception of the supportiveness of the environment for recreation participation (King et al., 2006), children's hobbies and friendships (Oates et al., 2011), as well as familial time, interest, and comfort in engaging in activities within the environment (Bult et al., 2011; King et al., 2006; Law, Petrenchik, King, & Hurley, 2007; Longo et al., 2013). Additionally,

OUTDOOR PLAY DECISION-MAKING

children's developmental age (Skaines, Rodger, & Bundy, 2006) and supportiveness of the environment (Rigby & Gaik, 2007), impacts playfulness. As children with disabilities progress through childhood, they tend to have greater barriers to participation and as a result engage in more activities at home than the community (Bedell & Dumas, 2004; Bult et al., 2011; Law et al., 2007). To increase play participation, child and family interests and comfort with the environment should be taken into account when considering activities (Hanna & Rodger, 2002; Imms, Reilly, Carlin, & Dodd, 2009; King et al., 2006).

Families

Caregivers' perceptions of what is best for their family affect the way that activities look, and the types of activities they choose (Heah, Case, McGuire, & Law, 2007). Caregivers' modelling of behaviour affects children's actions now and in the future as well as their preferences for play and other activities (Morrongiello, Corbett, & Bellissimo, 2008). Despite challenges being present, when caregivers valued giving children with disabilities a variety of experiences, they worked to make it possible (Schaaf et al., 2011). Caregivers have acknowledged the cognitive, motor, social, emotional, and communication benefits of outdoor play, but describe the distraction of television and other small "screens", concerns regarding safety, and their own lack of time to explain why their children were not able to engage in more outdoor play (Clements, 2004). Caregivers also need to decide how much supervision to provide in outdoor play. Some caregivers think greater supervision is better; however, with decreased caregiver supervision, children participate in more social and physically active play (Brussoni et al., 2015).

Parents of children with disabilities often feel stressed and isolated, which may lead to decisions for their children to participate in less recreation or outdoor play

OUTDOOR PLAY DECISION-MAKING

(Dowling & Dolan, 2001; Raina et al., 2004). Mothers of children with disabilities often have greater incidences of mental illness due to daily stressors of taking care of their child (Bourke-Taylor, Howie, & Law, 2010; Dowling & Dolan, 2001; Raina et al., 2004; Rosenbaum & Gorter, 2012). Additionally, they may have difficulty obtaining respite and participating in activities for improving their mental health such as physical activity or recreation (Ayvazoglu, Kozub, Butera, & Murray, 2015; Bourke-Taylor et al., 2010). In contrast, parents with good mental health combined with strong family and community support had children with more friendships (Oates et al., 2011). Identifying and targeting the aspects of the family relationship and environment that provide support for parents' well-being may allow caregivers to provide greater outdoor play opportunities for their children.

Keeping the future in focus is especially important for the families of children with disabilities (Rosenbaum & Gorter, 2012). Families worry about their child's independence and inclusion in society, but some families have difficulty taking practical steps to support these goals due to the high proportion of their time and energy being spent on day-to-day parenting (Heiman, 2002). However, when parents reflect on how their child's current play will contribute to their future sense of independence, confidence, and overall skill development, they may prioritise play (Buchanan, 2009).

Disability and low SES: factors that influence each other.

Families of low SES are more likely to have a child with a disability (Australian Institute of Health and Welfare (AIHW), 2004; Delobel-Ayoub et al., 2015), and having a child with a disability can lead to a family having a lower SES (Dowling & Dolan, 2001). This can be due to a parent, usually a mother, needing to quit her job to take care of the child with the disability as well as costs related to therapies and equipment (Bourke-Taylor et al., 2010; Dowling & Dolan, 2001). Disability and low SES can

OUTDOOR PLAY DECISION-MAKING

interact to make activities such as outdoor play more difficult for families. Factors associated with a low SES, such as lower maternal education and being from a non-Caucasian background, negatively influence play participation (Bult et al., 2011).

Having lower SES and a child with a disability can lead to greater parental stress than only the stresses described regarding having a child with a disability (Pascoe et al., 2016; Schaaf et al., 2011). Since disability is often viewed as an interaction between a child's impairment and the environment (Rioux & Samson, 2006), families from a lower SES may perceive a child's disability as being more burdensome to the caregivers than if the disability was present in families from a higher SES background (Raina et al., 2004). However, providing strong social and stress management support to parents can lead to better physical and mental health in the whole family (Raina et al., 2004). In turn, greater familial physical and mental health can lead to increased leisure participation (Bult et al., 2011). Little is known about how families negotiate the everyday stresses of having a child with a disability and being from a low SES, when considering outdoor play opportunities.

Families with low SES, disability, and CALD background tend to have lower social, economic, and social capital and thus less agency (Abel & Frohlich, 2012; Ibrahim, 2006). Families with low SES may have difficulty accessing services, such as therapies and respite, and the existing services may be of low quality (Dowling & Dolan, 2001; Pickard & Ingersoll, 2016). Schools and local governments may see families from low SES and CALD backgrounds as being hard to reach or disengaged, but in actuality they are often under-served by current systems (Fear, Emerson, Fox, & Senders, 2012). It is a matter of justice and equity to support families from low SES, CALD, and disability backgrounds to provide play opportunities for their children and engage with schools and local governments to increase play choices.

OUTDOOR PLAY DECISION-MAKING

Schools

The primary school environment is an important part of children's ecocultural context, due to the day-to-day contact of children aged 5 – 12 years. Investigations of educators' play decision-making for school-aged children with disabilities are limited. Educators as caregivers must make decisions based on the child's known behaviours, and what they know about similar children in similar situations (Rogers, 1983). Despite educators preferring to provide more opportunities for challenge in play, school environments are governed by policy and national safety standards that may restrict play opportunities (Little & Eager, 2010; Sandseter, 2012). Frequently, school playground standards reflect risk reduction rather than promoting child development (Brussoni, Olsen, Pike, & Sleet, 2012). Thus, little is known about how educators negotiate everyday playground situations for children with disabilities.

Local Government

Local government has a responsibility to support the participation and inclusion of all constituents, but has a special mandate for vulnerable populations, including children with disabilities (Local government NSW & Family and Community Services NSW, 2015). Governments must work within competing interests of constituents and limited time and budgets. Local governments build and maintain most public playgrounds within LGA, and are responsible for paths and roads that lead to those playgrounds. Built and social environments are inextricably linked with physical activity and broader health of communities (Giles-Corti & Donovan, 2002; Timperio et al., 2006). Within Australia, local government is required to incorporate community consultation throughout their policy design process (Division of Local Government & Office of Local Government, 2010). Although currently voluntary, local governments will soon be mandated to address priorities and actions around inclusion of constituents

OUTDOOR PLAY DECISION-MAKING

with disabilities through Disability Inclusion Action Plans (DIAPs) (Local government NSW & Family and Community Services NSW, 2015). Community consultation throughout design and implementation is integral to these plans.

Local, state, and federal governments are required to actively support multiculturalism within their jurisdictions (Ethnic Affairs Commission of New South Wales, 1997). This includes seeking and listening to the voices of community members from CALD backgrounds, celebrating diversity, developing programs and services that are responsive to community needs, and creating government that reflects community composition (Ethnic Affairs Commission of New South Wales, 1997).

The world's population is shifting towards living in urban areas (United Nation's Children's Fund (UNICEF), 2012), and thus understanding the rights and needs of urban children is of growing importance. However, little is known about how contemporary urban life impacts adult play decision-making and choice for children with disabilities. Barriers to children's outdoor play can include: time for parents to supervise (Wyver et al., 2010), transport (Oates et al., 2011), public access (Sallis & Glanz, 2006; Veitch, Bagley, Ball, & Salmon, 2006), and perceptions of neighbourhood safety (Copeland, Sherman, Kendeigh, Kalkwarf, & Saelens, 2012; Faulkner, Richichi, Buliung, Fusco, & Moola, 2010; Wyver et al., 2010). Greater population density is an opportunity to have more eyes on children; potentially increasing perceived safety but is contingent on families feeling a strong community connection (N. Holt, Lee, Millar, & Spence, 2015), and housing design increasing community coherence (Jacobs, 1991; Karsten, 2005). However, mothers of children with disabilities often felt isolated and unsupported within their community (Blanche, Diaz, Barretto, & Cermak, 2015; Bourke-Taylor et al., 2010). Children with disabilities were more likely to attend a school further from their house, resulting in fewer friends in their neighbourhood

OUTDOOR PLAY DECISION-MAKING

(Baker & Donnelly, 2001). This creates an increased dependence on parents to drive their children to school related activities or the community to provide adequate public transportation.

Play Benefits and Beneficial Aspects of Play for Children with Disabilities

In the interest of understanding outdoor play more deeply, it is useful to articulate the characteristics that comprise beneficial play elements for all children, but may be especially important for children with disabilities. I present a table of these properties in Appendix A, and describe them in this section. Children with disabilities want similar things to typically developing children, such as autonomy and the ability to: choose, do things uncorrected, go outside, go places by themselves, feel a sense of belonging, and have fun (Heah et al., 2007; B. Young, Rice, Dixon-Woods, Colver, & Parkinson, 2007). Outdoor play affords children opportunities to express their desire for freedom, social acceptance, and self-determination (Bundy et al., 2008; R. Lyons et al., 2016).

A number of organisations have highlighted the importance of outdoor play in children's development. A recent position statement on active outdoor play derived from two systematic reviews examining physical activity and health benefits of outdoor play recommended decreasing policy barriers and exaggerated rhetoric around safety, and increasing outside play opportunities in all settings (Brussoni et al., 2015; Gray et al., 2015; Tremblay et al., 2015). Similarly, a position statement by the Children's Play Council (1998) recommended that children have opportunities to: encounter and manage challenges, experience play that is appropriate to their skills, and play outside without feeling constrained by the presence of cars. Furthermore, the Play Safety Forum (2002) asserted that children with disabilities have an even greater need to take risks

OUTDOOR PLAY DECISION-MAKING

and explore challenges in play than their typically developing peers because they may have less autonomy in other aspects of their life.

Unstructured

Outdoor play that is structured by children rather than adults affords opportunities for mastery (Missiuna & Pollock, 1991; Sandseter, 2012), self-initiation (Stagnitti, 2004), skill development, confidence, risk evaluation (Little, 2010), autonomy, learning cause and effect, decision-making, and exploring roles; which are skills that children with disabilities often have fewer opportunities to experience (Missiuna & Pollock, 1991). Additionally, it is a way for parents to “see” into the world of their children (Buchanan, 2009; Milteer et al., 2012), which may be a rare opportunity for parents of children with communication challenges.

Social Opportunities

Participation with other children is a vital component of many types of play, and adults often cite it as a motivating factor in their outdoor play decision-making and participation for children with disabilities (Mayer & Anderson, 2014). Interactions can be with peers or in vertical groups, such as with siblings (Harry, Day, & Quist, 1998). Playing with others allows children opportunities to explore different ways to interact socially, such as leading or following, taking turns, sharing, making decisions, and negotiating (Hoogsteen & Woodgate, 2010; Missiuna & Pollock, 1991). Opportunities to explore different types of roles within play, as well as both initiate and respond to others’ cues becomes especially important for children with disabilities whose play is often passive and directed by others (Missiuna & Pollock, 1991).

Loose Materials

The placement of recycled loose materials (e.g., tyres, crates, and barrels) on a playground space can increase opportunities for construction, physical activity, and

OUTDOOR PLAY DECISION-MAKING

imaginative play, and decrease sedentary time (Engelen et al., 2013; Hannon & Brown, 2008; Woolley & Lowe, 2013). Using loose materials, children who are often excluded can participate in constructive play (Bundy et al., 2008). In primary schools, when loose materials such as bikes, props for dramatic play, and scoops and buckets for sand were present, children were afforded greater play options (Barbour, 1999). This increased choice supported greater participation for children with delayed motor skills (Barbour, 1999).

Physical Activity

Physical activity is important for children' health, well-being, and overall development (Brand, Jossen, Holsboer-Trachsler, Puhse, & Gerber, 2015; Burdette & Whitaker, 2005). Outdoor play is the time in their day when children experience the most physical activity (Gray et al., 2015; Raustorp et al., 2012). Consequently, more time spent outside correlates to greater overall moderate to vigorous physical activity, less sedentary activity (Gray et al., 2015; Raustorp et al., 2012), and related health benefits such as lower body mass index (Eyre, Duncan, Birch, Cox, & Blackett, 2015). Despite the benefits of physical activity, the majority of primary school-aged children in Australia are not meeting the guidelines of at least 60 minutes of physical activity a day (Schranz et al., 2014), which is similar to the results of other high-income countries (Tremblay et al., 2014). Furthermore, children with ASD and Down syndrome experienced greater barriers to participation in physical activities than their typically developing peers, and struggled to meet recommended guidelines for physical activity (Memari et al., 2015; Oates et al., 2011); negatively impacting health outcomes.

Taking Risks in Play

Children naturally take risks in their play because it makes them happy; they reportedly enjoy the “scary-funny” feeling risky play elements provide (Sandseter,

OUTDOOR PLAY DECISION-MAKING

2009b). Risks in play afford children opportunities to experience joy and develop self-confidence, resilience, and an understanding of their boundaries (Sandseter, Little, & Wyver, 2012). Caregivers of children with disabilities may perceive that their children have insufficient skill or impulse control to take appropriate risks in play (Ayvazoglu et al., 2015; Olsen, Kruse, Miller, & Brussoni, 2016). As a result, while typically developing children may be constrained in the developmentally appropriate risks they are allowed to participate (Wyver et al., 2010), children with disabilities may be even further restricted (Bundy et al., 2015). This inequity may negatively impact play enjoyment, development, and future independence.

Play Interventions for Children with Disabilities

Community-based interventions supporting play and leisure engagement for children with disabilities are only just emerging (Tanner, Hand, O'Toole, & Lane, 2015). Results and recommendations I make from this thesis can influence components of future play interventions through its insights into how adult decision-making and perceptions of the child during play impacts choice. Models of intervention for greater play participation for children with disabilities are inclusive of multiple considerations: modification to the environment (Bundy et al., 2015; R. Lang et al., 2011), play-based teaching (Wilkes-Gillan, Bundy, Cordier, & Lincoln, 2014), peer interventions (R. Lang et al., 2011), and caregiver-based interventions (R. Lang et al., 2011; C. Martin, Drasgow, & Halle, 2015). Results from a systematic review highlight that these models consistently result in positive outcomes (R. Lang et al., 2011), although play was seldom an outcome variable. However, they reflect different philosophies. For example, many caregiver-based direct interventions are designed to remediate impairments and begin with the premise that some children with disabilities are unable to play unless explicitly taught (C. Martin et al., 2015). In contrast, modifying the environment

OUTDOOR PLAY DECISION-MAKING

assumes that given appropriate resources and freedom within an environment all children can play (Bundy et al., 2008, 2015).

The perceived need to increase academic content throughout the day negatively impacted the duration and quality of recess (Ayvazoglu et al., 2015; O'Brien & Smith, 2002; Ramstetter, Murray, & Garner, 2010). However, typically developing children were more attentive and productive when they returned to the classroom after engaging in unstructured play during recess versus structured physical activity programming (Ramstetter et al., 2010). Recess is children's personal time during the day, and should not be contaminated by structured activity; children should be free to select activities in which to engage (Ramstetter et al., 2010). Recommendations from a systematic review include teaching recess activities, such as turn taking and the rules of games during physical education classes, and allowing typically developing children to practice those skills on their own during recess time (Ramstetter et al., 2010). Similarly, as a matter of equity, children with disabilities should be permitted to embrace recess as their own time, where they get choice in activity. Using recess as a time for direct teaching of skills was reported as strenuous for children and may negatively impact behaviour in the classroom afterwards (R. Lang et al., 2011). For example, while children with ASD made progress towards their educational goals during instructional learning that occurred at recess, in subsequent classroom learning, they exhibited more frequent negative behaviours; strongly associated with the absence of a break (R. Lang et al., 2011).

Children with ASD benefitted from minimal adult interactions apart from support and guidance (Theodorou & Nind, 2010). The authors argued that clinicians and researchers should explore factors enabling children to play and facilitating the skills they have, rather than interfering with their play (Theodorou & Nind, 2010).

OUTDOOR PLAY DECISION-MAKING

Some caregivers of children with disabilities worry their children are constantly engaged in academic, therapeutic and learning activities; lacking time for fun (Robinson & Notara, 2015). When warranted, direct teaching of play skills should occur during class time, as with typically developing children, rather than contaminating recess time. The loss of recess as free choice may negatively affect the children by placing continuing demands on them and compromising opportunities for self-determination (Carter et al., 2015). Additionally, children with too much adult interaction can learn a dependence on adults, and peers may find them harder to approach (Giangreco, Edelman, Luiselli, & MacFarland, 1997; Tamm & Skär, 2000).

Independent of the intervention strategy, participation and inclusion should be the ultimate outcome of therapy (King et al., 2002). In schools, educational participation is usually the primary outcome (Bazyk & Cahill, 2015). Thus, arguing for play as an activity that can benefit educational, social, and developmental skills has increased importance.

In the following sections, I outline changes in societal and research perception of disability and interventions to support function. For many years, a medical or impairment-focused model dominated research and interventions for children with disabilities, addressing remediation of deficits or impairments (Law et al., 2011). More recent research and thinking looks to the environment and society's disabling of the individual, and seeks to mitigate disabling social, physical, cultural, and political environments (Rioux & Samson, 2006). Finally, in this thesis I will focus on a framework of human-rights through the capabilities approach (Nussbaum, 2011) to consider play choice. Rights-based approaches seek to increase equity and justice in society. In this thesis, I derive recommendations for increasing play equity for all children from understanding the complexity of play decision-making.

OUTDOOR PLAY DECISION-MAKING

Impairment

Remediation of deficits and impairments was the traditional focus of disability research and treatment (Law et al., 2011). However, this focus supported comparisons with what was “normal”, rather than valuing individuals’ abilities as a capacity (Goodley & Runswick-Cole, 2010). Parents of children with disabilities want their children to be seen as children first, rather than compared with normalcy (Law et al., 1999). Additionally, disability may be perceived as innate, unchangeable, and part of a person’s identity (Harding et al., 2009; Shikako-Thomas et al., 2009). An opportunity exists to focus on what children with disabilities are able to do within their environments, rather than on their impairments (Theodorou & Nind, 2010).

A deficit reduction focus continues in current research. For example, recess interventions for children with ASD frequently addressed remediating stereotypical or challenging behaviours through behavioural strategies (R. Lang et al., 2011; Machalicek et al., 2009). Direct teaching can also focus on play itself. Primary school-aged children with ADHD, experienced positive outcomes such as increased social play and parent satisfaction with children’s play following a program consisting of play-based social skills interventions taught by therapists in the clinic and parents at home (Wilkes-Gillan et al., 2014).

Schools may attribute educational difficulties as inherent to a child or their culture rather than consider how school environments might not be meeting the needs of all children (Ainscow, 2005). For example, within Australia, children from Indigenous or CALD backgrounds are more likely to be enrolled in special education (J. Anderson & Boyle, 2015). Teachers may perceive children from CALD backgrounds as less capable than their peers and their families as not invested in their children’s education (Valencia, 2010). Participation and inclusion may be constrained when real

OUTDOOR PLAY DECISION-MAKING

or perceived impairments are focused on, rather than children's potential and the needed supports to realise that potential.

Social Model of Disability and the Environment

Within the social model of disability, some authors argue that disability results from an interaction between the individual's impairment and an unsupportive environment (Rioux & Samson, 2006). The United Nations Convention on the Rights of Persons with Disabilities focuses on the societal attitudes, structures, and practices that disable individuals (United Nations, 2006). An increasing awareness of environmental barriers preventing access to play participation broadens the focus from the child's characteristics and impairments to that of the environment (Law et al., 2011; Rosenbaum & Stewart, 2004). The difficulties of children with disabilities in outdoor play participation may be shaped by factors outside their control, such as unsupportive: social circumstances (Baker & Donnelly, 2001), physical environments (Palisano et al., 2009), societal attitudes (Law et al., 1999; Schaaf et al., 2011), or play environments (Yuill, Strieth, Roake, Aspden, & Todd, 2007). To increase play opportunities, it is often easier to change the environment than the child's skills or impairments (Anaby et al., 2013; Baker & Donnelly, 2001).

The empirical supportiveness of the environment is important and has been studied through documenting the features of an environment (Kodjebacheva, 2008; Pawlikowska-Piechotka, 2011). However, children can have very different needs depending on age, ability, and environmental opportunities. Playgrounds must cater to this spectrum of skill and age levels, and thus building playgrounds for universal access is a challenge (Kodjebacheva, 2008; Pawlikowska-Piechotka, 2011). Children with physical disabilities have benefitted from the "boundless playground" model where ramps allowed access to play spaces, surfaces were concrete and thus wheelchair

OUTDOOR PLAY DECISION-MAKING

accessible, and fences were absent to allow for easy entry (Kodjebacheva, 2008). In contrast, parents of children with ASD who were fearful of their children running away in busy environments (Schaaf et al., 2011) may prefer enclosed playgrounds to allow their children increased freedom within a safe environment. Children with ASD demonstrated increased social interactions and engagement when a playground was redesigned to create appropriate physical challenges and incorporate preferences often present in ASD, such as repetition (Yuill et al., 2007). This included consistent props for imaginative play, a circuit playground design to allow for increased repetition, and an observation point (Yuill et al., 2007). Thus, playground structure and design requires some considerations.

Inclusion and Human Rights

Policy and intervention focuses have moved from remediating impairments, to supporting functional outcomes, and finally supporting choice for children with disabilities as a human right (Rioux & Samson, 2006; Terzi, 2008). Human rights models extend thinking from the social model of disability, to considering the child's abilities, the immediate environment, and larger structural factors within the environment (Rioux & Samson, 2006). Schools have moved from segregation, to integration and, in some instances, full inclusion (Terzi, 2008). It is insufficient for a child to merely be educated in the same location as other children if they are not being fully included throughout the school day. However, at least within Australia, children from a variety of backgrounds (disability, low SES, or CALD) may experience inequity through institutional or de-facto school segregation (J. Anderson & Boyle, 2015). Challenges regarding defining inclusive education, increased labelling of students, resourcing, and attitudes and education of educators contribute to exclusive practices (J. Anderson & Boyle, 2015). Despite these challenges, under human rights perspectives,

OUTDOOR PLAY DECISION-MAKING

supporting the inclusion of the most vulnerable individuals in society is a matter of justice and equity, not charity (Rioux & Samson, 2006).

In educational settings, for a student to be included, they must be participating, achieving, and valued (J. Anderson, Boyle, & Deppeler, 2014). Inclusion requires responding to the needs of all learners through increased participation, and decreased exclusion. Disability can be seen as one aspect of human diversity that requires educational support for all to succeed (UNESCO, 2005). Inclusive classroom culture can support children with disabilities to play, independent of functional ability (Ochs, Kremer-Sadlik, Solomon, & Sirota, 2001). In an environment that fostered collaboration, where achievements were celebrated and dilemmas shared, teachers were able to facilitate the play of a child with a disability through support, mediation and active play partnering (Theodorou & Nind, 2010). Positive attitudes within a school towards the abilities of children with disabilities can promote inclusion throughout the school day, including during recess (Baker & Donnelly, 2001).

Outcomes of disability policy can focus on accommodation (e.g., social, physical), respect, and/or participation (Bickenback, 1993). While accommodation can be an important outcome, it devalues human diversity and places the “problem” on the person with the impairment rather than the exclusive space. In this thesis I will consider respect and participation policy outcomes that best support inclusion, choice, and equity for the play of children with disabilities.

Capabilities Approach

I applied the capabilities approach to the play of children with disabilities to understand how to increase their choice and inclusion within society. The capabilities approach offered a robust conceptual framework for understanding children’s play choices in different settings from a human rights perspective. Created by Amartya Sen,

OUTDOOR PLAY DECISION-MAKING

and extended by Martha Nussbaum, the capabilities approach is a development approach focused on the well-being and choice of people rather than wealth distribution or impairment (1985, 2011). It has been praised as an alternate understanding of poverty and disadvantage that puts people, rather than goods, first (Deneuli & Shahani, 2009).

The capabilities approach acknowledges the environment and individuals' impairment/abilities as important factors, but focuses on the results of that interaction as the most important unit of measurement. Rather than only remediating deficits or placing blame on society for disabling individuals, the capabilities approach prioritises rectifying inequity through skill development, environmental changes, supporting agency, and increasing capital.

Functionings (“doings and beings” that people value and have reason to value) are desired outcomes from this approach (Deneuli & Shahani, 2009). Capabilities (real valued choices for achieving functionings) are central to this approach because a person can have similar functionings, but arrive at those functionings in different manners (Deneuli & Shahani, 2009). Consider two children, “David” and “Jake”, who might both have the same functioning around participating in their primary schools' free after-school soccer club; however, the difference lies in choice within their functioning. David's parents offered several sports or other activities that he could engage in, and knew that David had the skill to participate in, but he chose soccer, because that was the activity in which he was most interested. Conversely, Jake's family could not afford to send him to any program requiring tuition, and the soccer club served as an alternative to after-school care 2 days a week. Jake did not feel confident in his gross motor skills, and had to practice in the mornings before school to feel comfortable being at the soccer club. Jake would prefer to play the trumpet in the orchestra, but his family could

OUTDOOR PLAY DECISION-MAKING

not afford to rent an instrument or pay tuition to the orchestra, and did not have time to drive him to the orchestra practice. Thus, both boys achieved the same functioning of participating in the soccer club, but David had real choice and agency around something he valued and had reason to value (capabilities), while Jake did not have that same capabilities or agency and thus his well-being may be negatively impacted.

Capabilities are possible when the social, physical, political, and economic environments positively interact with a person's skills (Figure 1.1) (Nussbaum, 2011). Capabilities reflect the values of individuals and societies and as well as individuals' perception of "the good" (Ibrahim, 2006). However, sometimes people experiencing disadvantage learn to be satisfied with what they have, even though they may value something more, resulting in adaptive preferences (Nussbaum, 2011). These adaptive preferences could, in the previous example, manifest itself if Jake was satisfied with participating in the soccer club even though he and his family more highly valued musical rather than sports functionings. Minimising inequity within people's capacity sets is one of the desired outcomes of the capabilities approach (Deneuli & Shahani, 2009). There are vast amounts of capabilities that could be supported for any population. Thus, scholars differ in approaches to narrow down which capabilities should be targeted for reducing inequity. Arguably, individuals and local culture should define the capabilities sets that are appropriate and meaningful for a population, rather than imposing outside values (Sen, 1985). However, cultures may leave out very important capabilities, or unequally divide capabilities (e.g., boys afforded greater capabilities to be educated than girls or people with disabilities afforded fewer capabilities than their typically developing peers) (Deneuli & Shahani, 2009). To counter these critiques, Nussbaum proposed 10 Central Capabilities that should be actively targeted by government across all populations as a matter of justice and equity

OUTDOOR PLAY DECISION-MAKING

(Appendix B) (2011). She argued that these Central Capabilities are so important that, without achieving these capabilities, life becomes not worthy of human dignity.

Included within the ten Central Capabilities is play.

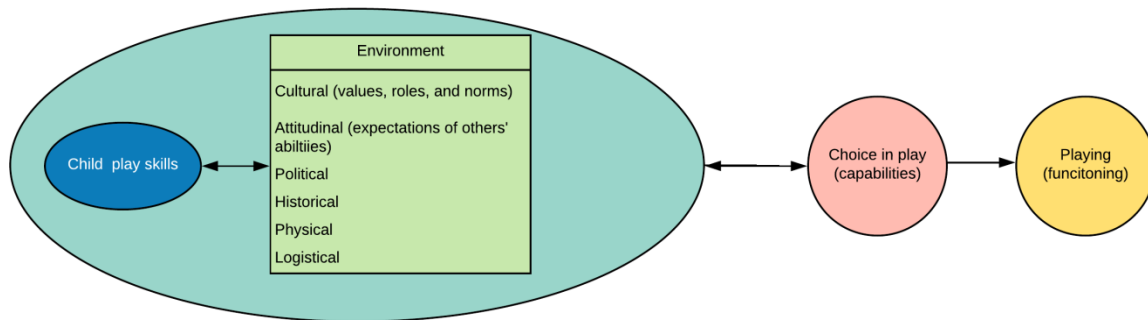


Figure 1.1: Capabilities approach applied to play

Fertile functionings are capabilities or functionings that can support a number of other capabilities (Nussbaum, 2011; Wolff & De-Shalit, 2013). Thus, an achievement in one area can increase opportunities in several other areas. Being educated (e.g., ability to: read, write, and engage in practical reasoning) is a commonly identified example of a functioning that supports a number of capabilities and functionings (e.g., ability to: control one's environment, engage in political discussions, and hold a job). I will argue through this thesis that play can serve as a fertile functioning that supports many of the other nine Central Capabilities such as practical reason, bodily health, and emotions. Corrosive disadvantage is the contrasting concept to fertile functioning. It is a lack of capabilities that impacts a number of other capabilities and functionings (Nussbaum, 2011; Wolff & De-Shalit, 2013). In Appendix B, I outline each of the ten Central Capabilities, and how play in its capacity as a fertile functioning can support realising those capabilities, or how lack of that capability can negatively impact play through corrosive disadvantage.

OUTDOOR PLAY DECISION-MAKING

Resources can support capabilities through increasing skills sets, or creating a more supportive environment (Nussbaum, 2011). Given the same environment and access to resources, a person's internal characteristics may impact their capability set (Terzi, 2008). Some populations have difficulty converting resources into capabilities, and thus need greater resources to achieve capabilities (Nussbaum, 2006). Unfortunately, they often receive fewer resources (Nussbaum, 2006). For example, to have similar play capabilities as a typically developing peer, a child with cerebral palsy may need a wheelchair or walker to access a playground and accessible surfaces and ramps once inside the playground (Prellwitz, Tamm, & Lindqvist, 2001). Similarly, a child with intellectual disability may need additional instructional time with educators or other professionals at school (R. Lang et al., 2011). As a matter of justice, children with disabilities may require different or extra resources for play capabilities (Terzi, 2008). However, families of children with disabilities tend to have less economic, social, and cultural capital, and thus less agency (Abel & Frohlich, 2012). Interventions using the capabilities approach often target a more equitable distribution of resources so that all people in society can achieve minimum capabilities and experience well-being (Nussbaum, 2011). This often involves additional resource allocation to the most vulnerable members of society in order to alleviate inequity.

Although groups, such as families or communities, support children to experience capabilities, due to inherent societal differences in supporting people even within the same family (e.g., educating girls more than boys, or typically developing children more than their siblings with disabilities), the capabilities approach uses individuals as the unit of analysis (Deneuli & Shahani, 2009). This ethical individualism can support awareness of how each child within a family experiences play capabilities. Despite this principle, authors have argued that in some contexts it is

OUTDOOR PLAY DECISION-MAKING

appropriate to examine collective capabilities, a capability that can only be achieved when working within a group (Hammell, 2015; Murphy, 2014). Collective capabilities may be especially important in communities where joint achievement of capabilities is desired, or required (Hall, 2016). Thus, the individual remains the centre of the unit of analysis, but requirements of the group or collective are understood as integral to achieving the capability. Collective capabilities have been discussed in relation to groups of people achieving greater agency when working together (Ibrahim, 2006; Murphy, 2014), but for the first time, I applied it to families supporting children's play capabilities.

Study Design

Studying outdoor play from a capabilities perspective, using ecocultural design, requires consideration of the environment, and individuals' interactions, values, and ultimately choices. In this thesis, I present a systematic review on caregiver outdoor play decision-making, and a multiple-perspective case study addressing play decision-making from the family, school, and local government perspectives. Multiple-perspective case study design allowed for in-depth understanding of the phenomenon of outdoor play decision-making for children with disabilities through concurrent triangulation of data and comprehensively answering the research questions (Creswell & Clark, 2011). Data collection and analyses were primarily qualitative in nature, with quantitative measures embedded in the design, as is commonly used within case study research (Creswell & Clark, 2011; Yin, 2012, 2014). The case, outdoor play decision-making for children with disabilities, was bounded by the focal LGA and thus was predominantly comprised of families of low SES and from CALD backgrounds. I chose this LGA to understand how outdoor play may be possible for children with disabilities under circumstances often un conducive to play participation. I purposefully did not

OUTDOOR PLAY DECISION-MAKING

choose one diagnosis group (e.g., ASD or cerebral palsy) to focus on, as more can be understood from collective experiences rather than the children's specific labels. To allow the reader to focus on the child's abilities and capabilities rather than their impairments, I only briefly introduce the children's diagnoses and include them in tables throughout the thesis, rather than dwell upon the labels.

Outline of the Thesis

This thesis contains traditional chapters (Introduction, Methodology, Discussion/Conclusion) as well as journal manuscripts. In Chapter 1, I have outlined current understandings of play for children with disabilities, the background and rationale for the study, and the capabilities approach and ecocultural models which will guide the design and analyses throughout the thesis. Chapter 2 is a published systematic review around outdoor play decision-making for children with disabilities framed within an ecocultural lens. I conducted the original literature search in May 2015 and thus following Chapter 2, I present is a summary of relevant results of the same search strategy applied to peer-reviewed literature from June 2015 to early 2018. Chapter 3 justifies the use of case study, and overall study design and analysis. I begin the results chapters with adult outdoor play decision-making for children with disabilities at the family level (Chapter 4), then school (Chapter 5), and finally local government and family interaction (Chapter 6). Chapter 7 is the Discussion/Conclusion, linking findings and concepts from across the previous chapters, and future directions for increasing equity in children's play capabilities. I include references for all chapters within the thesis following Chapter 7. Within the appendices is a chart outlining how play can act as a fertile functioning or be impacted by corrosive disadvantage for each of the Central Capabilities (Appendix B), play goals within the Australian Curriculum (Appendix C), matrices of intermediate analysis demonstrating analytical rigour (Appendix D), ethical

OUTDOOR PLAY DECISION-MAKING

approval for the study from institutional bodies (Appendix E), consent and information sheets (Appendix F), parent play survey (Appendix G), interview guides (Appendix H), and evidence of peer review (Appendix I).

I wrote this thesis using APA style, and Australian English spelling and terms (e.g., primary rather than elementary school). The formatting is consistent throughout the thesis, and thus differed from the submitted journal manuscripts, which complied with their respective journal publication styles. For the purpose of brevity and fluency, I only define acronyms once in the manuscript, even if they were defined separately in published works. Aside from APA and British stylings and not reintroducing previous defined terms, no other changes have been made to submitted or published manuscripts I include in the thesis. In the traditional thesis chapters, I use the first person “I” to refer to myself as the author. In the chapters that contain journal manuscripts, I refer to “the first author”, which is me for all manuscripts, as well as “we”, when discussing myself and other authors.

CHAPTER 2

**Outdoor Play Decisions by Caregivers of Children with Disabilities: a Systematic
Review of Qualitative Studies**

Submitted to: The Journal of Developmental and Physical Disabilities

Status: Published

Sterman, J., Naughton, G., Froude, E., Villeneuve, M., Beetham, K., Wyver, S., &
Bundy, A.

(2016). Outdoor play decisions by caregivers of children with disabilities: a
systematic review of qualitative studies. *Journal of Developmental and Physical
Disabilities*, 28(6), 931–957. <http://doi.org/10.1007/s10882-016-9517-x>

Presented at:

Sterman, J., Naughton, G., Villeneuve, M., Froude, E., Beetham, K., & Bundy, A.

(2017,

April). Adult decision-making on outdoor play for children with disabilities: A
systematic review of qualitative studies. Poster presentation at the annual
meeting of
the American Occupational Therapy Association, Philadelphia, PA.

OUTDOOR PLAY DECISION-MAKING

Abstract

Background: Outdoor play offers children vast benefits for development and well-being. However, children with developmental disabilities participate less in outdoor play than their typical peers. Typically, adults make decisions about children's play routines, especially for children with developmental disabilities. The purpose of this systematic review was to synthesise the results from qualitative studies on decision-making processes of caregivers around outdoor play in children with developmental disabilities using ecocultural theory.

Method: Studies addressing decision-making of parents, teachers, and other caregivers of primary school-aged children with developmental disabilities relating to outdoor play were searched in CINHALL, Medline, Web of Science, ERIC, Scopus, PsycINFO, and SocINDEX FROM 1990 TO MAY 2015. Eleven predominately qualitative studies met the inclusion criteria. The CASP quality of reporting quality checklist was used to evaluate the transparency of reporting for included studies. An ecocultural framework was used for thematic analysis and synthesis.

Results: Results showed caregivers, families, schools, and communities consider many factors when deciding about when, where, how, and if outdoor play occurs. Factors comprised: motivation for participation in outdoor play; social and built environments; familial and school considerations including time and finances; caregivers' awareness of opportunities; and child considerations such as their skills, health, and interests.

Conclusions: A dynamic interaction exists between and within the ecocultural environment of a child with developmental disabilities to determine decision outcomes in outdoor play. Consequently, to increase the opportunities for benefits associated with outdoor play, each ecocultural layer must be targeted.

Keywords: Parent, teacher, kid, rhematic analysis, qualitative synthesis

Introduction

Play is the primary occupation of childhood, and having opportunities to play at home, in the community, and at school is a human right for all children (Brussoni et al., 2015; Case-Smith & Kuhaneck, 2008; Office of the United Nations High Commissioner for Human Rights, 1990). As such, play is an essential component of childhood and provides benefits to all areas of development (Children's Play Council, 1998; Isenberg & Quisenberry, 2002). In addition to developmental opportunities inherent to indoor play, active outdoor play can significantly contribute to health-related development (Wyver et al., 2010). Outdoor play refers to play that takes place outside, and is typically active, freely chosen, process rather than outcome oriented, and intrinsically motivating (Bundy, 1993). Yet, for many children with disabilities, participation in outdoor play activities is restricted and disrupted (Law, 2002). Children with disabilities have less autonomy in choosing when, where, how, and with whom to play (Baker & Donnelly, 2001; Skar, 2002), and their play tends to have more adult involvement than that of their typically developing peers (Must et al., 2015; Nabors & Badawi, 1997). As a consequence of these limitations, the context of active outdoor play for children with disabilities requires further investigation.

Within a developmental disability context, increasing children's skills has traditionally been the objective of play research and clinical intervention (Law et al., 2011; Lawlor & Mattingly, 1998). An increased focus on the impact of the environment on play for children with disabilities has broadened the scope of research and intervention (Law et al. 2011; Rosenbaum and Stewart 2004). The malleability of the environment, such as physical spaces and social interactions, is often greater than the capacity to improve skills in a child (Colver et al., 2012; Law et al., 2007). To enhance meaningful play experiences for children with disabilities, environmental changes may

OUTDOOR PLAY DECISION-MAKING

need to occur (Anaby et al., 2013; Baker & Donnelly, 2001; Imms et al., 2009; Rosenbaum & Stewart, 2004). Therefore, a greater emphasis on understanding and implementing changes to the environment rather than the child should be targeted.

The international community promotes participation for all individuals, independent of ability, through the lens of the International Classification of Functioning, Disability, and Health (ICF) (World Health Organization, 2001). The ICF maintains that disability is an interaction between the physical, social, and attitudinal environments, and child characteristics (World Health Organization, 2001). An ecological model complements the ICF by recognizing the dynamic interactions between individuals and their environments (Bronfenbrenner, 1979). This model considers the dynamic context in which the child lives and interacts, including: the family and school (Microsystem), neighborhood (Exosystem), and attitudes and cultural ideologies of the society (Macrosystem). Ecological models have been advocated for use in health research to create a more holistic understanding of a child and his or her family (King et al., 2003; Palisano et al., 2009; Rosenbaum & Stewart, 2004). The ecocultural model is an extension on the work of Bronfenbrenner and focuses on the everyday routines of individuals; in this case, children and their caregivers (Llewellyn, 2012). In an ecocultural model, activity, such as outdoor play, is the unit of analysis (Weisner, 2002).

When the ecocultural model is applied to play opportunities for children with developmental disabilities, the interaction between the child and the environment depends heavily on decision-making processes of caregiving adults (Burdette & Whitaker, 2005; Veitch et al., 2006). Parents of typically developing children consider the social, environmental, familial, and personal contexts (Saluja et al., 2004), as well as their own experiences (Backett-Milburn & Harden, 2004) before making decisions

OUTDOOR PLAY DECISION-MAKING

for their children. Children with disabilities experience greater barriers to participation in recreation, play, and physical activity (Must et al., 2015; Shields & Synnot, 2016). The only common barriers to participation in physical activity between children with disabilities and typically developing children have been identified as: cost, time, lack of interest, transportation, and neighborhood safety (Must et al., 2015; Shields & Synnot, 2016). Results from studies using population sampling questionnaires such as the Children's Assessment of Participation and Enjoyment (CAPE), the Participation and Environment Measure- Children and Youth (PEM-CY), or study-specific questionnaires, as well as focus groups and semi-structured interviews, consistently indicate that children with developmental disabilities participate in fewer activities and with less intensity than typically developing children (Coster et al., 2013; Engel-Yeger, Jarus, Anaby, & Law, 2009; King et al., 2010; Must et al., 2015; Shields & Synnot, 2016).

Previous systematic reviews have explored the relationship between the environment and participation of children with disabilities in recreation, which sometimes included active play, and identified attitudinal, policy, social, physical, family, and child factors affecting participation (Imms, 2008; Shikako-Thomas, Majnemer, Law, & Lach, 2008). A recent scoping review exploring the effect of the environment on the participation of children and youth with developmental disabilities in outside school activities identified factors such as attitudes, transportation, accessibility, and familial support that could be either barriers or enablers depending on the context (Anaby et al., 2013). Most of the included studies in the scoping review were focused on children with physical disabilities, and used a variety of established quantitative measures to assess the barriers and enablers present within the environment. While informative to overall barriers and supports, the quantitative nature of the review

OUTDOOR PLAY DECISION-MAKING

(Anaby et al., 2013) provided limited insight into the thought processes or reasoning of caregivers around supports and barriers in the environment. Additionally, studies addressing a wide variety of recreation and other activities that children engage in outside of school were included, rather than a specific focus on outdoor play. Decision-making occurs within a multifaceted process that involves many factors. These processes have yet to be considered using a dynamic model such as ecocultural theory; bringing new thinking to interpreting research and improving practice.

No systematic review to date has explored the evidence for decision-making of caregivers of children with developmental disabilities relating to outdoor play. For the purpose of this review, caregivers were defined as the adults who spent the most time with the child and are responsible for the child's well-being throughout the day, including providing supervision and assistance as needed (AIHW, 2004). Caregivers include parents, guardians, teachers, teachers' aids, paraprofessionals, and home aids. Also, decision-making processes have multiple components. In this review, decision-making was defined as the cognitive, behavioural, affective, and socio-contextual processes linked to caregivers' actions when a number of possible outcomes exist (Klaczynski, Byrnes, & Jacobs, 2001; Wilson, 2014). The purpose of this review was to synthesise the results from qualitative studies on the decision-making processes of caregivers around outdoor play in children with developmental disabilities. The results may better inform practice about the decision-making of caregivers which could ultimately facilitate increased participation for children with developmental disabilities in outdoor play.

Methods

A systematic search was conducted with peer-reviewed literature from January 1990 to May 2015. The year 1990 was a delimitation because it was the year in which

OUTDOOR PLAY DECISION-MAKING

the United Nations' Convention on the Rights of the Child passed; establishing that all children, indiscriminate of sex, disability status, culture, or race, have the right to participate in recreation, leisure, and play pursuits (Office of the United Nations High Commissioner for Human Rights, 1990). For this systematic review, seven electronic databases were searched: CINHALL, Medline, Web of Science, ERIC, Scopus, PsycINFO and SocINDEX. Within each database, title, abstract, and keyword searches were conducted for the following sequential search terms: disability AND child AND teacher OR parent AND play AND outdoors. Synonyms within each of the search terms were combined with the Boolean OR, and are listed in Table 2.1. Additionally, when available, for each search term either the MeSH (Medline), subject headings/terms (CINHALL and SocINDEX) or the corresponding thesaurus phrases (ERIC and PsycINFO) were added using the Boolean OR to create a search that was more comprehensive.

Table 2.1: Title, Abstract, and Keyword Searches

Child	Disability	Caregiver	Play	Outdoors
child*, youth, kid*	disab*, autis*, Asperger, cerebral palsy "CP", "ASD", wheelchair	mother*, parent*, father*, guardian, caregiver*, carer*, mum*, mom, dad*, famil*, teacher*, faculty	play*, game*, leisure, recreation*, camp*, hobby, hobbies, fishing	Outdoor, outside, playground*, park*, "natural environment", yard*, forest*, garden*, bush*, beach*, seaside, shore, field*, woods, snow, alpine, nature, wilderness

OUTDOOR PLAY DECISION-MAKING

The search term “disability” was included to capture terms pertaining to a variety of developmental disabilities such as “multiple disability”, “physical disability” or “intellectual disability”. Additionally, three specific diagnoses within developmental disability were included in search terms for disability due to their high prevalence and to add breadth to the search. Based largely on national prevalence, the selected developmental disabilities were: cerebral palsy, with a prevalence of 2 per 1,000 for children 0-14 in Australia; ASD, with a prevalence of 6.25 per 1,000 for children aged 6-12 in Australia; and intellectual disability, with a prevalence of 9.2 per 1,000 in high income countries, and were all included in the search terms (AIHW, 2004; Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011; Williams, MacDermott, Ridley, Glasson, & Wray, 2008). Studies focusing on populations with lifelong developmental disabilities that did not fall into the three selected disabilities remained in the review; these keywords were simply used to expand the search.

More specifically, the search strategy focused on characteristics that best matched the purpose of the review. The inclusion criteria were: (1) children with a lifelong developmental disability that might affect their outdoor play, such as cerebral palsy or ASD, rather than mild learning disabilities or cancer; (2) children in primary/elementary school, aged 6-12 years; (3) active outdoor play; and (4) caregiver outdoor play decision-making. Additional delimitations to the search were the need for studies to be (1) written in the English language, (2) published in a peer-reviewed journal, and (3) original data collection. A total of 417 studies were identified from the seven databases and screened based on title, keywords, and abstract by authors JS and GN for inclusion criteria. Duplicates were removed. The full text article was obtained for 47 abstracts following the initial screening. After JS and GN independently read each article, 10 articles were deemed eligible for inclusion in the review. An ancestry

OUTDOOR PLAY DECISION-MAKING

search was conducted to find previously unidentified, relevant articles cited from references within selected articles. One additional article, (Mactavish & Schleien, 1998) that was cited by two separate authors, was deemed appropriate for inclusion in this review. Two studies shared the same participants (Mactavish & Schleien, 1998, 2004), but were included as separate studies because the analyses and reporting were qualitatively different, with each article offering varying perspectives on the targeted population. Figure 2.1 outlines the search process and reflects the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRSIMA) recommendations for reporting systematic reviews (Liberati et al., 2009). The review was registered with PROSPERO, registration number: CRD42015023475.

Due to the qualitative focus of the review, an instrument to assess the quality of reporting specific to qualitative literature was selected (Critical Appraisal Skills Programme [CASP] 2014). A lack of consensus exists within the literature on the best methods for appraisal of reporting qualitative research (Dixon-Woods et al., 2007). Within these limitations, the CASP yielded more consistent results than the UK Cabinet Office Quality Framework, and the use of structured checklists required appraisers to be more explicit in their judgments than expert opinion alone (Dixon-Woods et al., 2007). The CASP provides the reader with contextual information about the transparency and quality of reporting, rather than on the scholarly rigor of the study. It consists of 10 components of reporting that were categorically rated as “yes”, “no”, or “can’t tell”. The checklist is inclusive of clear reporting of aims, recruitment, data collection, data analysis, and ethical considerations as well as whether the methods matched the research question. The critique was conducted jointly by JS and GN. Due to limited description of criteria within the checklist, discussion occurred when clarification was required. Where appropriate, discussion continued until 100% agreement was reached.

OUTDOOR PLAY DECISION-MAKING

Similar to the methods described by Campbell et al. (2003), studies were excluded only if they did not meet the purpose of the study, but not based on quality of reporting alone.

The thematic synthesis of concepts across studies was similar to previous reviews (K. Anderson, Stowasser, Freeman, & Scott, 2014; Thomas & Harden, 2008). This involved aggregating qualitative data and interpreting it within the ecocultural model, leading to new conceptualizations of the dynamic interactions among play environments, caregivers, and children with developmental disabilities. First, JS read each article through several times to understand the article as a whole. She then used information from the results sections and analysis of the original data from the discussion sections to code factors related to the purpose of the review such as “common interests”, “accessibility of activities”, “time”, and “information about opportunities”. Both the results and discussion sections were included in the analysis because not all articles created a clear delineation between the two sections (Appendix D). Next, the factors were classified as primarily barriers, enablers, or motivators within that study. JS and GN determined the codes and classifications together, resolving any disagreement through discussion. Reviewers then grouped these codes into related sub themes using a hierarchical tree structure, renaming them as needed to capture the meanings of the groups of initial codes. Finally, the sub themes were placed under layers within the ecocultural model (e.g., child, caregiver, family, or school). Motivation for participation was added as it appeared to be a separate construct that strongly influenced the other themes. The resulting thematic synthesis captured the various dynamic factors identified in the studies as affecting caregivers’ decisions for their children with developmental disabilities around outdoor play.

Results

Results from the search, screening, and final selection are presented in figure 2.1.

The search yielded 11 studies from 10 first named authors.

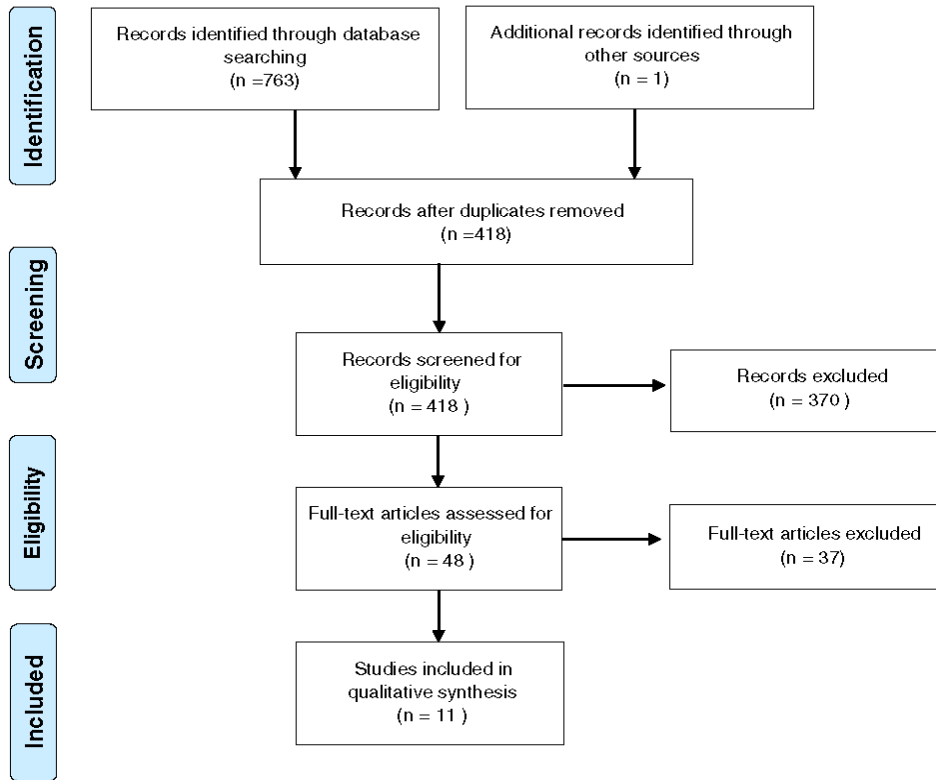


Figure 2.1: PRISMA diagram of study selection process (Liberati et al., 2009)

If an article did not include descriptions of play or play-related activity, this was cited as the main reason for not including it in the review; even if two or three other exclusion factors were present. In the initial screening of abstracts and titles, 370 studies were excluded for the following reasons: not “active play” focused (148), not inclusive of primary school-aged children (70), the population did not have a lifelong disabling condition (21), not inclusive of decision-making (20), predominantly focused on clinical practice (68), not original data collection (29), not in the English language (10), and not peer-reviewed (5). After full text review, a further 37 studies were excluded, based on the following criteria: not “active play” focused (6), not inclusive of

OUTDOOR PLAY DECISION-MAKING

primary school-aged children (5), the population did not have a lifelong disabling condition (1), not inclusive of decision-making (17), predominately focused on clinical practice (1), not original data collection (4), and not in the English language (1).

All of the 11 remaining studies used qualitative or mixed-methods designs. The design and characteristics of the studies can be found in Table 2.2, while the results of the studies organised through an ecocultural framework are outlined in Table 2.3. Seven studies reported qualitative research in their design (Bloemen et al., 2015; Downs et al., 2014; Ökcün & Akçin, 2012; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; D. Thompson & Emira, 2011; von Benzon, 2010) and four reported a mixed methods approach (Mactavish & Schleien, 1998, 2004; Scholl, McAvoy, Rynders, & Smith, 2003; Talay, Akpınar, & Belkayali, 2010). Four of the 11 articles came from North America, with the remaining seven describing populations from Europe (two Northern Europe, two Turkey, and three the UK). Publication dates of the studies spanned from 1998-2015, with seven published in the last five years. Across the 11 studies, there were a total of 992 participants. Of these 992 participants, 667 were from one study (Talay et al., 2010); indicating relatively small sample sizes in the remaining 10 studies. These small sample sizes were consistent with qualitative research designs, which characterised the majority of studies in this review.

Table 2.2: Demographic, design, and analysis characteristics of included studies

Author/Year/Country	Participants	Type of play	Study Design	Analysis of data
Bloemen et al. 2015, Netherlands	Children with Spina Bifida aged 4-18 and their parents (N=64)	Physical activity/Structured and unstructured	Separate focus groups of children and adolescents (9 groups, n=33) and their parents (8 groups, n=31). Semi-structured interviews with parents (n=11)	Thematic analysis using an inductive strategy
Downs et al. 2014, UK	Educators of children (4-11) and youth (11-18) with intellectual disability (N=23)	Physical activity/Structured and unstructured	Focus groups exploring teacher's perceptions of enabling, reinforcing, and predisposing factors of with the Youth Physical Activity Promotion Model as a guide.	Deductive and inductive analyses
Maclavish & Schleien 1998, USA	Families who had children disabilities (N = 65). Boys aged 2-10, girls 4-22	Family recreation/ Structured and unstructured	Mixed methods: survey (n =65), interviews (n =16), and field notes	Grounded theory for qualitative data, descriptive statistics for surveys
Maclavish & Schleien 2004, USA	Families of children with disabilities. Boys aged 2-10, girls 4-22 (N=65)	Family recreation/ Structured and unstructured	Mixed methods: survey (n =65) and interviews (n=10)	Grounded theory for qualitative data, descriptive and non-parametric statistics for surveys
Okun & Akcin 2012, Turkey	1 mother and her 9 year old child with ASD	Outdoor rule-based games/ Structured	Single-subject case study. Diary, observation, and interview. Discussion of videos with mother.	Micro-ethnographic analysis
Prellwitz & Tamm 1999, Sweden	Parks dept. head and technician, head of roads dept., landscape architect, & Secretary for the Handicapped (n = 6 designers). 3 children with restricted mobility (aged 7-11) , and 1 parent, 1 teacher and 1 aide for the children (n= 6 users)	Playgrounds/ Unstructured	Semi-structured interviews	Content analysis into themes, guided by research questions

OUTDOOR PLAY DECISION-MAKING

Scholl et al 2003, USA	Families with one or more children with a disability aged 5-2) who were involved in an outdoor recreation program (N=24)	Outdoor recreation/ Structured and unstructured	Mixed methods: individual interviews (4/family), focus groups with multiple families (n=5), pre/post recreation intervention surveys (n=24)	Paired t-tests for surveys; Grounded theory for qualitative data.
Talay et al. 2010, Turkey	Parents of children with disabilities who were under 12 years (N=667)	Playgrounds/unstructured	Mixed methods: survey (n=667) and evaluation of the physical playgrounds (n=355).	Not reported
Thompson and Emira 2011, UK	Parents and carers of children with ASD and/or ADHD aged 8-17 (N=44)	Leisure and respite care/ Structured and unstructured	Telephone interviews (n=44), focus groups (n=5), interviews (n=7), and 1 "expert" focus group/ support group.	Grounded theory
von Benzon 2010, UK	1 head teacher of each site school for children with a variety of disabilities aged 2-19 (n=7); Representative of each environmental centre (n=6).	Students in a natural setting/ Structured and unstructured	Survey and telephone interviews	Iterative approach

OUTDOOR PLAY DECISION-MAKING

Table 2.3: Study outcomes and ecocultural themes

Authors	Ecocultural themes				Outcomes		
	Societal Family/ School	Caregiver	Child	Barriers	Enablers	Motivators	
Bloemen et al., 2015	● ●	●	●	Extra considerations of medical care requiring planning and revised schedules, other's perceptions on child's capacity, lack of knowledge in how to modify equipment, and inaccessible playgrounds and parks.	Positive: intention, attitude of child and family toward social and health benefits, fitness, experiences with physical activity, mobility, assistive devices, local inclusion in sport and policies, and access to lifestyle resources.		
Downs et al., 2014	● ●	●	●	More sedentary, prevented from using "mainstream" sports clubs, decreased understanding of the need for physical activity, and lack of strong links between family, community, and school for promoting physical activity.	Unstructured activity or choice in activities, transportation, good weather, fitness, children's skills, accessibility, children's motivation and perceptions of relevance (i.e. worthwhile), as well as peer, family, and teacher influences including active role modelling.	Enhancing self-perceptions, enabling acceptance, increasing spontaneity, providing opportunities for changes in scenery, social interaction, and dedicated time for each child.	
Mactavish & Schleien, 1998	● ●	●	●			Re-establishes what is important in the family, the only option for older children with a disability, helps with learning skills (social, recreational), improves family life, improves marriages, creates closeness as a family, gives families something to do, helps with the physical and mental health of the family, gives positive life experiences, lets children relax and be a kid, and creates positive self-perceptions.	

OUTDOOR PLAY DECISION-MAKING

Mactavish & Schleien, 2004	● ● ● ●		Balancing skill development and fun, managing the lack of spontaneity, and intra-family groups supporting a family's participation.	Work and family responsibilities, adapting the activity for the child, intra-family differences in age and ability, lack of information, and insufficient time.
Ökcün & Akçin, 2012	● ● ● ●	The child's skills and social accessibility of the environment for a child with ASD.	Use of the child's interests.	Develop skills and create social experiences for the child.
Prellwitz & Tamm, 1999	● ● ● ●	Barriers to users: lack of accessibility (not built for these children), and need assistance to play. Barriers for designers: disorganization, insufficient knowledge of design for or consideration of children with disabilities, costs of rebuilding, and attitudes (not considering what children with disabilities want).		
Ripat & Becker, 2012	● ● ● ●	Inequality with limited access, limited/unfair social opportunities, and families had to modify the physical environment for the child. The equipment may be accessible, but not usable or useful.	Valued playgrounds for child's enjoyment, imagination, being a part of the social/family experience.	
Scholl et al., 2003	● ● ● ●	Managing physical, emotional, and financial demands of child's disability, family dynamics, the environment (medical safety, supervision, accessibility), social interactions outside the family, as well as parents' lack of knowledge about how to negotiate recreation for a child with a disability, and recreation providers' lack of awareness of disability issues.	Increased knowledge/confidence in camping, satisfaction of family relationships, and connectedness of family members.	
Talay et al., 2010	● ● ● ●	Physical accessibility, safety, lack of municipal support, lack of inclusiveness, and others' negative views of disability.		
Thompson & Emira, 2011	● ● ● ●	Others not understanding "hidden" disability, issues of training and staff attitudes in recreation activities, sense of isolation, leisure a house-bound pursuit.	Mainstreaming: wanting to be included, but wanting others to understand the disability.	

OUTDOOR PLAY DECISION-MAKING

von Benzon,
2010



School staff: time, cost, staffing, and land availability.
Environmental staff: physical accessibility and safety.

School staff: playing, fun, learning, caring, independence, and risk taking.
Environmental staff: playing, experiencing new things, and environmental responsibility.

OUTDOOR PLAY DECISION-MAKING

Although the search focus was on primary school-aged children, only two studies (Ökcün & Akçin, 2012; Talay et al., 2010) included age ranges that did not cross puberty. The widest age range was 5-27 years. Gender of the children was reported approximately half of the time (6 of the 11 studies). The selected studies reported a wide range of lifelong disabilities including spina bifida, Down syndrome, ASD, ADHD, cerebral palsy, intellectual disability, spinal cord injury, and Tourette's syndrome, as well as more global categorizations such as developmental disability and multiple disabilities.

Most of the parents described in the 11 studies were of middle-to-high SES and the majority completed high school or university degrees. However, high proportions of parents in one study (Talay et al., 2010) only completed primary school and were deemed to be of low SES. Parental education (Anaby et al., 2013; Bult et al., 2011) and SES (King et al., 2006; Memari et al., 2015) are known determinants of children's participation in a variety of recreational opportunities. Subsequently, the decision-making around play opportunities for their children with disabilities in one study (Talay et al., 2010) may differ from parents in other studies.

The greatest proportion of the 11 studies described characteristics of decision-making around both unstructured and structured play opportunities (Bloemen et al., 2015; Downs, Boddy, Knowles, Fairclough, & Stratton, 2013; Mactavish & Schleien, 1998, 2004; Scholl et al., 2003; D. Thompson & Emira, 2011; von Benzon, 2010). Three studies described only unstructured play settings (Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Talay et al., 2010), and one (Ökcün & Akçin, 2012) reported structured play exclusively. Playgrounds were consistently described in studies with a focus on unstructured play.

OUTDOOR PLAY DECISION-MAKING

The decision-making processes of children, parents, teachers, and other adults were captured by a number of data collection techniques. Within the 11 selected studies, four used focus groups, nine conducted interviews, six involved surveys, and two used observation tools. All of the included studies used qualitative methods. To enhance validity of data through triangulation, eight of the studies employed multiple approaches to data collection. With only three studies incorporating quantitative analysis (Mactavish & Schleien, 1998, 2004; Scholl et al., 2003), nine studies described or implied qualitative analyses such as grounded theory (Mactavish & Schleien, 1998, 2004; D. Thompson & Emira, 2011) and micro-ethnographic (Ökcün & Akçin, 2012) approaches.

Results from the CASP can be found in Table 2.4. The areas that most consistently rated highly for reporting were descriptions of methods, results, findings, and the value of the research. In contrast, six studies did not state the ethics procedures followed. Two did not report the data analyses used. Most studies did not explicitly describe the role of the researcher (9 of 11); with only one study describing the researcher as an observer (Ökcün & Akçin, 2012), and one study documenting the researcher's relationship as an independent evaluator (D. Thompson & Emira, 2011). Three authors were contacted for additional details of data analyses (Talay et al., 2010; von Benzon, 2010) and the age range of the children in the study (D. Thompson & Emira, 2011). Subsequent communication clarified queries on the approach used (von Benzon, 2010) and the age range (D. Thompson & Emira, 2011).

OUTDOOR PLAY DECISION-MAKING

Table 2.4: Results of CASP assessment

Author	Ai ms	Metho ds	Design/Ai ms	Recruitme nt	Data collection to match research issue	Role of researcher to participants	Ethical considerati ons	Data analysis rigor	Clear findings	Is it valuable
Bloemen et al., 2015	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Downs et al., 2014	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Mactavish & Schleien, 1998	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Mactavish & Schleien, 2004	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Ökcün & Akçin, 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prellwitz &	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes

OUTDOOR PLAY DECISION-MAKING

Tamm, 1999										
Ripat & Becker, 2012	Yes	Yes	Yes	Can't Tell	Yes	Can't tell	Yes	Yes	Yes	Yes
Scholl et al., 2003	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Talay et al., 2010	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes
Thompson & Emira, 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
von Benzon, 2010	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes

OUTDOOR PLAY DECISION-MAKING

The results from the thematic synthesis are summarised in Figure 2.2, and elaborated in the following paragraphs outlining the multi-layered analyses of factors affecting decision-making of caregivers. While the structure of the diagram and themes follow an ecocultural model, the strong influence of motivators on decision-making warranted the creation of a “reasons for participation” theme which interacted with the other themes within the ecocultural model.

OUTDOOR PLAY DECISION-MAKING

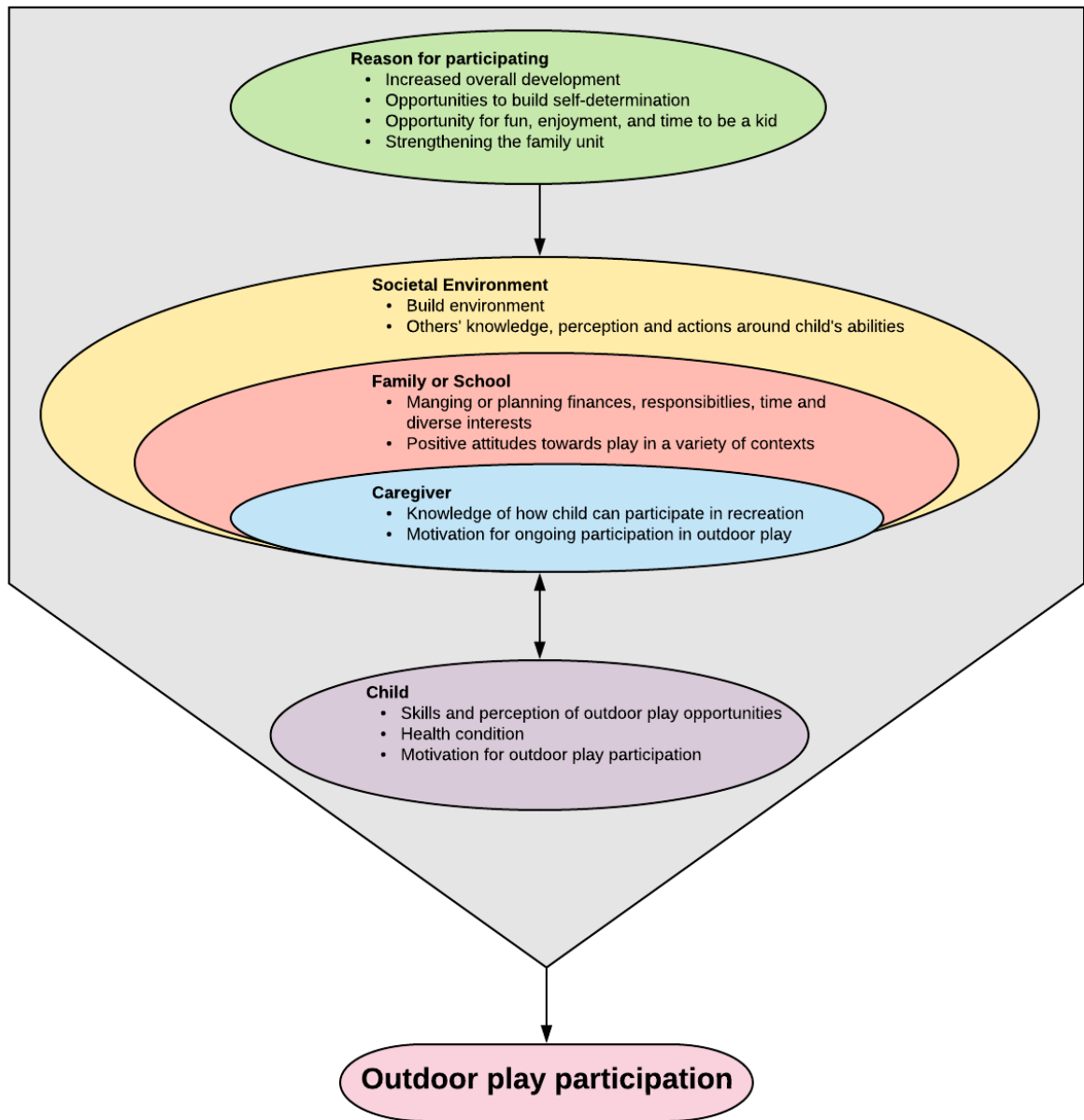


Figure 2.2: Factors affecting caregiver decision-making in active outdoor play
Reasons for Participating

Reasons for participating in outdoor play appeared to be central to the decision-making of caregivers and were described in all of the included studies. Some caregivers with strong motivation for participation perceived outdoor play as important for children's overall development including their cognitive, social, communication, physical, and

OUTDOOR PLAY DECISION-MAKING

emotional skills (Mactavish & Schleien, 1998, 2004; Ökcün & Akçin, 2012; von Benzon, 2010). Often, caregivers perceived outdoor play as a time to build social skills for children who may have limited opportunities for positive social interaction at other times (Downs et al., 2013; Mactavish & Schleien, 1998, 2004; Ökcün & Akçin, 2012; Ripat & Becker, 2012; Talay et al., 2010; von Benzon, 2010).

Strengthening the family as a whole was perceived by some caregivers as a benefit to engaging in outdoor recreation, and may have contributed to caregivers being more likely to have their family participate. Other caregivers considered engaging in outdoor recreation with family members as a time to give their child positive attention in an informal setting, which was perceived to increase communication between parents and children (Mactavish & Schleien, 1998), and create closeness as a family (Mactavish & Schleien, 1998, 2004; Scholl et al., 2003). It was also an opportunity to get out of the house (Mactavish & Schleien, 2004; Ripat & Becker, 2012) and interact with other adults (Mactavish & Schleien, 2004; Ripat & Becker, 2012; Scholl et al., 2003).

Caregivers were capable of perceiving all forms of outdoor activity as affording opportunities to build self-determination through developing self-confidence, positive views about outdoor environments, and encouraging acceptance by others. One group of caregivers related the decision for their children to participate in outdoor play to potential experiences for increased inclusion by peers; in contrast to other experiences in which children were frequently excluded or segregated (Mactavish & Schleien, 2004; Ripat & Becker, 2012; D. Thompson & Emira, 2011). Some caregivers hoped their children would be more accepted by peers and society at large through playing with typical peers in outdoor spaces (Ripat & Becker, 2012). Engaging the entire family in outdoor play was

OUTDOOR PLAY DECISION-MAKING

cited as a way to support the child and ensure acceptance in their outdoor play, as well as facilitating engagement with others through intra-family interaction (Mactavish & Schleien, 2004).

The perception of their child's inclusion in play was an important component of decision-making for some families in helping other children and adults understand the capacities of children with disabilities, and when present, a motivator for participation in outdoor play (Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Talay et al., 2010; D. Thompson & Emira, 2011). Often parents reported wanting their children with disabilities to be accepted, but their prior experiences or lack of knowledge of disability-friendly opportunities for outdoor play influenced decisions for their children to engage in segregated rather than mainstreamed activities with other children (D. Thompson & Emira, 2011). Outdoor play could be considered as a time when children could explore their abilities and challenge themselves with fewer of the consequences experienced during other times of their day, and as a result, increase self-confidence and self-efficacy (Bloemen et al., 2015). Caregivers were also capable of feeling pride and increased self-confidence when they were able to take a risk and allow children to engage in outdoor play even though inclusion was not always guaranteed (Scholl et al., 2003).

Affording time for children to experience fun, enjoyment, and "just being a kid" was a motivator for some caregivers to allow or arrange opportunities for outdoor play (Mactavish & Schleien, 1998, 2004; von Benzon, 2010). Children with disabilities often attended many therapy and medical appointments and outdoor play could be perceived by caregivers as an unstructured time without set objectives (Mactavish & Schleien, 1998, 2004). Thus, the decisions of some caregivers reflected perceptions of play in a broader

OUTDOOR PLAY DECISION-MAKING

concept; as a time to let children have fun, explore the natural world, and enrich their quality of life (Mactavish & Schleien, 1998, 2004; von Benzon, 2010).

Societal Environment

The societal environment that may impact decision-making comprises factors such as the built environment, and others' knowledge, perceptions, and actions around the child's abilities. Discussions of the elements of the societal environment included barriers, enablers, and ultimately factors that caregivers had to consider when deciding which play opportunities were appropriate for their child with a developmental disability. Accessibility of the built environment was mostly cited as a barrier (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Talay et al., 2010; von Benzon, 2010), although in one study it was considered either a barrier or enabler (Ripat & Becker, 2012). The needs of children with disabilities were not considered in the building of playgrounds, despite contributions from a Parks and Roads Department, a Committee for the Handicapped, and a landscape architect (Prellwitz & Tamm, 1999). As a result, parents and children with disabilities perceived that the playgrounds were not for them. Subsequently, municipal awareness and actions around disability and children's need for support can affect the structured and unstructured activities offered in the community and the accessibility of play spaces for children (Prellwitz & Tamm, 1999; Talay et al., 2010).

Many studies (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Talay et al., 2010) reported playgrounds to be inaccessible to children with disabilities; requiring adults to physically assist children, or restricting the possibilities for unstructured play in that setting. Although some playgrounds included ramps and other equipment using universal design, equipment was often ill-placed, which prevented

OUTDOOR PLAY DECISION-MAKING

children from accessing play opportunities (Ripat & Becker, 2012). In schools, the lack of space was perceived as affecting caregivers' ability to provide opportunities for outdoor play (Downs et al., 2014; von Benzon, 2010).

Decisions around outdoor play have also been affected by the absence or presence of disability-friendly access through public transportation, cars, or pathways. Access support may also depend on the nature of the disability. For example, parents of children with physical disabilities were required to help transport their children to structured recreation (Bloemen et al., 2015), while children with intellectual disabilities benefitted from supported transportation between some after-school activities and home (Downs et al., 2014). Adequate transportation may favourably influence caregivers' decisions around children's participation in outdoor play. Despite the importance of physical barriers, caregivers of children with disabilities perceived others' attitudes as the primary limiter to participation in outdoor play (von Benzon, 2010).

More specifically, others' attitudes, beliefs, and actions about the abilities of children with disabilities can significantly affect the decisions caregivers make around outdoor play (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Scholl et al., 2003; Talay et al., 2010; D. Thompson & Emira, 2011; von Benzon, 2010). Seven studies discussed attitudes beyond those of the caregiver and child dyad as an important social consideration for participation in outdoor play (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Scholl et al., 2003; Talay et al., 2010; D. Thompson & Emira, 2011; von Benzon, 2010). Six of these framed social attitudes as a barrier (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Scholl et

OUTDOOR PLAY DECISION-MAKING

al., 2003; Talay et al., 2010; D. Thompson & Emira, 2011; von Benzon, 2010), and one as a factor that could either be a barrier or an enabler (Ripat & Becker, 2012) .

Accommodating others' beliefs and actions was perceived as a tiring and stressful activity, and resulted in decisions to limit their children's recreation and outdoor play in order to avoid judgment by others (Scholl et al., 2003). In contrast, caregivers allowed their child to participate in outdoor play even when the space was not as inclusive as preferred because of the perception that the child's involvement in outdoor play was valuable (Ripat & Becker, 2012). However, even when supportive attitudinal environments existed, physical and societal barriers often resulted in exclusion (Prellwitz & Tamm, 1999).

Caregivers in several studies indicated a desire for increased training for professionals and staff involved in structured recreation for children with disabilities, to better support their children's participation in play (Bloemen et al., 2015; Ripat & Becker, 2012; Scholl et al., 2003; D. Thompson & Emira, 2011; von Benzon, 2010). Without this training, appropriate activities and professional interactions were limited (Scholl et al., 2003). The insensitivity and lack of knowledge of some staff resulted in caregivers feeling defensive and unwelcome; negatively influencing their decisions for their children to participate in the activities (D. Thompson & Emira, 2011). With better tailored activities for children with a wide range of abilities and staff who are aware of children's needs and skills, caregivers may be more likely to permit their children to participate in unstructured outdoor play activities.

Family or School

When caregivers decide whether outdoor play is an appropriate option for children with disabilities, families and schools must consider the need to manage and plan a number

OUTDOOR PLAY DECISION-MAKING

of factors such as: finances, responsibilities, time, and interests, as well as the need to maintain positive attitudes towards play in a variety of contexts. Finances were discussed by caregivers as something that frequently made them more hesitant about allowing children to participate in outdoor play opportunities (Bloemen et al., 2015; Prellwitz & Tamm, 1999; Scholl et al., 2003; von Benzon, 2010). Representatives from schools perceived costs, including the cost of providing enough staff for adequate supervision of children, as a barrier to accessing natural environments for play (von Benzon, 2010). Families experienced additional costs related to parenting a child with a developmental disability, such as the cost of modifying their home (Scholl et al., 2003). With more money required to contribute to caring for and supporting a child with disabilities, caregivers may decide that the cost of enrolment in structured recreation or the cost of transportation to structured and unstructured play activities is too great for them, and their child is unable to participate.

Families and mainstream schools must make decisions that account for the needs of all of children, although often the needs of the child with a disability command the greatest attention (Mactavish & Schleien, 1998, 2004; Ökcün & Akçin, 2012; Scholl et al., 2003). Some families reported developing strategies for balancing all of their children's needs, such as participating in recreation with only a few members of the family in order to prioritise quality time for each of their children, or playing with their child with a disability at home while their typically developing children participated in outside recreation (Mactavish & Schleien, 2004). However, sometimes caregivers perceived that the needs of the child with a disability inadvertently became the primary focus of the family (Scholl et al., 2003). Families and schools must prioritise time and responsibilities (Mactavish &

OUTDOOR PLAY DECISION-MAKING

Schleien, 2004; Scholl et al., 2003; von Benzon, 2010) and outdoor play is one of the more challenging activities for decisions makers to consider. Outdoor play can require advanced and extensive planning, including considerations of the medical and supervision needs of a child with a disability; often resulting in the loss of spontaneity (Mactavish & Schleien, 2004; Scholl et al., 2003).

The management of environmental challenges within a family or school can affect attitudes towards outdoor play. A positive attitude towards play within a school or family contributed to caregivers being more likely to support their children in participating in active outdoor play (Bloemen et al., 2015; Mactavish & Schleien, 2004). These positive attitudes affected the children's beliefs in themselves; including their perceived ability to overcome obstacles towards participation in outdoor play.

Caregivers

In making decisions around outdoor play for their children with disabilities, caregivers need to manage their own knowledge of how the child can participate in recreation in the community, including opportunities for participation and motivation for ongoing participation in outdoor play. Caregivers cited their own knowledge, or lack thereof, about opportunities as a factor in their ability to make informed decisions about their child's participation in outdoor play (Bloemen et al., 2015; Downs et al., 2013; Mactavish & Schleien, 1998, 2004; Ökcün & Akçin, 2012; Prellwitz & Tamm, 1999; Ripat & Becker, 2012; D. Thompson & Emira, 2011), and specifically, unstructured play (Scholl et al., 2003). A perception of few disability-friendly opportunities for recreation in communities impacted some caregivers' decisions about outdoor play and recreation (Bloemen et al., 2015; Downs et al., 2014; D. Thompson & Emira, 2011). Often, parents of

OUTDOOR PLAY DECISION-MAKING

children attending mainstream, rather than special education schools, perceived that they had limited access to information about disability-friendly options for outdoor play, negatively affecting their ability to make an informed decision about what was best for their child (D. Thompson & Emira, 2011). Similarly, some teachers perceived a lack of communication between school and home as a contributing factor to informed decision-making by parents and teachers around outdoor play (Downs et al., 2014).

Caregivers were likely to make the choices they perceived as best for their child, including having them not participate in structured recreation if they did not know whether the child would be accepted (Mactavish & Schleien, 2004; Talay et al., 2010). Previous instances of children being treated without dignity or respect also impacted decisions of caregivers around play (D. Thompson & Emira, 2011). For some children, recreation was provided by the family rather than the community, due to lack of community recreation opportunities (Mactavish & Schleien, 1998). The four studies reporting lack of opportunities or knowledge of opportunities for outdoor play were conducted in three different countries (USA, UK, Netherlands), demonstrating that this may be a global factor in decision-making for caregivers.

Inclement or seasonal weather can impact children's motivation to play as well as caregivers' decisions about supporting their children in outdoor play (Bloemen et al., 2015; Mactavish & Schleien, 2004; von Benzon, 2010). While rain or snow can be perceived as a barrier, a positive attitude towards outdoor play may allow caregivers to decide that play is beneficial regardless of the weather. Despite potential barriers, it is postulated that caregivers who understand the benefits of activity, health, and play, typically decide in favour of outdoor play. These caregivers may also act as more positive role models around

OUTDOOR PLAY DECISION-MAKING

outdoor play regardless of environmental conditions (Downs et al., 2014; Mactavish & Schleien, 2004).

Child

Caregivers often considered their child's intrinsic factors when deciding if outdoor play in a particular setting was appropriate for their child. Intrinsic factors included: their child's health condition, motivation for participation in outdoor play, skills and perception of their own skill. Children's skills were discussed as a factor that affected decision-making for caregivers in all 11 of the studies reviewed. The skills considered included their ability to: accurately judge safety and navigate their environment, manipulate toys, communicate their wants and needs, interact with others, attend to the activity, understand the concepts within a play sequence, and regulate their emotions. Some caregivers decided that as a family they would only participate in outdoor play that aligned to the skill levels of the child with a disability (Mactavish & Schleien, 2004).

Some children decided they would prefer not to play rather than bother a caregiver for help with mobility onto the playground (Prellwitz & Tamm, 1999). The child's health condition was also something caregivers considered when deciding the timing and appropriateness of different outdoor play opportunities (Bloemen et al., 2015; Scholl et al., 2003). For example, children with spina bifida and their caregivers were affected by the toileting regimen required of this health condition, and as a result, the children were not able to participate in activities that hindered the toileting routine (Bloemen et al., 2015). Additionally, the presence or absence of fully functioning assistive devices affected the caregivers' decisions about children participating in outdoor play (Bloemen et al., 2015).

OUTDOOR PLAY DECISION-MAKING

Children's motivation to participate in outdoor play is complex and individual issue. When children perceived active play was worthwhile, and they had positive inner drive and self-confidence, they were more likely to want to participate in active play (Bloemen et al., 2015; Downs et al., 2014). Despite having the motivation to participate in outdoor play some children with physical disabilities were unable to play due to the lack of accessibility (Prellwitz & Tamm, 1999).

When activities were presented in a manner that children found interesting or fun, they were more likely to want to engage in the activities. Caregivers of children in three studies discussed the unstructured nature of outdoor play as a motivator for the children's participation (Downs et al., 2014; Mactavish & Schleien, 2004; Ripat & Becker, 2012). However, some parents also perceived that play for some children with disabilities had to be formal and planned, rather than informal and spontaneous, because they could not just tell them to "go play" like their typically developing siblings (Mactavish & Schleien, 1998).

Discussion

The ecocultural model highlights the complex and the dynamic nature of decision-making by caregivers around outdoor activities, including; structured and unstructured recreation and play. Even with the most positive mindsets and intentions, many factors required careful consideration, planning, and negotiation before participation in outdoor activities occurred. Each study described a variety of barriers and enablers to participation. However, many of the same factors were seen as either barriers or enablers depending on the environment and study population, demonstrating the importance of the interaction between the environment and the child and caregiver dyad.

OUTDOOR PLAY DECISION-MAKING

The societal environment shaped whether caregivers perceived outdoor play to be physically and emotionally possible. Within the family or school context, many decisions included considerations of the prioritization of time, interests, finances, and attitudes. Caregivers acted as gatekeepers, assessing possible opportunities for the child with a disability and whether the child could participate in outdoor play. In the studies reviewed, often the most positive attitudes were defined by understanding the global benefits of play independent of ability, such as fun, engagement, communication, social skills, and physical and emotional development. Children seemed more likely to have the opportunity to participate in outdoor play when their caregivers perceived its value and planned time to participate.

The nature of participation varied in different contexts, depending on the needs of the children and the opportunities of the environment. Caregivers of children with disabilities may have more difficulty making decisions than caregivers of typically developing children. Caregivers need to carefully consider how their child's skills, interests, and impairments will interact with an environment which may or may not be supportive to the needs of the child. Although speculative, some practical implications addressing each ecocultural theme can be drawn from the findings of this review.

Societal

Communities should increase the training of those providing recreation opportunities, either inclusive or disability specific, in order to create a more comfortable environment for children of all abilities. Local governments can be more consultative in the planning stages of activities and physical environments. Additionally, regular reviews of both physical environments (Prellwitz & Tamm, 1999; Ripat & Becker, 2012; Talay et al.,

OUTDOOR PLAY DECISION-MAKING

2010), as well as the provision of play and recreation opportunities by communities and the use by families and schools would provide evaluative feedback to improve participation (Bloemen et al., 2015; Scholl et al., 2003; D. Thompson & Emira, 2011).

Family and School

Consistent with family-centred care models, providers must consider that families often think about more than just their child with a disability (Kuo et al., 2012). Similarly, schools, within their constraints, must consider what is best for all children (Praisner, 2003). As a result, there is scope to address barriers of time, money, and transport in policies and practice, that directly and indirectly impact on the child. This can include a community bus to bring children and families to play and recreation opportunities, increased respite care for families, or increased funding for parents who compromise work hours and roles within their profession in order to care for a child with a disability. Due to the siloed nature of services, increased coordination between local governments, schools, families, and providers may provide the dynamic interaction required for children's greater participation in outdoor play.

Caregiver

Promotion of inclusive opportunities for outdoor play at the community and school levels may increase caregivers' awareness of their choices in activity for their children. Caregiver modelling matters for children's participation (J. Martin & Choi, 2009) and daily actions inform their lifelong habits (Friedman et al., 2008). Helping parents and teachers think about the child's lifelong habits and what outcomes they want for their child may support current decision-making towards outdoor play (Niehues et al., 2013).

OUTDOOR PLAY DECISION-MAKING

Child

When considering children's play and recreation, activities should be planned that follow the interests of the child, cognizant of their health condition, skills, and available opportunities. Caregivers' decisions are often motivated by the child's opportunity for fun, inclusion in social interactions, and just being a child. The inclusive nature of unstructured outdoor play (Bundy et al., 2008; Burdette & Whitaker, 2005) may motivate caregivers to make more positive decisions towards participation. The benefits of less adult intervention in children's play is reflected in global trends for children with and without disabilities (Bundy et al., 2015; Ginsburg, Committee on Communications, & Committee on Psychosocial Aspects of Child and Family Health, 2007).

Strengths and Limitations

For the first time, this review has identified, synthesised, and assessed all available evidence on caregiver outdoor play decision-making for children with disabilities. An ancestral search was conducted from included studies; however, no forward search in Google Scholar was conducted. Grey literature, such as unpublished theses or commissioned community reports, was excluded from this broad search strategy. Both of these methodological decisions may have resulted in missing potential relevant articles. The lack of exclusion of studies based on quality of reporting can be viewed as a limitation of this review and synthesis. However, similar to other qualitative syntheses of systematic reviews, the focus was on studies that may add depth to analysis (Campbell et al., 2003). Many of the included studies lacked transparency in their reporting of ethical practices and the role of the researcher. Omissions in other areas of reporting were clarified through communication with the corresponding author except, in the case of one study, where the

OUTDOOR PLAY DECISION-MAKING

authors did not respond to correspondence (Talay et al., 2010). Due to the heterogeneous nature of the literature on this topic, conclusions drawn must be preliminary and may not reflect the experiences of all caregivers of children with disabilities. However, qualitative research does not seek to generalise to other populations; rather the purpose is to give an in depth understanding of experiences (Creswell, 2007).

Many countries and societal environments were represented in the studies reviewed. This diversity encompasses many play experiences of children with developmental disabilities and their caregivers. However, each nation is likely to differ in supportive policies, physical environments, and culture around children with disabilities. Stronger application of the ecocultural model within each nation may provide insight into the role of local government in planning, policies, and practices that contribute to decision-making processes of caregivers and more importantly positive outcomes for children with disabilities in play spaces.

The review also covered a variety of common disabilities for children, but the diversity may also be perceived as a limitation since no one particular diagnosis population was reviewed in depth. However, in a study comparing children with neurological or musculoskeletal impairments, other factors examined such as age and functional capacity were more important than diagnostic category (Law et al. 2004). Since play remains a universal right in childhood, diagnoses may not be the most fundamental issue to research. The focus on functional capacity rather than diagnostic specific limitations is in keeping with the ICF model used in health policies globally (World Health Organization, 2001).

Despite previous reports of the correlation between low socio-economic status and reduced participation in leisure activities (Shikako-Thomas et al., 2008) by children with

OUTDOOR PLAY DECISION-MAKING

developmental disabilities, socio-economic descriptors were infrequently described within the studies selected for this review. Nonetheless, financial barriers were common considerations for caregivers. Although not always synonymous with socio-economic status, barriers of time and family work responsibilities could also be linked with financial considerations. Future studies strategically engaging families across the spectrum of SES (such as parent education, income, and perceived access) within a given nation, may confirm the influence of financial barriers to decisions around outdoor play opportunities for children with disabilities.

Many of the studies reviewed reported caregiver decision-making in recreation which often included activities beyond unstructured, active, outdoor play. The lack of targeted research on unstructured, active, outdoor play is a limitation that represents a gap in existing literature. Additionally, the studies reported on populations that included wide chronological and developmental age ranges as well as diverse skills within the children. Play for children aged 6 – 12 years can differ from younger and older children, independent of disability, yet a stronger focus on the primary years of schools was only reflected in two studies selected for the current review. Caregiver reasoning may also reflect children's differences in skills, ages, and diagnoses, since developmentally, children's skills and interests change as they get older (King et al., 2010).

Most of the studies (9 out of 11) explored the perspectives of one group of adult decision makers, either parents or teachers, with some studies including the opinions of the children as well. One study included representatives from the municipality as well as parents and children (Prellwitz & Tamm, 1999), while another study included representatives from schools as well as environmental centres (von Benzon, 2010). More

OUTDOOR PLAY DECISION-MAKING

consistent triangulation among multiple perspectives of adult decision makers would strengthen future research into caregiver decisions in outdoor play for children with disabilities.

Further Research

Further investigation is warranted in examining how caregivers make decisions about unstructured, active, outdoor play for primary school-aged children with developmental disabilities. This research would ideally seek to understand the dynamic multilayered interactions influencing adults' decisions. The use of ecocultural theory highlights how caregivers do not make decisions in a vacuum. They are influenced by the ecosystem in which they live, interactions with others, and their experiences with the specific child. Barriers and enablers can interchange depending on the circumstances. Simply identifying barriers and enablers will not reveal the complex and dynamic nature of the decision process. Results from this systematic review could inform future studies of interactions within the ecocultural model to better represent the physical, attitudinal, logistical, and motivational concerns of caregivers; as well as potentially contributing to opportunities inclusive of all abilities and interests. Children's right to participate in outdoor play could be championed by facilitating collaboration between and within the layers of the ecocultural model.

Compliance with Ethical Standards

This article does not contain any studies with human participants or animals performed by any of the authors.

OUTDOOR PLAY DECISION-MAKING

Funding

An Australian Research Council Discovery Grant (number DP140101792) obtained by AB for the Sydney Playground Project (Levelling the Playing Field: Starting with the School Playground), made possible the PhD scholarship of JS.

Conflicts of Interest

The authors have no competing interests to report.

OUTDOOR PLAY DECISION-MAKING

Systematic Review Update: 2015-2017

I re-entered the search strategy originally used in the systematic review to update the currency of the literature, synthesis, and critical appraisal for the years 2015-2017. I screened 298 articles, with two new studies included within the results (Table 2.5). I read and considered for inclusion two additional studies that I ultimately excluded because one focused on structured recreation rather than play (Alesi & Pepi, 2017), and in the other, the children were not primary school-aged (A. Young, Kyzar, Tolbert, & Huckaby, 2016).

Results below confirm and extend findings from the published systematic review.

Table 2.5: Systematic review update results (2015-2017)

Author/Year/Country	Participants	Type of play	Study Design	Analysis of data
Horton, 2017, UK	Parents of children with moderate or severe learning difficulties aged 5-16	Family outdoor play at parks/ Unstructured play	Questionnaire ($n= 60$; parents of children with and without disabilities) Semi-structured interview ($n=12$; parents of children with disabilities)	Thematic
Spencer et al., 2016, Australia	Teachers of children in two primary school for children with disabilities	School playgrounds/ Unstructured play	Questionnaire ($n = 49$) Analysis of video recordings (59 excerpts)	Thematic

Motivation

Both parents and educators were motivated to support outdoor play for children to have fun (Horton, 2017; Spencer et al., 2016). Outdoor play was important for quality family time and learning (Horton, 2017) as well as independence and problem solving. However, participants cited challenges due to the child's disability to explain why they often had to restrict outdoor play (Horton, 2017; Spencer et al., 2016). When outdoor play occurred, it was because families and educators worked through their fear of what might happen to allow for something they valued.

OUTDOOR PLAY DECISION-MAKING

Environment

Perceived attitudes of others within outdoor spaces curtailed families' enjoyment and comfort with play spaces (Horton, 2017). Similarly, the families' ability to relax in the space was impacted by poor physical access with paths, transportation, and bathrooms (Horton, 2017). Some spaces had physical access, but did not lead to fun experiences (Horton, 2017). Educators often emphasised school rules and their duty of care when considering children's outdoor play options (Spencer et al., 2016).

Family

Families required extensive planning to support their child's outdoor play in the community. Parents perceived that everything about outdoor play in the community (planning, bathroom visits, going to different areas within a park) took longer when children with disabilities were involved and was more tiring for these families than in families of children without disabilities (Horton, 2017). Families managing children with disabilities avoided certain spaces, or put themselves off to the side to make it easier and less likely to encounter social exclusion or stigma (Horton, 2017).

Parent/Educator

Parents and educators both worried about anticipated risk, challenges, or frustrations for the child and acted based on those fears (Horton, 2017; Spencer et al., 2016). Educators often stepped in more when children were interacting with peers rather than when they were playing alone (Spencer et al., 2016). Parents felt guilty that they should be doing more to support their child's play, and struggled to live up to perceived expectations (Horton, 2017). To alleviate the perception that they were not adequate parents, parents would often try to put on a brave face and bring their child to outdoor play environments despite challenges (Horton, 2017).

OUTDOOR PLAY DECISION-MAKING

Child

When parents and educators discussed outdoor play decision-making factors related to the child, it was usually through a deficit lens (Horton, 2017; Spencer et al., 2016).

Adults were concerned that children with disabilities had decreased capacity to perceive and respond to danger, and thus required increased supervision (Horton, 2017; Spencer et al., 2016). Adults cited increased sensitivity to pain and difficulty with unpredictability (Horton, 2017) as well as poor language or communication skills (Spencer et al., 2016) as child factors influencing decision-making and negatively impacting outdoor play participation.

Discussion

Parents and educators within these two studies experienced similar decision-making factors as the adults included within the systematic review. Collectively these adults appeared to value play and understood its benefits, which resulted in participation despite noted barriers. Social and physical access challenges were notable for children with physical disabilities in the community and less prevalent for children with primarily intellectual disabilities at schools for children with disabilities. Adults carefully considered their perceived decision-making role, and the child's deficits when determining play opportunities. Additionally, both of the current studies highlighted adults anticipating challenges due to the child's deficits, and acting based on those fears. Motivation for play influenced whether or not they were able to work through their fears to support play.

OUTDOOR PLAY DECISION-MAKING

CHAPTER 3

Methodology

OUTDOOR PLAY DECISION-MAKING

This chapter introduces case study (Merriam, 1998; Stake, 1995; Yin, 2014) as the main methodological framework of this study, designed using an ecocultural framework (Llewellyn, 2012). I introduce the different data collection techniques employed during this research, and justify how each supported answering the research questions. Finally, as case study design specifies little regarding data analysis, I discuss analytical approaches and rigour drawing from practical techniques (Miles, Huberman, & Saldaña, 2014), cross-case analysis (Stake, 2006; Yin, 2014), interpretive description (Thorne, 2016), and analytic deduction (Patton, 2015).

Study Purpose

To understand how caregivers make decisions about unstructured, active, outdoor play for children with disabilities within a CALD setting. To address this purpose, I developed the following aims and research questions.

Aims

The aims of this research were to:

1. Understand and describe adult outdoor play decisions and the child's responses to their play environment.
2. Explore how choice, motivation, and opportunities influence adult outdoor play decision-making within an ecocultural model (e.g., physical, social, cultural, political and historical environments) and capabilities approach.
3. Explore how values and perceptions influence adult outdoor play decision-making.

OUTDOOR PLAY DECISION-MAKING

Research Questions

1. What factors influence adult decisions for children with disabilities participating in unstructured, active, outdoor play?
 - a. What motivates an adult to decide that outdoor play is appropriate for their child in certain circumstances and then facilitate these opportunities?
 - b. What is the perceived impact of outdoor play decisions for the child?
2. What choices are available in outdoor play?
 - a. What strategies do adults use to promote outdoor play?
 - b. What influences parent satisfaction with their child's outdoor play?
3. How do environmental contexts (e.g., social, physical, political) impact play choice?

Design

I conducted a systematic review and multiple-perspective case study to comprehensively answer the research questions (Figure 3.1). Multiple-perspective case study design was selected to permit an in-depth understanding of the phenomenon of decision-making around play for children with disabilities through concurrent triangulation of data and comprehensively answering the research questions (Creswell & Clark, 2011). Data collection and analysis were primarily qualitative in nature, with quantitative measures embedded in the design, as is common within case study research (Creswell & Clark, 2011; Yin, 2012, 2014).



Figure 3.1: Included studies within the thesis

OUTDOOR PLAY DECISION-MAKING

Rationale for Approaches

Qualitative approach

Qualitative approaches focus on the natural environment, the meanings participants ascribe to the phenomenon, and creating a holistic account (Creswell, 2007). The home, community, and school had different expectations (Coster et al., 2012). Thus, adult decisions differed. Researchers have emphasised the need to understand children and their caregivers in context (i.e., natural settings) when trying to appreciate the complex nature of caregivers' participation decisions for their child with disabilities (Morrongiello & Lasenby-Lessard, 2007). A qualitative approach complemented the multi-layered understanding of an ecocultural model and the complexity of interactions within the capabilities approach. To date, quantitative analyses of children's participation in leisure activities only partially accounted for the decisions and outcomes (Imms et al., 2009; King et al., 2006; Law et al., 2004; Longo et al., 2013). Qualitative approaches provided the depth of information to advance understanding of how participants made outdoor play decisions and the impact of those decisions on the children with disabilities.

Quantitative

The embedded quantitative data collection enhanced the qualitative data collected and analysis. Data were collected concurrently, with each aspect adding to the depth and breadth of understanding (Creswell & Clark, 2011). I used a quantitative approach through a survey to track daily parent decisions across one week, using descriptive analysis. Additionally, document review and community information about the LGA that informed the case included both qualitative and quantitative information.

OUTDOOR PLAY DECISION-MAKING

Scope

The targeted population and the use of case study and primarily qualitative approaches allowed for increased understanding of adult outdoor play decisions for children with disabilities. However, this program of research had several delimitations (i.e., within the scope of the research): (1) children with disabilities, (2) children of primary school-age (5-12 years old), (3) a strong focus on the unstructured, active, outdoor play of children, excluding other types of meaningful activities, (4) the caregivers who most frequently make choices for children, excluding those who only occasionally make decisions, and (5) a fundamental focus on qualitative analyses.

Focal Children

I selected caregivers of primary school-aged children with disabilities because after the age of 12 years, children's play interests may have a greater social emphasis (King et al., 2010) and before age 5, children usually attend school in a different setting which arguably advocates for greater play opportunities than primary education providers. Additionally, play-related policies may differ between primary schools, pre-school or day care settings, and secondary schools. The focal children in this study attended specialist support classes in a mainstream, government-funded, primary school. The children had diagnoses of ASD, intellectual disability, and/or global developmental delay. Children with mental illness or ADHD were not targeted, but the potential for these diagnoses was acknowledged as known comorbidities within the sample population (Kohane et al., 2012).

Ethics

The Sydney Playground Project was granted ethics approval through University of Sydney Human Ethics Administration (protocol # 2014/155) and the State Education

OUTDOOR PLAY DECISION-MAKING

Research Applications Process (SERAP). I obtained modifications to the existing ethical approval for the current study through the University of Sydney, Australian Catholic University, and the SERAP (Appendix F). Before all potential participants signed informed consent forms, I reviewed with them: the overall study, the potential nature of their involvement, and their right to withdraw at any time, or be included in some aspects of the research but not others. All participants provided informed consent. They actively exercised their rights as participants. For example, two teachers and one teaching assistant agreed to participate in an interview but not in video-assisted recall. I used culturally appropriate pseudonyms throughout the results to be culturally sensitive while maintaining anonymity. As such, participants with names commonly occurring within Lebanese culture received a different commonly occurring Lebanese name. Similarly, within the LGA I used generic names for participant's job titles that may be LGA specific, and used the gender neutral pronoun "they" rather than the participants' pronouns. Throughout the results chapters, I presented data as evidence to support themes and analysis, including describing the participants' environment. However, to maintain anonymity, I masked certain descriptive specifics (e.g., the metropolitan area in which the LGA sits and school- and LGA-identifying characteristics).

Systematic Review

I presented the systematic review in Chapter 2, with an update of the literature since 2015 following the published manuscript. I used findings from the systematic review to design and develop the multiple-perspective case study, including participant sampling, interview guides, and data reduction.

OUTDOOR PLAY DECISION-MAKING

Multiple-Perspective Case Study

Approach

Multiple-perspective case studies can deal with different types of evidence, in context, when there are more variables than data points or when contextual conditions are interwoven to the phenomenon (Stake, 1995; Yin, 2014). Additionally, multiple-perspective case studies support understanding a phenomenon in greater depth, from multiple viewpoints (Yin, 2014). As such, it appeared to be the most appropriate way to comprehensively understand the phenomenon of adult outdoor play decision-making for children with developmental disabilities in their natural environments (home, school, community). Understanding how the environment influences the phenomenon may be especially important when families are from low SES and CALD backgrounds, as they may have differing values, priorities, resources, and perceptions of the environment (Gallimore, Weisner, Kaufman, & Bernheimer, 1989; Raina et al., 2004). The research questions, and thus the study itself was an explanatory case, focused on describing, understanding, and exploring a phenomenon and process: decision-making, from multiple perspectives (Merriam, 1998). The exploratory nature of the research aims and purpose aligned well with qualitative methods and case study design (Creswell, 2007; Merriam, 1998). I sought to understand one phenomenon in-depth, rather than quantify how many factors empirically influenced the phenomenon.

Current literature indicates that the caregiver and child's environment matters when it comes to decision-making and should be considered in study design (Anaby et al., 2013; Chandler, 1997). Using this approach, I explored how the phenomenon differed between perspectives, as well as how a specific context may have affected the outcome. For

OUTDOOR PLAY DECISION-MAKING

example, I contextualised outdoor play decision-making through understanding the social, physical, political, and cultural environments in the focal school and community. Central to the analyses were differences that emerged among and between individual participant and participant group decision-making, and case context considering the participant or participant group's: geographical location, policies and actions (school and LGA), stated and implied values, consideration of play, community culture, perception of child abilities, and perception and engagement with other participant groups (e.g., between family and school). Through multiple-perspective case study design, I could include different contexts in the analysis and the ultimate understanding of each of the cases and the phenomenon as a whole.

Case

A case is a, "specific, complex, functioning thing" (Stake, 1995, p.2). It is a single unit or bounded system (Merriam, 1998). Thus, it is important to identify the bounds of the case in order to accurately determine where to sample (Merriam, 1998; Stake, 2006). For the purpose of this study, I chose an instrumental case: a case that primarily supports understanding a phenomenon, rather than a case selected for its uniqueness (Stake, 1995). As such, the case itself did not have any special programs or processes, but was rich enough to understand the phenomenon. I considered a specific school community that the children attended and the LGA in which they lived as the bounds of the case, and framed the case with five focal children within the school and LGA. Thus, I did not sample all schools within the LGA, but the local government provided broader context. The case contained embedded units of analyses including school staff (teachers, teaching assistants, and vice principal), local government employees, not-for-profit representatives, and

OUTDOOR PLAY DECISION-MAKING

parents, as well as the policies around outdoor play, DIAPs, multiculturalism, and inclusion. Each stakeholder perspective (five children/families individually and collectively, one school, in one LGA) could be considered a case within a case (Stake, 1995). I first organised the results from this study at each of these levels. However, ultimately, I collectively used all the embedded cases to understand the phenomenon holistically as it played out between stakeholders across the larger case.

The data collection design emphasised the ecocultural perspectives within adult outdoor play decision-making. As such, I considered participant values, routines, and other decision-making factors at multiple ecocultural levels (e.g., child, family, school, policy). I triangulated the embedded units of analysis with the focal children as examples of specific decision-making considerations, actions, and results. Despite the value of children's perspectives to understand what they enjoyed about play opportunities and would like in the future, it was beyond the scope of this study to directly probe child perspectives. Instead, I examined the interests, habits, and behaviours of children through observation on the playground, and by proxy through interviews with parents and school staff.

Case Selection

To develop a holistic understanding of the phenomenon within a specific school and LGA community, I chose the larger instrumental case through purposeful sampling, and the focal children through theoretical and purposeful sampling. The focal school had previously identified an interest in participating in play research. I approached the "gatekeeping" teacher to determine if the school would be interested in participating in the current study. I formalised bilateral interest in participation through a site visit and discussion within the school special education team.

OUTDOOR PLAY DECISION-MAKING

The focal school was a publically funded school in which the families were predominately from low SES backgrounds, in a community that had a large immigrant population; 98% of the families spoke a language other than, or in addition to, English at home. For many years, the Australian government actively prioritised “White” immigration and suppressed indigenous peoples (Moran, 2011). Several waves of immigration in the last century as well as increased recognition of Indigenous Australians rightful inclusion in society have shaped the linguistic and cultural landscape of Australia (Moran, 2011). Immigrant and refugee groups from Europe after World War 2, Vietnam and Lebanon after wars within their countries, and Asia and Pacific in the last 40 years have contributed to a contemporary Australian culture that promotes multiculturalism in policy and practice (Moran, 2011). I did not specifically choose a cultural group to sample, the focal children and families were predominately from Lebanese backgrounds, because Lebanese people were a relatively recent immigrant and refugee group who often had low SES.

I hypothesised that the school experienced greater environmental barriers and fewer enabling factors than similar schools in more affluent areas populated by Anglo-Australians. I specifically chose the case to understand a population of children who may experience inequity in outdoor play, and thus some geographical selection bias was within the scope of the research. Additionally, I postulated that familial SES and CALD background influenced the decision-making of all stakeholders. Thus, insights and recommendations from this case are specific to the focal community, but may be generalisable to other communities with low SES from CALD backgrounds.

OUTDOOR PLAY DECISION-MAKING

Participant Recruitment

I designed this research considering the most pertinent ecocultural layers that influence a child's play choice. Thus, I recruited the perspectives of adults within families, schools, and local government levels, which I describe in the following sections and present in Figure 3.2.

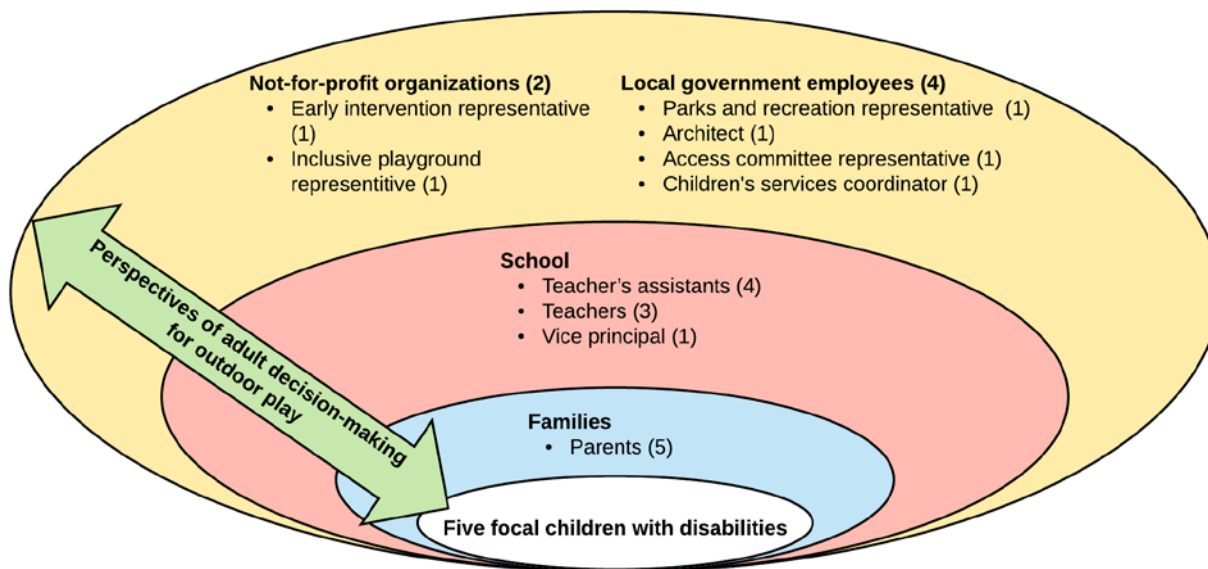


Figure 3.2: Participant recruitment at each ecocultural layer

Focal children and parents

Initial recruitment within the school targeted one focal child and their teacher from each of the four special education classes. School staff identified families as being more challenging to contact than educators. Thus, I focused on recruiting focal children and their families before school staff. Sampling was focused on maximum variation within children who met the study criteria (Miles et al., 2014). To broaden the scope of qualitative enquiry, I requested connections to families of children with varying: diagnoses, ages, genders, family composition, and familial outdoor play attitudes and actions. Additionally, I used dimensional sampling (Miles et al., 2014). I desired participant variability as well as

OUTDOOR PLAY DECISION-MAKING

participants well informed about the different dimensions of the case. For example, I included families with children who could describe how their child's abilities shaped their experience with the phenomenon of outdoor play decision-making.

Relevant staff then identified children within their classes who might be appropriate to participate. Despite my actions to support variability and representativeness, it is possible that participating parents may be atypical of parents of children with disabilities at the school. However, generalisability, even within the school, was not the aim, and the school staff and I identified parent participants who had the capacity to richly contribute to the case (Stake, 1995). One teacher and one teaching assistant served as “gatekeepers”, providing support in gaining access to relevant school personnel and families. School and family participants returned informed consent forms through the gatekeeping teaching assistant, who then provided the researcher with their contact information. The use of staff to identify participants increased credibility to the representativeness of parent participants and focal children; although the school staff also acknowledged that they did not target some parents due to difficulties in communication or engagement with the school. Furthermore, several families that school staff identified as potential participants were unable to be involved in the study due to time pressures within work and parenting responsibilities. Additionally, negative perceptions of researchers or government entities may have also influenced parent participation.

After several weeks of school staff approaching families, seven parents said they would be willing for me to contact them about potential participation in the study. One parent failed to return my phone calls, and another parent's life was too busy at the time to set up an interview, but offered for the researcher to call back. Over the next month, I

OUTDOOR PLAY DECISION-MAKING

called back twice, and the mother reported that she was still too busy to set up an appointment, and ultimately stated that now was not a good time for her to participate.

After discussion with me about the nature of the study and their rights, five parents consented to participation and agreed to set up an initial interview. The five children and their families represented different diagnoses, genders, and levels of participation on the playground. However, all the focal children were students in the two lower functioning classes in the special education program termed “multi-categorical” (children with moderate to severe intellectual disability).

School staff

At the initial meeting, I informed staff of their rights and the nature of their own potential participation. I asked them to return the informed consent forms if they were interested in participating. Sampling was iterative and recruitment was inclusive of the focal children’s teachers, as well as the teaching assistants whose presence on the playground within this school was previously unknown to me. The teaching assistants supported children with disabilities throughout the day in each of the classrooms. On the playground, the teaching assistants were the primary adults responsible for the focal children’s direct supervision. I sought the important perspective of the teaching assistants, and all four agreed to participate in the study.

From within the four classes in the special education programme, the two teachers of the multi-categorical classes agreed to participate, as well as the gatekeeping teacher, who taught the class for children with ASD. The teacher of the class for children with mild intellectual disabilities did not return the consent form. The vice principal whose administrative responsibilities included the special education program as well as part-time

OUTDOOR PLAY DECISION-MAKING

teaching in a special education class agreed to participate. A mainstream teacher whose playground supervision duties included the area where the children with disabilities often played was also included as a participant for the video-assisted recall. The researcher contacted other mainstream teachers who had similar duties, but they declined participation, or did not return contact. Thus, recruitment ended with an exhaustion of sources (Merriam, 1998). Despite my initial desire to consider decision-making solely within teacher-child dyads, the recruitment of five children and within two classes, as well as the inclusion of teaching assistants who supervised in shifts and were responsible for all children with disabilities on the playground, broadened considerations. I still asked participants to use the focal children as examples of playground decision-making when possible, but I did not restrict examples to the focal children.

Local government

To determine how the environment affected family play decisions, I sought perspectives within the local government and local not-for-profit groups in one LGA. Recruitment included purposeful and snowball sampling. I contacted the local government to request an interview with any pertinent personnel who may have provided insight into the described project. Following correspondence, I set up an interview with the park and recreation representative. At the conclusion of that interview, I inquired whether anyone else's perspective might be valuable. They recommended contacting a LGA architect who was involved with the design of recent playgrounds. I contacted the architect by email and that person agreed to an interview.

Through my search for disability-related LGA policies, I identified an access committee, which I contacted by email. A representative of the committee agreed to

OUTDOOR PLAY DECISION-MAKING

participate in an interview and, after the interview, recommended I interview the children's services coordinator. The children's services coordinator agreed to an interview and recommended I interview two community group representatives that they worked closely with, a lead at an early intervention program that served the area, and the lead of a community youth program. The lead at the early intervention program was interviewed; however, through discussion with the lead of community youth program it was determined that to interview them would be over-extension of data collection; new data that is too far removed from the central phenomenon to be useful (Merriam, 1998). Finally, for expertise in playgrounds that supported the needs of all children, I contacted a representative from an inclusive playground organization who was known to the Sydney Playground Project. They agreed to be interviewed.

Local government participants described that communicating with the community was a challenge. To determine the community needs, and provide services, some participants discussed using community cultural and religious groups to liaison with the community. Despite several attempts to contact leaders of community cultural and religious groups, none returned my messages.

Generalisability

The focus of case study is on the in-depth particular rather than generalisation (Merriam, 1998; Stake, 1995). A case does not need to be typical or generalisable. Rather, the primary obligation of the researcher is to understand the case in sufficient depth (Stake, 1995), and to develop substantive insight into the phenomenon (Patton, 2015). As such, the findings of this study reflected the community selected, and may not be representative of other communities. Other schools and communities may have different demography,

OUTDOOR PLAY DECISION-MAKING

policies, culture, or SES that affect adult decision-making. Instead of abstract particulars that can be applied to other cases, concrete universals are sought (Merriam, 1998). I used naturalistic generalisation and thick, rich description for the reader to determine how this particular case may be relevant to them (Merriam, 1998). Thus, it is up to readers to determine appropriateness of the findings and recommendations from this case to their situations.

Role of the Researcher

I had the roles of an observer in the school setting (including the playground), and interviewer and researcher through interviews with participants across ecocultural layers. Prolonged time spent in the field allowed me to become a known insider. An emic or insider's perspective is sought in multiple-perspective case studies (Merriam, 1998), and prolonged casual relationships with participants and presence at the school allowed me to better understand the emic perspective during interviews and observations. Additionally, to better understand family environments and increase their comfort and openness, I conducted most of the interviews with parents in their homes.

To be successful, qualitative research, especially case study analyses, requires specific analytic and interpersonal skills within the researcher (Yin, 2014). As a paediatric occupational therapist who had worked in challenging settings such as in the home environments of families who are of low SES, from CALD backgrounds, and have children with disabilities, I had gained many skills that are also highly applicable to success in case study research (Yin, 2014). These skills included the ability to: ask appropriate questions and interpret the answers, listen with an open mind, adapt and be open to new situations

OUTDOOR PLAY DECISION-MAKING

and opportunities, remain task oriented, and maintain unbiased notions of the phenomenon studied in order to be sensitive to contradictory evidence (Merriam, 1998; Yin, 2014).

These skills were essential when developing rapport with participants, observing on the playground, and interviewing participants. I engaged in verbal and non-verbal communication, which acknowledged the participants' challenges and the actions, but did not lead their responses. After each interview and observation, I used the analytical tools of memoing and reflection to contextualise the data, bracket my thoughts from the data, and begin to develop links between the data (Miles et al., 2014; Yin, 2012).

Data Collection

To develop an in-depth understanding of adult outdoor play decision-making in context, I used five different data collection methods. For multiple-perspective understanding of the phenomenon, I conducted interviews with parents, teaching assistants, teachers, the vice principal, and representatives from the local government and not-for-profit organisations. Additionally, I developed further understanding of the case through observations on school and community playgrounds, surveys with parents, video-assisted recall with school staff, document review, and prolonged time in the field. Table 3.1 outlines each of the data collection techniques I used in this study, the participants, and the research questions addressed. In subsequent sections, I will discuss in further detail each of the data collection types.

Table 3.1: Data collection techniques linked to type of data and research questions addressed

Data collection	Number of participants	Research questions addressed	Type of data
Teachers: Interviews	<ul style="list-style-type: none"> Teachers (3) 	1, 1a, 1b, 2, 2a, 3	Qualitative
Teaching Assistants: Interviews	<ul style="list-style-type: none"> Teaching assistants (4) 	1, 1a, 1b, 2, 2a, 3	Qualitative
Vice Principal: Interview	<ul style="list-style-type: none"> Vice principal (1) 	1, 1a, 1b, 2, 2a, 3	Qualitative
Teachers and Teaching Assistant: Video-assisted recall	<ul style="list-style-type: none"> Teaching assistants (3) Teacher (1) 	1, 1a, 1b, 2, 2a, 3	Qualitative
Parents: Interviews	<ul style="list-style-type: none"> Parents (5) 	1, 1a, 1b, 2, 2a, 2b, 3	Qualitative
Parents: Member checking	<ul style="list-style-type: none"> Parents (1) 	1, 1a, 1b, 2, 2a, 2b, 3	Qualitative
Parents: Surveys	<ul style="list-style-type: none"> Parents (5) 	1, 1a, 2, 2a, 2b, 3	Qualitative and quantitative
Larger environment: Local government interviews	<ul style="list-style-type: none"> Parks and recreation representative (1) Children's services coordinator (1) Access committee representative (1) Architect (1) 	1, 1a, 1b, 2, 2a, 3	Qualitative

Larger environment: Not-for-profit representatives	<ul style="list-style-type: none"> • Early intervention program representative (1) • Inclusive playground representative (1) 	1, 1a, 1b, 2, 2a, 3	Qualitative
School and larger environment: Observations	<ul style="list-style-type: none"> • 14 days of playground observation (recess and lunch for each day) • Observations at 3 parks within the LGA 	1, 1a, 2, 2a, 3	Qualitative
Documents: Policy review	<ul style="list-style-type: none"> • Local and state school policy around playground rules and duties; National curriculum; municipal, state, and national policies and plans around recreation and playgrounds, disability, and multiculturalism. 	1,1a, 2, 2a, 3	Qualitative and quantitative
Documents: Community demographics	<ul style="list-style-type: none"> • Census data 	1, 3	Qualitative and quantitative

OUTDOOR PLAY DECISION-MAKING

Document review

I reviewed policy documents affecting outdoor play in the home, school, and community environments. I sought documents affecting the school or the local government at local, state, federal, and international levels. To identify demographic information in the focal LGA, I obtained census and city council data. I procured local school policies and school-specific state policies from the vice principal and through local school or state websites. Policies included curriculum documents, playground rules, play supervision policies, behaviour management policies, and descriptions of teacher and teaching assistant job responsibilities. I created an audit form, with questions that drew on the literature around known constraints of play on many school playgrounds, as well as other hypothesised policies and their implementation influencing supervision behaviour. However, I was unable to use the audit form because no policies comprehensively addressed outdoor play for the target population. Thus, rather than being quantitative in nature, the review was primarily qualitative and informed interview questions, and triangulation of participant actions to related policies. Triangulation between interviews, policies, and playground observations illuminated synergies between policy and practice. For example, I read and analysed the LGA DIAPs and state-level recommendations for good practice in DIAPs, and to understand how the LGA's DIAP explicitly or implicitly influenced family and LGA outdoor play decision-making. I primarily used the review to support data collection (e.g., interview guides) and analysis (e.g., triangulation). As such, the results are not reported separately.

Observation

I conducted playground observations of focal children, teaching assistants, and teachers to develop an understanding of typical supervision sessions, general staff and

OUTDOOR PLAY DECISION-MAKING

student behaviours, and decision-making. I documented relevant features of the school and playground, children's interactions, supervision styles of staff, children's interactions with staff, and school culture. In order to minimise bias, field notes were organised by separating direct observations, participant statements, and interpretations or reflections (Yin, 2012). A total of 14 observation days (inclusive of recess and lunch periods) occurred over three school terms. After each supervision session, I typed and coded observations to help guide subsequent observations. Additionally, observations on the playground helped to inform questions asked during staff interviews, and build rapport with staff before and during interviews. After approximately 9 to 10 days, I identified no new categories of data around observed staff actions and considerations as well as the focal children's behaviour; suggesting saturation. I used observations of the playground and school culture in general to develop the context of the case as well as triangulate the data from staff interviews, video-assisted recall, and the document review.

I conducted observations on three playgrounds within the LGA to understand how children used the playgrounds as well as to inform interviews with local government. I considered the literature around positive aspects of outdoor play (e.g., unstructured, inclusive, and physically active) when recording observations. As with the document review, observations, especially on the LGA playgrounds, primarily informed data collection and analysis and are not reported separately.

Participant interviews

I conducted semi-structured interviews with participants (parents, teaching assistants, teachers, vice principal, and representatives from the local government and non-profit organisations) at time and locations of their convenience (school, offices, or at the homes of families). Systematic and literature reviews, my clinical experience,

OUTDOOR PLAY DECISION-MAKING

supervisor knowledge and experience, and my previous knowledge of the case including document reviews and playground observations informed the interview guide.

Interviews lasted between 25 and 75 minutes, and were taped and transcribed verbatim using a professional transcription service. I used a consistent interview guide within parents, teaching assistants, and teachers (Appendices G). While the guide was consistent, the probing and follow-up questions were flexible to allow for differing participant views and my emerging understanding of the case. To tailor questions to the role of the participant, I modified the interview guide for the vice principal, and each of the LGA and not-for-profit participants.

Drawing from the model of Appreciative Inquiry (Preskill & Catsambas, 2006), I framed interview questions in the positive. When interviewers positively frame questions, participants are more likely to be solution-oriented, and enjoy participating (Preskill & Catsambas, 2006). Some authors critique that negative viewpoints and experiences are dismissed in Appreciative Inquiry (Grant & Humphries, 2006). However, participants have opportunities to express their wishes for the future. It simply facilitates a shift from a negative (barrier) lens to a space in which people, organisations, and processes are at their best, even if it is seldom (Preskill & Catsambas, 2006). This approach provided the scope to learn about what works, rather than focusing on all the aspects that hinder children's outdoor play participation.

Video-assisted recall

After the initial interview, consenting teaching assistants and a mainstream teacher used a small head-mounted video camera to record a supervision session on the playground, (approximately 15 minutes). As soon after the supervision session as possible (either later that day, or the following day), I replayed the video with the participant on my computer using an audio splitter and open headphones so we could

OUTDOOR PLAY DECISION-MAKING

both listen to the audio on the playground without it affecting the conversation or subsequent transcription. While the video was playing, I instructed the participant to narrate her decision-making on the playground for the duration of the supervision session (Mitchell & Unsworth, 2005; Unsworth, 2001, 2005). I used neutral probing questions such as “Tell me what you were thinking here”, “What is going on in your mind now”, or “Say more about what you are considering here” to elicit a narration of the participant’s decision-making in situ (Buchanan, 2009; Unsworth, 2005). I stopped the video when necessary to give the participant time to elaborate on an idea. The interview with the participant’s decision-making narration was recorded and transcribed verbatim.

Individuals being videoed must rely on their own memory and may reconstruct their reasoning based on what they think they should say rather than why they actually did something (Unsworth, 2001). However, this technique is more likely to get an accurate portrayal of what the participants were thinking in the moment than an interview without video-assisted recall. Triangulation among the participants’ playground behaviours, playground commentary, and video-assisted recall narration increased credibility.

Parent survey

After participating in an interview, I invited parent participants to complete a survey through a custom designed app using Experience Sampling Method (ESM) (Csikszentmihalyi, 2014; Jessup, Bundy, Broom, & Hancock, 2013; Scollon, Kim-Prieto, & Diener, 2009). The app prompted participants twice a week to reflect on their child’s opportunities to play the day before, with a focus on outdoor play. Questions were branching, and depending on the responses, either probed reasons for not being able to play outside or how outside play occurred. All responses included perceived

OUTDOOR PLAY DECISION-MAKING

satisfaction with outdoor play since the last survey. Appendix G outlines the survey questions.

To address face and content validity, I piloted the app with occupational therapists who work with a similar population (2), a researcher with English as a non-native language (1), and members of the Sydney Playground Project research team (4). I asked reviewers to provide feedback on ease of completion, which pilot participants perceived as high, and time requirements for participants, which pilot participants reported to be approximately five minutes at most. Consequently, I made changes to simplify wording, created an introduction script, and modified the visual design. I designed the survey for parents to complete quickly, and hypothesised that short time demands would positively influence participants' willingness to complete the survey.

To capture the potential differences in children's play on the weekends and during the week (Faulkner, Mitra, Buliung, Fusco, & Stone, 2015; Must et al., 2015), I scheduled the app to alert the participant twice a week for a total of 5 weeks in the 24 hours after one weekend day and one weekday. The immediacy of reflection helped to provide a snapshot of parents' reasoning close to the time of their decision-making. Despite limitations of providing only snapshots of play decision-making, ESM has strengths in ecological validity, reduction in memory bias, and understanding how a person's actions and emotions or thoughts may be linked (Scollon et al., 2009). I scheduled the survey to ring with a window of 5 minutes to begin the survey. I informed the parents of the time and days when the survey would ring: 12.30 pm on Mondays and Thursday. The time of day was chosen because none of the mothers was involved in paid employment during the time of the study, and only one sibling of a focal child was not yet in school, thus the survey would be conducted during a period when the mothers would not be otherwise occupied attending to their children.

OUTDOOR PLAY DECISION-MAKING

All five parent participants agreed to complete the survey. They used either their phones or tablets, or I lent them a device for the duration of the survey, as the app required an Apple/iOS operating system. Due to the nature of the app, I only received data from the survey after the conclusion of the 5 weeks. During the survey period, one parent reported to the researcher that her survey completion prompt was not ringing. In fact, upon probing I discovered she was not able to get to the survey in time. As a result, I modified all surveys to include a 6-hour window for participants to complete the survey. Another participant accidentally sent the survey after only three runs, and I requested she start the survey again. However, she restarted the survey and it once again sent the results too early.

At the time of completion of the survey, I had only received the one partially completed survey. I contacted all participants via text or phone to determine challenges using the application. The participant who partially completed the survey did not reply to subsequent communication. However, the other four participants stated that they were still happy to provide information, but they had challenges using the application. To support participants in remembering to complete the survey, I changed the schedule to once a day for a 1-week period. I gave the parents a choice to complete the second iteration of the survey via the app, paper, or phone. Two parents requested a phone version, and successfully completed the survey. The other two parents preferred a paper version, and I sent the survey home through the teacher who handed it to the parents directly. One parent returned the survey, and the other did not. I followed up with the second mother via text. When she said she never received the paper survey, I brought it to her home. However, she never returned the survey to me or the teacher.

I compiled the survey data to look for trends in location, motivation, composition of play, and outdoor play decision-making across participants. To support

OUTDOOR PLAY DECISION-MAKING

understanding of day-to-day outdoor play decision-making I triangulated the data with the individual parent interviews, and then looked at patterns across parent participants.

Although there are many strengths of ESM, little literature discusses the selection bias of participants who take part. Participant burden and over-sampling of participants who have more free time are discussed, but these limitations are paired with discussion of vulnerable populations (young, old, and people with mental illness) who were able to participate (Csikszentmihalyi, 2014; Scollon et al., 2009). Given the increasing popularity of ESM, it is important to consider if some populations may be better captured by other methods, in order to include their much-needed presence or voice in research.

Modification to data collection

Case study research enabled the flexibility to ask different questions or search for more data within the case as needed (Merriam, 1998; Stake, 1995; Yin, 2014). I found relevant stakeholders previously unknown to me who strengthened my understanding of the phenomenon. For example, during the creation of the research protocol, I only expected to include 1 to 2 individuals from local government, and no outside informants. The snowball nature of the recruitment allowed for the capture of multiple-perspectives from local government and not-for-profit representatives. Additionally, in my original proposal, I had insufficient understanding of the role and presence of the teaching assistants on the playground, and thus I did not consider their perspectives. However, given the teaching assistants' intimate knowledge of the focal children and direct interactions with the children on the playground, I sought their unique perspectives.

OUTDOOR PLAY DECISION-MAKING

Data Analysis

Case study does not specify one method for engaging in data analysis. I used elements of cross-case analysis (Stake, 2006; Yin, 2012), interpretive description (Thorne, 2016), and analytic deduction (Patton, 2015). Cross-case analysis involves first understanding a single case, and then how the phenomenon converges or diverges in other cases (Stake, 2006; Yin, 2012). In interpretive description, the research uses her own clinical perspective (e.g., as an occupational therapist), as a grounding tool in research design and analysis (Thorne, 2016). Finally, in interpretive description, the researcher looks at the data for undiscovered patterns or emerging understanding (inductive analysis) alongside or after deductive analysis. It also involves identifying patterns of behaviours, interactions and perceptions, and re-examining dominant beliefs or explanatory paradigms (Patton, 2015).

Data collection, reduction, and analysis involves a cyclical process (Figure 3.3). After I received each interview transcript from the transcription service, I read it along with the audio in order to understand it as a whole and to correct inaccuracies. I then imported the transcript into NVivo v.10 software (QSR International, 2012) which I used to manage analysis of transcripts and documents. I used knowledge of the case, research questions, the ecocultural model, the capabilities approach, and my professional experience to inform initial codes.

OUTDOOR PLAY DECISION-MAKING

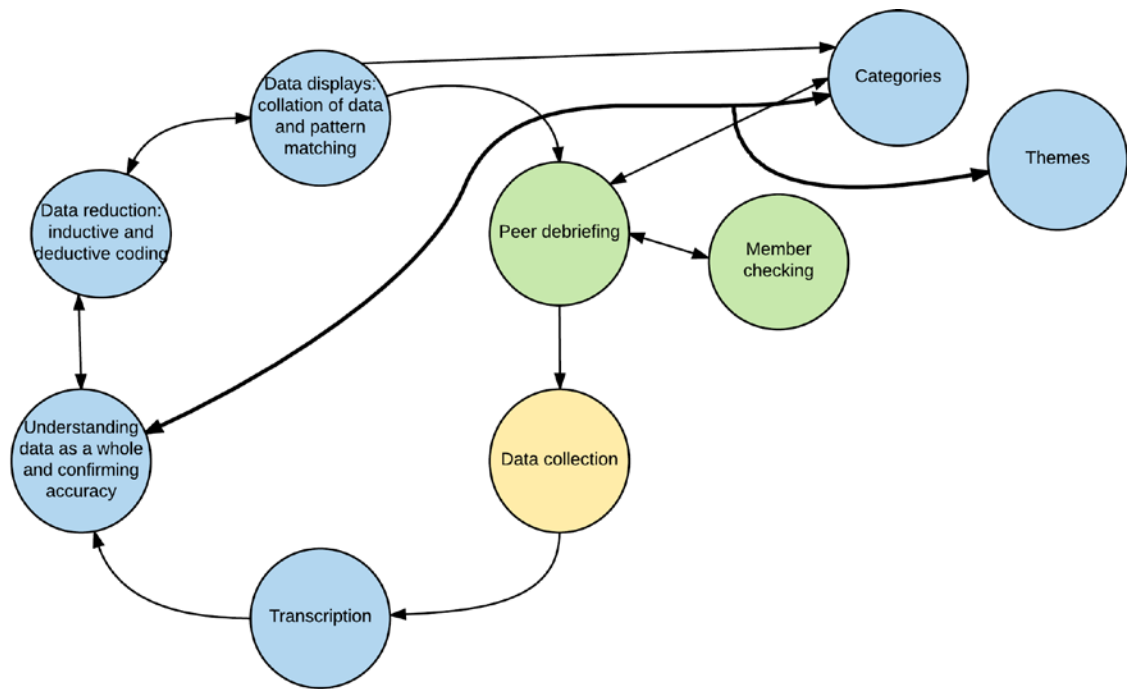


Figure 3.3: Data analysis cycle schematic

Initial data reduction involved coding after each aspect of data collection, and drove ongoing data, as recommended by Miles et al. (2014). Concurrent coding informed subtle changes in instrumentation, including adding, removing, or clarifying questions in the semi-structured interview guide. It also allowed for clarifying data that I was coding and looking to understand, including specific follow-up questions, and focused playground observations. For example, the frequent discussion by staff about focal children going to the library the second half of lunch prompted me to observe the library during that time.

Data coding was both deductive and inductive. I first used analytic deduction to code data (Patton, 2015) into broad concepts, fitting within professional reasoning (e.g., “considerations”), ecocultural themes (e.g., “child”, “family”, “mesosystem”, etc.), and specific research questions (e.g., “satisfaction with play routines”). To reduce bulk, and to create more meaningful data, these larger concepts were reduced to nested concepts (e.g., “family” sub-themes of “time”, “money”, “managing many children”, etc.). As I collected new data, I coded it into the sub-concepts. The iterative nature of coding

OUTDOOR PLAY DECISION-MAKING

allowed for the creation of new sub-concepts to fit the data. I inductively coded relevant data that did not fit into a specific previous theme, but appeared important to the case (e.g., “technology affecting play” or “play versus academics”) adjacent to the other concepts.

Next, to better understand the data I engaged in data condensing, refining, and displaying (Miles et al., 2014). I first understood each participant’s perspective related to focal concepts, and then compared perspectives within participant categories (e.g., parents) or across participant categories as relevant (e.g., between teachers, the vice principal, and teaching assistants). This allowed me to note relationships between variables; cluster data; make contrasts or comparisons within data; and create metaphors (Miles et al., 2014). At this stage, I engaged in peer debriefing with thesis supervisors to clarify thoughts and discuss rival explanations. Through comparing perspectives, I developed categories that captured relevant decision-making concepts across participants (cross-case analysis). I engaged in theory building across the case, describing how caregivers made decisions in different situations, including strategies and priorities. For example, within parent participants, strategies used to address barriers to outdoor play across ecocultural layers were aggregated into categories. Finally, through constant interaction between the categories and the data, I inductively identified themes and subthemes at each ecocultural layer (family, school, LGA). These themes reflected concepts from ecocultural theory and the capabilities approach.

Strategies for Validating Findings

Descriptions of how to describe rigour in qualitative research differ between traditions. As different authors and paradigms differ in their terms and strategies to denote rigour within qualitative studies, for consistency I use concepts delineated from (Yin, 2014). Additionally, Patton (2015) recommended credibility be enhanced through

OUTDOOR PLAY DECISION-MAKING

- 1) systematic in-depth fieldwork that yields high quality data,
- 2) systematic and conscientious analysis of the data,
- 3) credibility of the inquirer, and
- 4) readers' beliefs and use of qualitative inquiry.

Through previous descriptions of in-depth and thoughtful data planning and collection, analysis of the data, and my own role and perspective I have addressed points 1-3. The last point remains in the hands of you, the reader.

Internal validity

Triangulation between multiple sources of data (interviews of pertinent stakeholders, video-assisted recall, document review, survey, and observations) strengthened the construct validity of the findings. Triangulation enabled a comparison of consistencies and inconsistencies within the data. For example, through comparison of school participant actions and statements with relevant school document, I identified gaps between policies and actual practice. Specifically, state educational documents describe that teaching assistants are supposed to be included in Individualised Education Plan meetings. However, in practice, this never occurred. I engaged in member checking with one participant mother to discuss identified categories, with no changes as a result. Within the school setting, I informally member checked emerging categories or considerations with participants.

I also used peer debriefing or critical friends with experts in the field, including thesis supervisors and members of the Sydney Playground Project research team, who reviewed my analyses, and discussed methodological and analytical rationale and evidence as well as rival explanations (Merriam, 1998; Yin, 2014). Peer debriefing helped me to see ideas in different ways, and continued interactions with the data enabled me to see previously unnoticed patterns, as well as participant-defined patterns

OUTDOOR PLAY DECISION-MAKING

that were not sustained with further inquiry. For example, some school staff categorised themselves into people who intervened more or less on the playground, respectively interested in discipline or independence. I first considered their categories and deductively coded data with them, but further understanding of the data and peer debriefing revealed greater patterns within these staff groupings than between them. Thus, I dismissed this previously perceived understanding and pattern.

Fidelity

I supported fidelity through a number of data collection strategies, including the same interview guide within each group of stakeholders (except the heterogeneous LGA level participants): families, teaching assistants, teachers, vice principal; procedure for video-assisted recall; survey questions with parents; and researcher for all types of data collection. The use of a case study database for all materials pertinent to the project strengthened the transparency of the findings.

Reliability

A strong chain of evidence was maintained, with Nvivo software supporting the link between original sources, with dates of collection noted, and codes, categories, and themes (Yin, 2014). In each of the results chapters presented within this thesis, I denoted the source of evidence. I used participant data extensively throughout the results to justify themes, insights, and recommendations. To increase transparency and clarify potential bias, I identified my own values and background in Chapter 1, and as needed in Chapters 4-6 (Merriam, 1998).

CHAPTER 4

**Outdoor Play Decision-Making by Parents of Children with Disabilities at Home
and in the Community**

Submitted to: Scandinavian Journal of Occupational Therapy

Status: Under review

Presented at:

Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M.

(2018, April) Strategies used by parents to support outdoor play for children with disabilities: An Ecocultural Perspective. Oral presentation at the annual meeting of the American Occupational Therapy Association, Salt Lake City, UT.

This chapter will focus on outdoor play decision-making for children with disabilities by parents in the context of their families (Figure 4.1).

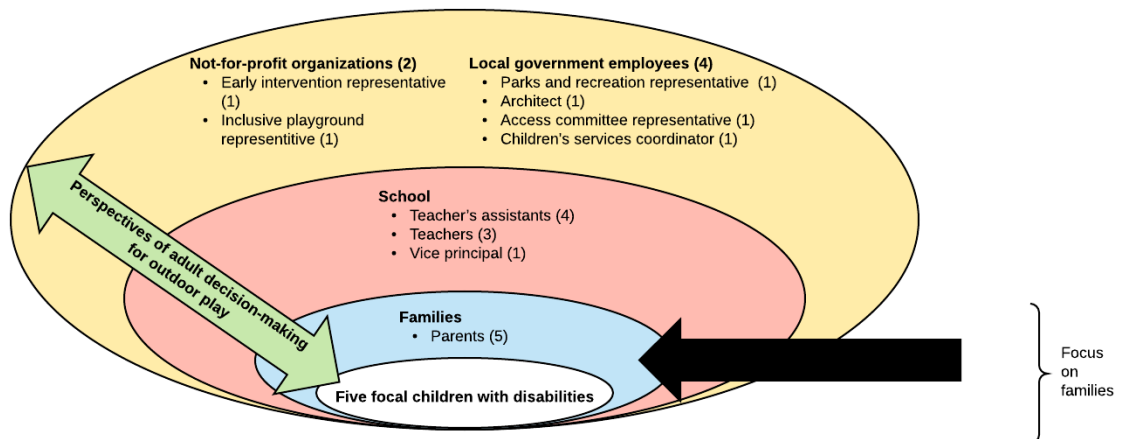


Figure 4.1: Outdoor play decision-making focusing on families

OUTDOOR PLAY DECISION-MAKING

Abstract

Background: Play is a right for children; an essential childhood occupation influenced by the environment in which they live. Despite increasing recognition of unstructured outdoor play benefits, children with disabilities experience limited play opportunities.

Aim: To understand outdoor play decision-making by parents of children with disabilities within a culturally diverse community.

Materials and methods: Data collection for this case study involved semi-structured interviews with five mothers of primary school-aged children with disabilities and a week-long survey that profiled their children's outdoor play. Analysis was thematic and involved identifying barriers and considerations (at each ecocultural layer), aggregating strategies families used to address the barriers, and understanding their overall play decision-making.

Findings: Families considered the child's interests and abilities, valued play as both a means and ends, planned for play, and facilitated in the moment as required. They were satisfied with the amount of outdoor play their children engaged in throughout the week.

Conclusion and Significance: Multiple factors influenced parents' outdoor play decisions. Families' values were child-centred, positively influencing the child's play choice. This study's strengths-based lens could inform professions such as occupational therapy to support families of children with disabilities from culturally diverse communities to advocate for play opportunities.

Keywords: Capabilities approach, playground, values, primary school, choice, agency

OUTDOOR PLAY DECISION-MAKING

Introduction

Outdoor play is a right (Office of the United Nations High Commissioner for Human Rights, 1990) and a primary occupation of children (Knox, 1988), important for children's development (Burdette & Whitaker, 2005), and associated with beneficial physical activity (Brockman, Jago, & Fox, 2010). Clinicians often use play to support the skill development of children with disabilities (Rodger & Ziviani, 1999). However, to instrumentalise play solely for its physical health benefits neglects the emotional benefits of play, such as fun and joy (Alexander, Frohlich, & Fusco, 2014). The United Nations Convention on the Rights of the Child recognises unstructured play as a right for all children (Office of the United Nations High Commissioner for Human Rights, 1990). Some children are at risk for fewer play opportunities than others and deserve special consideration, including children: with disabilities, from CALD backgrounds, and of low SES (Office of the United Nations High Commissioner for Human Rights, 1990; Pascoe et al., 2016; United Nations Convention on the Rights of the Child [UNCRC], 2013). All children, especially those with disabilities, should be able to have fun and choose what they want to participate in, which is often play (Lester & Russell, 2010; Rosenbaum & Gorter, 2012). Despite the benefits of play, children with developmental disabilities experience inequities. They have fewer opportunities to engage in outdoor play than their typically developing peers and, when they do participate, it is often not to the same extent (Brewster & Coleyshaw, 2011; Hestenes & Carroll, 2000; Memari et al., 2015). As children reach primary school-age, the focus of much of their day is on education rather than play (Murray et al., 2013). During the primary school years, most children have independent mobility, but parents still make many decisions during their day (Alparone & Pacilli, 2012), especially for children with disabilities (Pitchford, Siebert, Hamm, & Yun, 2016). To understand how to support

OUTDOOR PLAY DECISION-MAKING

children to play outside of school hours, it is important to examine play decision-making of parents.

Families of children with disabilities experience many challenges, including balancing different aspects of life, with parental health often suffering as a result (Kvarme et al., 2016; Ooi, Ong, Jacob, & Khan, 2016). Outings as a family often require extensive planning, preparation, and resourcefulness (Davey, Imms, & Fossey, 2015; Mactavish & Schleien, 2004). Families of children with disabilities can perceive their environment to be less supportive than families without a child with special needs and often lack access to information about recreation opportunities (Bedell et al., 2013). Parental motivation for participation can act as a barrier or an enabler to outdoor play participation (Serman et al., 2016). For children with ASD, their mothers' self-efficacy and enjoyment of activities influenced participation and satisfaction (Avrech Bar, Shelef, & Bart, 2016). If mothers valued an opportunity and perceived it possible and enjoyable for them and their child, they were more likely to set up the environment to make it happen (Avrech Bar et al., 2016). Parental decision-making influences the physical environment within the home and children's play opportunities, such as the presence of televisions, suitable outdoor play locations, and the amount of permitted screen time (Alparone & Pacilli, 2012; Maitland, Stratton, Foster, Braham, & Rosenberg, 2013). To better advocate for the play of children with disabilities, clinicians must understand about how parents' values, environment, and perceived satisfaction with children's play dynamically interact to shape decisions.

Social exclusion and stigma around disability negatively impact children with disabilities and their families' ease in participating in recreation and play opportunities in the community, creating inequities (Anaby et al., 2013; Shields & Synnot, 2016; Serman et al., 2016). Families from CALD backgrounds often feel disability stigma

OUTDOOR PLAY DECISION-MAKING

from within their community more than families from the dominant Anglo culture (Blanche et al., 2015; Zechella & Raval, 2016). For example, families may perceive their child is singled out within their community, and that others view their child's atypical behaviour is due to poor parenting or religious/cultural phenomena, such as a curse being placed on the child (Blanche et al., 2015; Zechella & Raval, 2016). Stigma can result in social isolation (Blanche et al., 2015; Zechella & Raval, 2016).

Furthermore, families from CALD backgrounds are often of lower SES and may have more difficulty communicating with professionals, using public transportation and accessing health and community services (American Academy of Pediatrics Council on Community, 2016; Blanche et al., 2015). Families from culturally and linguistically diverse backgrounds are frequently underserved by current support systems, which can be misinterpreted by professionals and researchers as being "hard to reach" (Fear et al., 2012). Understanding how families with the intertwined factors of disability, CALD, and lower SES, support outdoor play could have a large impact on participation (Anaby et al., 2014; Pascoe et al., 2016; Vonneilich, Lüdecke, & Kofahl, 2015). Increased understanding could enable practitioners to better advocate for children at home, at school, and in the community, and support family self-advocacy.

The capabilities approach is a rights-focused framework for understanding the real opportunities for individuals within their environments (Sen, 1985). Functionings within the capabilities approach are "beings and doings" of life (Robeyns, 2005), such as being a friend and playing. Capabilities are the real opportunities for achieving a functioning that an individual values and has a reason to value. Capabilities are linked to agency (Robeyns, 2005). The more valued play options a child has, the greater their agency. When play capabilities are insufficiently present children experience inequity (Robeyns, 2005). Fertile functionings are capabilities that when realised support other

OUTDOOR PLAY DECISION-MAKING

capabilities (Wolff & De-Shalit, 2013). For example, frequently engaging in meaningful play can support learning and friendship capabilities.

Therapists tend to focus on mediating play deficits rather than supporting family agency for play capabilities (Goodley & Runswick-Cole, 2010). Focusing on what is possible, rather than children's shortcomings may lead to greater valuing of children and their capabilities. Using an example of outdoor play decision-making by parents, we will consider through a capabilities lens how occupational therapists can leverage family strengths for outdoor play participation. The aim of this study was to understand how families of children with disabilities in CALD and low SES neighbourhoods make decisions to support outdoor play, and their perceived satisfaction with their children's outdoor play participation.

Materials and Methods

Study Design

To understand how parents make outdoor play decisions, we employed a case study design (Merriam, 1998; Stake, 1995) focused on decision-making of five parents of primary school-aged children with developmental disabilities. The study is part of a larger program of research whose design was guided by the ecocultural model, which is a derivative of the ecological model (Bronfenbrenner, 1979). The Ecocultural model considers the dynamic contexts in which children live and interact, including: the family, school, and health services (Microsystem); interaction between family, school, and health services (Mesosystem); neighbourhood, media, and social services (Exosystem); and attitudes, as well as the historical, cultural, physical, and social aspects of the society (Macrosystem) (McLaren, 2005). The ecocultural model acknowledges that family culture and personal values shape the environment in which their daily routines take place, including play (Bernheimer et al., 1990).

OUTDOOR PLAY DECISION-MAKING

All of the children attended specialist support classes within the same mainstream community school. All families resided in the same local government area. The school predominately served children from CALD and low SES backgrounds. In disadvantaged populations, developing trusting, culturally appropriate relationships must first be established before information exchange can occur (Pyett, 2002). The qualitative nature of the design allowed for development of rapport and in-depth exploration of the participants' experiences (Merriam, 1998).

Ethics

This study received approval of the Human Research Ethics Committee of the associated universities and the State Education Research authority. To protect the participant anonymity, we used pseudonyms.

Setting

The study took place in a local government area with families from CALD backgrounds within a large city in Eastern Australia. The LGA contained some of the most disadvantaged families within the metropolitan city. Many refugees and asylum seekers first settled in this area upon arriving to Australia. The predominant religion in the area was Islam, although many families identified as practicing Catholicism or Hinduism. The majority of families spoke a language other than English at home, with Arabic being the most common language. Families in the local government area lived in a mix of apartment buildings and freestanding homes, often with multi-generational households. Three large parks existed within the LGA, but the majority of local parks were small neighbourhood parks.

Participants

Teachers and teaching assistants at the school identified parents of children who might be willing to participate and lend rich information to the case, per the request of

OUTDOOR PLAY DECISION-MAKING

the authors. We sought 1) children with diverse diagnoses, developmental levels, and ages 2) parents with differing perspectives and priorities around play, and 3) families with differing member composition (e.g., number of children, single- or two-parent households). The school informed potential families about the study and participating families provided written consent for the researchers to contact them. Within two weeks of receiving the contact information of potential parent participants, the first author called parents to discuss the nature of the study and obtain written informed consent.

Several families that the school staff identified as appropriate participants declined participation due to lack of time. Other families did not return contact with either the school or researchers when presented with an opportunity to participate. A delimiting factor with recruitment was the families needed to speak fluent English. Many of the more recent immigrant parents in this school were not fluent in English. Thus, the included participants tended to come from the more established immigrant group in the neighbourhood, Lebanese.

All of the mothers spoke fluent English. Many spoke both Arabic and English at home (Table 4.1). None of the mothers was currently involved in paid employment. Four of the five families qualified for low income health care cards, which is means-tested support from the Australian government. The children in the study were diagnosed with ASD, intellectual disability, and/or developmental delay and were aged between 5 and 12 years.

OUTDOOR PLAY DECISION-MAKING

Table 4.1: Child, parent, and family attributes

Attributes	Child: Ahmad Mother: Sana	Child: Mohamed Mother: Salma	Child: Nathan Mother: Melissa	Child: Ibrahim Mother: Aisha	Child: Hana Mother: Yasmine
Child	Gender: Male Age: 5 Diagnosis: Developmental delay	Gender: Male Age: 8 Diagnosis: ASD, intellectual disability	Gender: Male Age: 8 Diagnoses: ASD, intellectual disability	Gender: Male Age: 12 Diagnoses: ASD, intellectual disability	Gender: Female Age: 7 Diagnosis: Developmental delay, hearing loss, heart murmur
Mother	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: High School	Currently employed: No Education: High School
Family	Parents: 1 (mother) Siblings: None	Parents: 2 Siblings: 2 older sisters	Parents: 2 Siblings: 1 older sister	Parents: 2 Siblings: 6 older and younger brothers and	Parents: 1 (mother) Siblings: 1 younger brother with a

OUTDOOR PLAY DECISION-MAKING

	<p>Culture: Lebanese</p> <p>Low income health care card: Yes</p>	<p>Culture: Lebanese</p> <p>Low income health care card: Yes</p>	<p>Culture: Anglo-Australian</p> <p>Low income health care card: No</p>	<p>sisters</p> <p>Culture: Lebanese</p> <p>Low income health care card: Yes</p>	<p>disability</p> <p>Culture: Lebanese</p> <p>Low income health care card: Yes</p>
Home	Freestanding house on street	Freestanding house on street	Freestanding house on a cul-de-sac	Freestanding house on street	Apartment

OUTDOOR PLAY DECISION-MAKING

Data Collection

Data consisted of both semi-structured interviews and, for a one-week period, a daily retrospective snapshot of the children's play the previous day. The first author conducted semi-structured interviews using the same interview guide with each parent participant. Interviews were approximately 30 to 60 minutes in length and were audio recorded and transcribed verbatim. We used the ecocultural model and a systematic review conducted by the research team (Sterman et al., 2016) to inform the interview guide. The questions addressed: 1) options for play within their ecocultural environment, 2) the children's preferences in outdoor play, 3) parental motivation for supporting outdoor play, 4) parental satisfaction with current participation, and 5) family planning and considerations required for outdoor play. To capture when families were able to create positive outdoor play opportunities for children with disabilities, the interview questions were generally framed in the positive and drew from Appreciative Inquiry principles (Preskill & Catsambas, 2006). After each interview, the first author acknowledged and bracketed her biases through written reflections.

After completing the interview, every day for a one-week period the mothers answered questions about their children's play in the previous 24 hours. Specifically, they described, whether the child had participated in outdoor play and if yes, the nature of the play (e.g., where, with whom, how long), certain decision-making factors (e.g., planning or why play did not occur, perceived benefits of play), and if they were satisfied with the child's play. Families selected their survey format: telephone calls, using an app on their phone or tablet, or paper survey.

Data Analysis

Data analysis drew on principles from case study design (Stake, 1995), interpretive description (Thorne, 2016), and analytic deduction (Patton, 2015). Data

OUTDOOR PLAY DECISION-MAKING

were managed by NVivo Software Version 10 (QSR International, 2012). The first author read the transcripts several times to check for accuracy and understand the interview as a whole. Categories from the ecocultural model guided initial data reduction (Patton, 2015). Identified concepts were predominantly barriers or considerations to participation in outdoor play. For example, within the parent layer, data were coded into “preparation for play”, “parent health”, “awareness of opportunities”, and “parent interests”.

To further understand the data, the first author placed each of the barriers or considerations in a matrix reflecting the ecocultural model that included each participant, the specific barrier experienced or consideration, and the potential actions the participant used to address that barrier or consideration (Appendix D). She aggregated actions to describe overarching categories of strategies used to overcome barriers and considerations across participants and ecocultural layers. Three of the named authors engaged in peer debriefing at each step of data reduction and analysis. To minimise the burden of time demands on families, only one participant engaged in member checking. Member checking confirmed the accuracy and completeness of the strategies identified, with no further changes required. We then identified similarities and differences across participant actions. Through interrogation of the categories, and constant interaction between the transcripts and analysis, we identified the resulting three major themes.

Results

We first profile each child-mother dyad and discuss how the mothers perceived their child’s play. In the subsequent sections, we present the three themes 1) play values, 2) planning for play and, 3) satisfaction with play. The subthemes follow the three major themes.

OUTDOOR PLAY DECISION-MAKING

Descriptions of Participants and their Play

Mothers considered their children's play interests and manner of play. This understanding influenced play decision-making.

Ahmad and his mother, Sana

Ahmad was a 5-year-old boy with developmental delay who lived with his mother and maternal grandparents at his grandparents' freestanding home. They moved there after Sana's divorce. Inside, Ahmad's favourite activities were colouring, watching television, and playing with blocks, puzzles, trains, and cars. Sometimes they went to the park, but often Sana had Ahmad choose, and he preferred to watch television. During outdoor play at home, Ahmad watered the garden, threw and kicked a ball with his mother, and rode his bike while she pushed him.

Sana perceived that Ahmad's communication challenges restricted his play with other children. "He doesn't like kids to come because he just likes his cousin only. He doesn't know how to talk. Like he says like a few words but he doesn't know how to really communicate much." Similarly, Sana preferred not to enrol him in recreation programs until his communication had improved. "He doesn't know how to communicate. So when he's a bit older, I will take him. I can put him in the programs"

Mohamed and his mother, Salma

Mohamed was a 9-year-old boy with diagnoses of ASD and intellectual disability who lived in a freestanding home with his parents and older sisters. Inside, Mohamed "loves to play in the sunny room, with his toys, like trains. He likes musical instruments. He's got electrical piano, guitar, and drums." Outside he liked to "jump on the trampoline, run in the backyard....and in summer he swims with his dad." He also played chase with his sisters and enjoyed swinging on the swing set. As a family, they enjoyed going on outings, including hiking.

OUTDOOR PLAY DECISION-MAKING

Salma noted Mohamed's skill progression and described how even his sisters commented on his progress.

[They] will come up to me straight away and tell me, "Look what Mohammed has been doing." Any small improvement, they will notice it, and come and tell me, "Look what he said. This is a new word he's using. Look how good he's playing today with his toys."

Nathan and his mother, Melissa

Nathan was a 7-year-old boy with ASD and intellectual disability who lived in a freestanding home with his parents and older sister. Inside, Nathan enjoyed building things with LEGO® bricks, Mega Bloks™, or play dough, as well as playing with his trains. Outside, he played on the front lawn with his cars and trucks, rode his bike or roller blades on the street, and went to the park with his family.

Perhaps because of the Nathan's delay in skills, his family noticed and were pleased about his progress in play.

He actually went on the swing for the first time. [Before] he would put his belly on the actual seat and sort of look down at the ground and dig his feet into the dirt, but [yesterday] he actually went for the first time and he was really proud. He was so happy with himself.

Ibrahim and his mother, Aisha

Ibrahim was a 12-year-old boy with ASD and intellectual disability who lived in a freestanding home with his parents and 6 siblings, both older and younger. He enjoyed digging in the backyard, playing in water, riding his bike, and tinkering with mechanical items, such as taking a clock apart. Aisha described that he used to enjoy jumping on the trampoline, but now his interests are more mechanical.

OUTDOOR PLAY DECISION-MAKING

He likes things with lights, he likes to do things like, taking a clock apart, putting it back together, trying to make new inventions, trying to do things like this. And, the only place that we can get him to do that is when he goes outside.

He also participated in kickboxing at the same time as Aisha several afternoons a week. The family acknowledged that Ibrahim had disabilities, and sometimes had challenges with playing, but valued his inclusion in activities.

You know that he's autistic. Ibrahim's got a specific way of playing...But he always motivates himself to push himself a bit harder. He's still got training wheels, and he took off the training wheels himself, saying, "I can do it by myself." He can't, but he still motivates himself to try to push himself.

Hana and her mother, Yasmine

Hana was a 7-year-old girl with developmental delay who lived in an apartment with her mother and younger brother. The family recently moved to their own apartment after living temporarily with one of Yasmine's friends. Inside, Yasmine described that Hana, "likes to play dress-ups, and do arts and crafts and decorating her shapes. If I get her a colouring book she will bedazzle the whole thing," while outside, "She likes to go downstairs and play on her scooter." She engaged in pretend play themes both inside and outside.

Yasmine considered how Hana's peers would perceive her actions and how that might impact her inclusion in play.

When she is having one of them days when she's not in a good mood I know she'll start being mean to other children. But she does know that she has to apologise at the end of the day. I think that's the only thing I worry about...

[Also] I worry about her if she's trying to socialise with other children and they don't want to socialise with her.

OUTDOOR PLAY DECISION-MAKING

Description of play across participants

Displayed in Table 4.2 are results from the survey and interview about the children's outdoor play. One family did not return the survey despite multiple contact attempts, and thus their data in Table 4.2 is solely what the authors extrapolated from the interview. Play varied from daily to not at all during the survey period. Children tended to play at home in their front or backyards with siblings or parents. They occasionally played with cousins and one child played with peers at an after-school program. Length of play included 0-30 minutes, 30-60 minutes, and 1-2 hours. The majority of the time, parents reported that outdoor play just happened, rather than requiring planning. Only one parent reported having to organise something else for other family members to do. Perceived benefits of play included fun, developing skills (social, learning, communication, and physical/motor) as well as increased independence. Play was usually stopped by the child or an adult. However, the weather, especially rain or cold temperatures, prevented or stopped play for some children. Other reasons for no outdoor play on surveyed days included the child's health or behaviour, the child choosing to play inside, and no time for outdoor play.

OUTDOOR PLAY DECISION-MAKING

Table 4.2: Family's outdoor play as described in survey in combination of data extracted from interviews

Outdoor play	Child: Ahmad Mother: Sana	Child: Mohamed Mother: Salma	Child: Nathan Mother: Melissa	Child: Ibrahim Mother: Aisha	Child: Hana Mother: Yasmine
How often do they play outside?	0/7 days (Survey)	5/7 days (Survey)	5/7 days (Survey)	7/7 days (Interview)	2/7 days (Survey)
Where they played	(From interview) <ul style="list-style-type: none">• Backyard• Park	<ul style="list-style-type: none">• Backyard x 5	<ul style="list-style-type: none">• Front yard x3• Park• School	(From interview) <ul style="list-style-type: none">• Backyard• Park	<ul style="list-style-type: none">• Car park• Relative's house
Description of play	(From interview) <ul style="list-style-type: none">• Ball games• Riding his bike	<ul style="list-style-type: none">• Trampolining• Running games• Ball games	<ul style="list-style-type: none">• Playing with cars• Riding his bike• Chalk drawing• School sports	(From interview) <ul style="list-style-type: none">• Mechanical (taking items apart)• Sand play• Riding his bike	<ul style="list-style-type: none">• Riding her bike• Running games• Pretend play
How long they played	-----	<ul style="list-style-type: none">• 30-60 minutes (x2)	<ul style="list-style-type: none">• 30-60 minutes (x3)	-----	<ul style="list-style-type: none">• 1-2 hours• 30-60 minutes

OUTDOOR PLAY DECISION-MAKING

		<ul style="list-style-type: none"> • 0-30 minutes (x3) 	<ul style="list-style-type: none"> • 1-2 hours (x2) 		
With whom did they play	(From interview) <ul style="list-style-type: none"> • Mum • Cousin 	<ul style="list-style-type: none"> • Sisters 	<ul style="list-style-type: none"> • Mum • Dad • Sister • Peers 	(From interview) <ul style="list-style-type: none"> • Siblings 	<ul style="list-style-type: none"> • Brother • Cousins
Who/what stopped the play	-----	<ul style="list-style-type: none"> • Child 	<ul style="list-style-type: none"> • Weather • Child • An adult 	-----	<ul style="list-style-type: none"> • Child • An adult
Planning required	-----	<ul style="list-style-type: none"> • Outdoor play just happened (x5) 	<ul style="list-style-type: none"> • Outdoor play just happened (x3) • I had to organise something else for other family members to do 	-----	<ul style="list-style-type: none"> • Outdoor play just happened (x2)

OUTDOOR PLAY DECISION-MAKING

			(x2)		
Perceived benefit of play	-----	<ul style="list-style-type: none"> • Fun • Physical skills 	<ul style="list-style-type: none"> • Fun • Physical skills • Independence • Learning skills (road safety) 	-----	<ul style="list-style-type: none"> • Meeting new people • Social skills • Motor skills • Communication skills
What prevented outdoor play	<ul style="list-style-type: none"> • Temperature (cold) • Ahmad ill • He chose inside play 	<ul style="list-style-type: none"> • Weather (rain) 	<ul style="list-style-type: none"> • Weather (rain) • No time 	-----	<ul style="list-style-type: none"> • Temperature (cold) • Behaviour at school (punished by staying inside) • She chose inside play
Family perception of	<ul style="list-style-type: none"> • (+) thinks it is fine 	<ul style="list-style-type: none"> • (-) would like 	<ul style="list-style-type: none"> • (+) day to day 	<ul style="list-style-type: none"> • (+) day to day 	<ul style="list-style-type: none"> • (+) thinks it is

OUTDOOR PLAY DECISION-MAKING

satisfaction of outdoor play as a routine		more	<ul style="list-style-type: none"> (-) overall, would like more 	<ul style="list-style-type: none"> (-) overall, would like more 	fine
--	--	------	--	--	------

OUTDOOR PLAY DECISION-MAKING

Play Values

Families collectively expressed that they valued play as a special family time. They considered play as important for their children's happiness and skill development.

They need that outside play time

Parents perceived play as being essential to their child's well-being and overall happiness. Salma described how after playing, "He gets happy. He's much more relaxed. He's not upset. The minute he'll go out, and has fun, he's relaxed for the whole week." Outside play allowed for greater freedom and prolonged engagement.

I think she finds that she can play more freely outside, whereas in here obviously she can't ride around too much. She loves the outdoor play.... [Outside there are] more things to explore and play with; it's different from inside. Inside is just colouring or she just might ride around the scooter in the lounge room a little bit. Whereas outside she can play for hours and hours and hours and won't complain. (Yasmine)

Families saw getting outside as more fun than inside. It was important to, "Just get out of the house. Because if you don't, they're just gonna sit on their iPads or they're gonna sit on their computers or they're just gonna sit inside" (Melissa). Families persevered through struggles encountered with supporting their children in engaging in outside play, because the happiness of their children was important.

I don't give up. Even though he will give me a hard time, I will continue doing it because if you repeat yourself all the time and explain to him, he will understand it. I don't want him to stay at home, not socialise with other people. I want him to know there's outside he can enjoy. (Salma)

OUTDOOR PLAY DECISION-MAKING

I think they enjoy it more with the family

Parents described children's primary playmates as often being members of the family. The family understood the child, their interests, and how best to play with them. Melissa recalled how Nathan's sister, "Lets him win the races. I was like 'Just let him win a couple' and she's like 'Okay'. He thinks he's doing really well. She plays really good with him." Children played longer and enjoyed it more with their family. "He wouldn't swim if they didn't all swim with him. He likes the whole family to join in... He will jump by himself [on the trampoline] but not as long as when someone jumps with him" (Salma).

Parents valued family time because the children enjoyed it and it supported the family closeness. "We've got something to talk about. He's got something to tell us that he enjoyed. He goes through photos and he would tell us, one by one, what he had done" (Salma). Parents valued family play so much they would stop other activities to prioritise play with members of the family.

Because he doesn't get to see his relatives every day. Sometime he'll be into that game so much that he wants to play and he wants to shut everyone else out, and [I'm] like, "No, that's family time."

There's always something that you learn from playing

Families saw play as a way to support the children's skills. "I think all play is skills that you need. You pick up everything. There's always something that you learn from playing" (Melissa). Play was a way for the children to "to look around, to explore, to see things" (Yasmine). Parents used play routines to support skills, both formally and informally.

OUTDOOR PLAY DECISION-MAKING

I wanna teach him that you have to wait in line and wait your turn. If I'm walking he can just walk next to me, but if we're crossing the road, I'll grab his hand and explain to him that we have to look before cross. (Salma)

Planning for play

Families considered how to support outdoor play at home and in the community. They planned before play took place and facilitated in the moment by considering the environment, family needs, and the child's play.

I have to make that happen

Families planned around the child's play interests and abilities. "I spend most of the time searching for places that's quieter for us and not too many people" (Salma). To find formal outdoor play opportunities, families called agencies or the school; looked at notice boards or the newspaper; followed recommendations from the school or from other parents; looked on social media; and/or completed internet searches for relevant terms.

Decisions in the moment also considered the child's current independence, abilities, and interests. "If they're hyperactive that day, I just hold their hands. But if they're not, they ride their scooters up the road" (Yasmine).

He knew the three [parks] and I even used to take pictures and when he was good I'd say, "Nathan which park do you want to go to?", because [each has] different toys. So he knew and he'd point out, and we'd go there. (Melissa)

Play did not always require planning. "Pretty much as soon as I tell them [we're] going to the park they just jump up and go, 'Okay, that's good!' Cause they like to play" (Yasmine). Similarly, Melissa recounted that all she would have to say is, "'Nathan, we're going to the park. Shoes on. Let's go.' And he's got his cars in his pocket and he's gone."

OUTDOOR PLAY DECISION-MAKING

Bringing items to support lasting fun

Families often brought along balls, scooters, bikes, tennis rackets, and food to make an enjoyable time at the park possible, and “sometimes they just want to go play on the actual equipment itself” (Yasmine). Bringing items increased choices for self-selected fun and longer lasting play.

We've always got balls in our boot. Wherever we go we've always got our big soccer net we pop up and a whole bag of balls. Some are footballs, some are soccer balls, netballs, basketballs. We just kick, and we just run and have fun. (Melissa)

Families considered everyone’s needs when bringing items.

We don't take our bikes, because we've got seven children, and if we're going to take their bikes, where we going to put them? So, usually we'll just take a ball or, take the scooter, or my sisters' kids may take their scooter, or they'll probably take the tennis rackets or something like that. (Aisha)

Safety

Families planned around the child’s safety awareness and the physical safety of the environment. This often shaped where play would occur. “I get scared if he runs on the road. That's one thing and number two, I'm scared if a stranger takes him away. So I'll just put him in a backyard and stay with him” (Sana). For some families, the interaction of the perceived safety of the environment with the child’s skills restricted the spaces in which the children could play and, in other instances, it was not an issue.

I don't like to take them out in the balcony because it's too high and I worry for their safety. I could turn my eye for a second to check on one and the other one could be

OUTDOOR PLAY DECISION-MAKING

climbing. So they know it's a no go zone outside the balcony. It's always downstairs. (Yasmine)

He knows not to go out in the road, but no one ever, comes down the end of our street so it's nice and safe for him. And because our house is right at the end of it he feels like, this is my cul-de-sac. We'd go out in the front yard and we'd play out there. And I could always watch him. So he was quite good out the front. (Melissa)

We've actually fixed the area up for them

Weather, including darkness, rain, and cold were conditions that the participating families frequently had difficulty overcoming. However, Aisha modified the environment so that play was possible at home even in the rain.

We've got all tiles outside. If there's a lot of water sometimes the child will slip. I don't want any of my children falling, so what I've done, I've actually got plastic grass and I've put it all over the tiles outside. If it does rain, they don't fall, because it's plastic grass. So there's not a limit... If it's raining, it's safe, because we've actually fixed the area up for them.

To support participation in outdoor play, families considered their values about what they wanted for their child in modifying their home environment. Salma and her husband wanted Mohamed to be active and used their home environment to support that value. "I wish I could do more swimming. That's my main aim. That's why my husband installed the swimming pool so [Mohamed] can swim. Even though he does not swim, but he can at least try" (Salma).

OUTDOOR PLAY DECISION-MAKING

Satisfaction

Families were generally satisfied with the amount of outdoor play their children engaged in. Play at home was more common on weekdays. “During the week he would just go and get his cars and go outside in the grass” (Melissa). Play in the community, which often required increased consideration of all family members, happened more often on the weekends. “On the weekend, we either go out, he’ll be playing outside most of the time, or [we] visit family... I had him in the swimming after school once a week and I just found that exhausting” (Salma). “At the moment, I think it’s enough because we do lots of activities on the weekend. Doesn’t matter during the week” (Aisha).

Discussion

Despite the barriers to participation, families within this CALD neighbourhood were able to value, plan for, and facilitate play for their children with disabilities. Parental decision-making created many outdoor play capabilities for the children, leading to agency. This case can be used as an example of family strengths, and how occupational therapists can support adults in other settings to value children with disabilities and their play, creating inclusion.

To support outdoor play, parents collectively considered their child’s skills and interests, valued play for the child, and planned for play at home and in the community. Through their decision-making, parents created play opportunities that the child valued and included them within the family. Parents noticed the ways that their child had grown in play skills and sought ways to support these skills further.

Parents shared a value for outdoor play both as a means towards skill development and strengthening the family, and as an ends; they perceived engaging in play as essential to the child’s happiness and well-being. All parents described activities their child enjoyed

OUTDOOR PLAY DECISION-MAKING

doing outside, indicating a level of awareness of some of the emotional benefits of outdoor play. Parents saw play as a way to support the child's growth and learning: a fertile functioning.

Families planned around how the children's skills and interests interacted with the temporal, human, and physical environments, navigating previously described barriers (Anaby et al., 2013; Shields, Synnot, & Barr, 2012; Sterman et al., 2016). They planned activities that aligned with the child's interests and familial values. They sought ways to support capabilities within play through changing environments or finding activities that would be a better fit, and facilitating in the moment. These children's play capabilities, or valued choice, started with the parent understanding the child, and continued to in-the-moment decisions considering the child's interests in play (e.g., which park). Actions reflected parents' previous experiences, values, and preferences (Bandura, 2001), which were intertwined with their cultural background (Llewellyn, 2012).

Ultimately, families were satisfied with how much outdoor play their children engaged in. Children tended to play more on the weekend than during the week and, overall, the play was largely comprised of unstructured outdoor play. Similar to location mapping studies (Quigg, Gray, Reeder, Holt, & Waters, 2010; Veitch, Salmon, & Ball, 2007), children in this study played outside the most at home, then at parks, and sometimes at the houses of friends or relatives. Some families described wanting their children to engage in more structured recreation. However, this was outside the scope of this research study.

In contrast to literature describing the challenges of fathers from low SES backgrounds in building family relationships (Pascoe et al., 2016), when fathers were

OUTDOOR PLAY DECISION-MAKING

present in the lives of the children, parents made an effort to involve the whole family. Indeed, the fact that play and recreation was a whole-family endeavour made it more appealing for many families.

Previous literature cited finances as a barrier to outdoor play participation for families of children with disabilities of high and low SES (American Academy of Pediatrics Council on Community, 2016; Shields & Synnot, 2016; Sterman et al., 2016). In contrast, mothers in this study did not describe finances as barriers to outdoor play participation. This may be because the focus of the study was on unstructured outdoor play activities that tended to be local; in the backyard or at the park or school, and thus free. Nonetheless, some families described wishing their child was able to participate more in structured recreation, which is more likely to incur a cost.

Limitations

This study includes the established limitations of qualitative research and case study including small sample sizes and challenges to generalizability (Merriam, 1998). This study focused predominantly on Lebanese families, who made up a significant portion of families within the local government area where this study was conducted, and are a large cultural group within the metropolitan area. Nevertheless, the focus on one ethnic group was a limiting factor, as values and decision-making processes may differ between cultural groups. However, within the bounds of the case, families from this ethnic background were able to provide the richest data for outdoor play decision-making. The intent was to gain an in-depth understanding of the mothers' outdoor play decision-making within a specific disadvantaged community; experiences described in this study may be applicable to other communities.

OUTDOOR PLAY DECISION-MAKING

A focus on the decision-making of families may have downplayed the barriers to participants; however, they have been previously detailed (Anaby et al., 2013; Bedell et al., 2013; Shields & Synnot, 2016) and a more appreciative perspective may offer encouragement to others caring for children with disabilities. While some of the decision-making may also be applicable to families of children without disabilities, the point of difference is the context in which it occurred. The families within this study faced significant challenges to participation due to the nature of everyday living that includes caring for a child with a disability (Bourke-Taylor et al., 2010; Davey et al., 2015; Kvarme et al., 2016; Ooi et al., 2016), and living within a low SES community (American Academy of Pediatrics Council on Community, 2016; Pascoe et al., 2016). However, within this context, families were able to value outdoor play, and plan for the child's participation.

Implications for Practice and Further Research

Families from disadvantaged, CALD backgrounds can understand, value as a fertile functioning, and plan for the play of their school-aged children with disabilities, leading to real play capabilities. We can use this case to argue that, professionals such as occupational therapists must continue to consider what families value, may need to advocate to others about the strengths of families, and should support families' agency to advocate for themselves.

Families within this study valued their child's play; however, this may not be seen in other settings such as schools where devaluing of children with disabilities is often seen (Pellegrini, 2008). We must continue to support play capabilities for children within their homes and communities, but a greater emphasis needs to be placed on supporting others to see the strengths of children, as families do. Through family-centred practice, occupational

OUTDOOR PLAY DECISION-MAKING

therapists can illuminate for other professionals how families value the child, their aspirations for the child and current actions, as well as supporting families in developing their own agency to advocate for play opportunities in other settings. Occupational therapists routinely apply clinical reasoning to understand where a child has come, what the team values for their future, and what required actions to support this aspiration (Unsworth, 2011). The capabilities approach can support this shift in thinking. Without positive valuation of children and their potential for growth, then expectations will be low, and there will be little incentive to support their capabilities. To promote participation and inclusion, we must address the supportiveness of the environments in which children spend much of their time, including schools, building on how and why families support play in the home environment. Research within occupational therapy and other health fields is shifting from an impairment focus to environmental impact on participation (Anaby et al., 2013). The capabilities approach can be used to consider not only the environment but also how we can advocate for justice, equity, and agency for children with disabilities within their contexts.

Declaration of Interest

The authors report no conflicts of interest.

Funding

An Australian Research Council Discovery Grant (number DP140101792) obtained by AB for the Sydney Playground Project (Levelling the Playing Field: Starting with the School Playground) made possible the PhD scholarship of JS.

OUTDOOR PLAY DECISION-MAKING

Chapter 5

Is Play a Choice? Application of the Capabilities Approach to Children with Disabilities on the School Playground

Submitted to: International Journal of Inclusive Education

Status: Published

Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (2018). Is

play a choice? Application of the capabilities approach to children with disabilities on the school playground. *International Journal of Inclusive Education*.

<https://doi.org/10.1080/13603116.2018.1472819>

Presented at:

Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (2018, April) Is play a choice on the school playground for children with disabilities?. Poster presentation at the annual meeting of the American Occupational Therapy Association, Salt Lake City, UT.

OUTDOOR PLAY DECISION-MAKING

In this chapter, I build on knowledge from the family context and focus on outdoor play decision-making for children with disabilities by educators in the context of school (Figure 5.1).

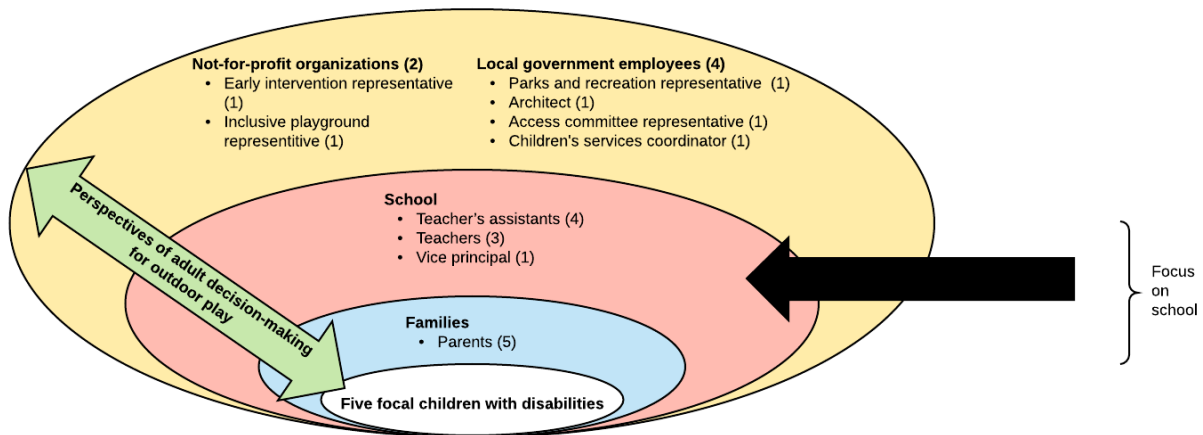


Figure 5.1: Outdoor play decision-making focusing on the school context

OUTDOOR PLAY DECISION-MAKING

Abstract

Outdoor play is important for children's development and an area in which many children with disabilities struggle at school. The aim of this multiple-perspective case study was to understand educator play decision-making for children with disabilities within one low SES and CALD community. Data collection included playground observations of children with disabilities and educators and interviews with teaching assistants, teachers, and a vice principal. Data were analysed inductively and thematically, with findings aligned to the capabilities approach. School staff and typically developing children appeared to not value the children with disabilities as players or learners, and have a limited understanding of the children's home and community play environments. School staff had low expectations of children with disabilities' play and learning capacities. Participants perceived children's playground presence and not breaking rules as sufficient. Despite educators stating that children with disabilities had choice on the playground, the children experienced few meaningful choices due to relative skills delays and an unsupportive environment. Applying the capabilities approach may lead to greater choice through valuing all children as learners, players, and community members; raising play and learning expectations; and creating play spaces that support the play of all children.

Keywords: recess, developmental disability, primary, decision-making, expectations, values

Introduction

To be included within school environments, children with disabilities need to be valued (feel accepted and respected knowing that others believe in their ability to do things), achieving (have access to meaningful and attainable learning goals), and

OUTDOOR PLAY DECISION-MAKING

participating (actively engaged in all aspects of schooling, both socially and academically) (J. Anderson et al., 2014). Labelling groups of children is a key exclusionary factor (J. Anderson et al., 2014) historically prevalent in literature and practices in education and health (Valencia, 2010; World Health Organization, 2001). Schools frequently pathologise children from disadvantaged backgrounds, including CALD backgrounds (Valencia, 2010). Educators acting within a deficit-based lens see disadvantaged students as inherently lacking skills required to succeed within educational environments (Valencia, 2010). They consider them in need of fixing, or beyond fixing (Ainscow, 2005). This thinking can lead to poor communication between families and schools and fewer inclusionary actions and outcomes for children with disabilities (Lake & Billingsley, 2000; Valencia, 2010). In contrast, when educators see children as perfect the way they are, then there is little incentive to develop programming to support their skills (Nussbaum, 2011). Meaningful inclusion of children with disabilities requires new approaches to understanding how others' decisions and actions impact their real options within a school context, including at recess.

The capabilities approach initiated new thinking around disadvantage and disability in education (Nussbaum, 2011; Terzi, 2008). In this model, children's skills and abilities, interact with their social, political, and physical environments to determine their choices to act based on their values (capabilities) (Sen, 1985). For example, Sarah might have the skills, equipment, and opportunity to participate in a soccer game, but chooses to observe. The capabilities approach is strengths-based (Terzi, 2008). It focuses on increasing individuals' capabilities through considering their values and addressing access to resources, supportiveness of environments, or development of skills (Nussbaum, 2011).

OUTDOOR PLAY DECISION-MAKING

Greater choice leads to greater agency and advantage (Sen, 1985). Sarah has more agency if she can choose between playing soccer, reading, playing on equipment, or socializing.

Communities determine appropriate capabilities to support based on their setting and values (Nussbaum, 2011). Educational communities may reflect their values through policy, curriculum, and practice decisions at local and national levels (Walt et al., 2008).

Play is important for children's well-being, skill development, and health (Nussbaum, 2011; Pellegrini, 2008). To support play capabilities, schools must consider vulnerable populations, who include individuals from low SES backgrounds and people with disabilities (Terzi, 2008). To have sufficient play capabilities, individuals who have difficulty converting resources into capabilities, such as children with disabilities, often require different or greater resources (Nussbaum, 2011). For example, children with a ASD may require additional support in the form of modified playground environment, teacher support, or peer support to play at recess (R. Lang et al., 2011)

A fertile functioning exists when an achievement in one area is likely to have benefits elsewhere (Wolff & De-Shalit, 2013). Play is central to children's development (Murray et al., 2013), and may be considered a fertile functioning. Play can positively impact development in academic, social, and problem-solving skills (Ramstetter et al., 2010). To increase choice and inclusion for children with disabilities, fertile functionings, including play, deserve special consideration.

To support understandings of critical outdoor play settings, researchers should examine school environments (Murray et al., 2013). However, schools can de-value recess, considering it down time (Pellegrini, 2008), which may impact understandings of children's play capabilities. At school, culture, values, physical environment, child skills

OUTDOOR PLAY DECISION-MAKING

and interests, and staff decisions synergistically impact play participation for children with disabilities (Ochs et al., 2001; Rigby & Gaik, 2007; Sterman et al., 2016). Understanding how to support children with disabilities' school play capabilities requires examining the many factors that influence educator decisions (e.g., the decision-making behind how/if they engage with students, and what actions, if any they take). School playground literature often focuses on describing and remediating children's deficits (Kretzmann, Shih, & Kasari, 2015; R. Lang et al., 2011; Machalicek et al., 2009; C. Martin et al., 2015; Valentini, Pierosan, Rudisill, & Hastie, 2017), with some research on improving the quality of play environments (Bundy et al., 2015; Yuill et al., 2007). Select studies using observational and interview methodology included educator data, but the focus was on children's actions rather than educators' actions and decisions (L. Holt, 2007; Woolley, Armitage, Bishop, Curtis, & Ginsborg, 2006). Literature examining educator perceptions of children with disabilities (Davis & Watson, 2001) and from CALD backgrounds (Harry, 2008; Kalyanpur, Harry, & Skrtic, 2000; Valencia, 2010), have provided valuable information regarding power inequities, labelling children, and educator perceptions of families, but without extending this understanding to school playground decisions. To our knowledge, no study has looked at how educators make playground decisions for children with disabilities and the impact on the children's behaviours.

The purpose of this study was to understand school staff decision-making for children with disabilities on a playground within one low SES and CALD community. To maximise environmental affordances, new thinking for play decision-making for children with disabilities is required. For the first time, we apply the capabilities approach to playground decision-making for children with disabilities.

OUTDOOR PLAY DECISION-MAKING

Materials and Methods

Design

Qualitative, multiple-perspective case study design (Stake, 1995; Yin, 2014) enabled an in-depth understanding of the phenomenon of school staff play decision-making for children with disabilities within one low SES and CALD school community. This explanatory case study is part of a larger program of case study research designed using ecocultural theory to examine multiple stakeholder perspectives around outdoor play decision-making for children with disabilities. Case study design supports understanding a phenomenon when the boundary between the phenomenon and the environment is not clearly delineated (Stake, 1995), and lends itself well to studies requiring a rich understanding of how individuals with differing perspectives experience a phenomenon (Yin, 2014). Through theoretical and purposeful sampling we chose an instrumental case to support understanding of the phenomenon (Yin, 2014). The school served as the bounds of the case, with a specific focus on children with disabilities and the adults who interacted with them the most. The focal primary school had expressed an interest in playground research, and was located in a large metropolitan area on the east coast of Australia. Data collection occurred between April and November 2016 (autumn, winter, and spring school terms).

Setting

The focal school was a publically funded primary school with mainstream and special education classrooms. It was located in a community with a high proportion of families from CALD backgrounds and of a lower SES as compared to the rest of the metropolitan area. Ninety-eight percent of the school's students spoke a language other than or in addition to English at home. The children's families were predominately from developing countries in which Islam was the primary religion. The school had two

OUTDOOR PLAY DECISION-MAKING

playgrounds, one for early primary years, and one for children in mid-late primary school. Due to logistical reasons, all children within the four special education classes were assigned to the playground for mid-late primary years. Thus, the focal playground contained children in older primary school years as well as children in years Kindergarten to 6 with disabilities.

Two playground periods occurred during the school day: lunch, with a 40 minute duration (11.10 to 11.50 am), and recess, which was 20 minutes (1.50 to 2.10 pm). The playground contained asphalt areas, a covered area with a canteen, and a grass area on a hill. Teachers were assigned to locations across the playground to supervise, while two teaching assistants were always present on the playground with a focus on the children with disabilities.

The school had fundraised for and acquired fixed playground equipment, focused on children with disabilities' needs, which participants referred to as the sensory playground. Drainage concerns closed the sensory playground space for most of data collection.

Ethics

The study was approved through the Human Research Ethics Committee of the relevant universities, and the state education authority. The school gave written consent for unobtrusive school playground observations. Informed consent was obtained from school staff for participation in interviews, video-assisted recall, and observations and parents of focal children for dedicated observation. To support anonymity, we changed all participants' names, and kept descriptions of the school intentionally broad.

OUTDOOR PLAY DECISION-MAKING

Participants

Adult participants in this study included nine school staff with differing perspectives and roles: three of four teachers within the special education program, all four teaching assistants, one mainstream teacher who supervised in the playground area in which children with disabilities tended to be, and the vice principal whose focal area included special education (Figure 5.2). The vice principal also taught within a specialist support class two days per week.

Within the school, children with disabilities attended one of four specialist support classes; based on their level of intellectual ability and nature of their diagnosis. School staff identified five focal children within the specialist support classrooms whose profiles captured a variety of ages, diagnoses, and family perspectives (Table 5.1). Briefly, the children were aged between 5 and 12 years and were diagnosed with ASD, intellectual disability, and/or developmental delay. Four of the children were of a Lebanese background, while one was from an Anglo-Australian background.

OUTDOOR PLAY DECISION-MAKING

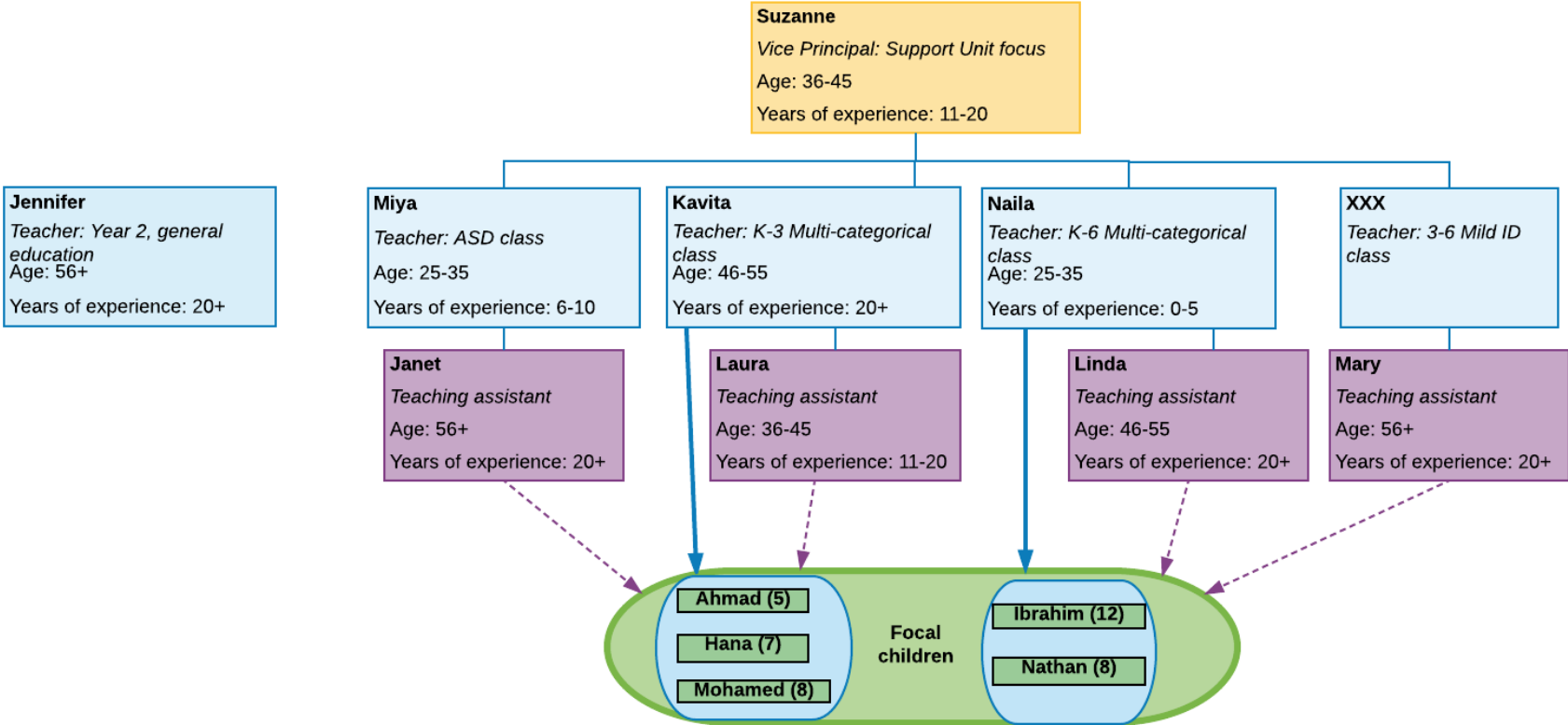


Figure 5.2: School staff roles and demographic

OUTDOOR PLAY DECISION-MAKING

Table 5.1: Focal children demographic information

	Nathan	Ibrahim	Ahmad	Mohamed	Hana
Child attributes	Gender: Male Age: 8 Diagnoses: ASD, Intellectual disability	Gender: Male Age: 12 Diagnoses: ASD, Intellectual disability	Gender: Male Age: 5 Diagnosis: Developmental delay	Gender: Male Age: 8 Diagnosis: ASD, Intellectual disability	Gender: Female Age: 7 Diagnosis: Developmental delay
Family attributes	Parents: Mother and father Siblings: 1 older sister	Parents: Mother and father Siblings: 6 older and younger brothers and sisters	Parents: Mother Siblings: None	Parents: Mother and father Siblings: 2 older sisters	Parents: Mother Siblings: 1 younger brother

OUTDOOR PLAY DECISION-MAKING

Data Collection

Data consisted of playground observations, interviews, video-assisted recall, and a document-review. The first author spent a prolonged period at the school, allowing her to gain a sense of place, and build participant trust and rapport, as well as increase the study's trustworthiness. The twice-weekly visits included observing the two playground periods for over a month before commencing interviews.

Playground observation

Playground observations consisted of descriptions of: school staff actions and words as well as what was notably absent on 14 separate days (14 lunch observations, 13 recess observations). The first author also observed the focal children to understand the nature of their playground behaviours and to determine whether the children's behaviours met the definition of play as being intrinsically motivated, free from the unnecessary constraints of reality, and freely chosen (Skard & Bundy, 2008). Each observation also included her reflection on the events of the playground session in a separate document to acknowledge and bracket her bias. For example, her background as an occupational therapist influenced her in valuing unstructured play and strengths-based models for understanding children.

Document review

To understand policies guiding outdoor play for children with disabilities, the authors read local, state, and national level education documents relating to school playgrounds. We primarily used the document review and analysis to inform observations and interview questions and thus the results are not reported separately. This included considering how educators enacted the policies in practice and factors that influenced practice.

OUTDOOR PLAY DECISION-MAKING

Interviews

The first author conducted semi-structured interviews, lasting 25 to 45 minutes, with the participating vice principal, special education teachers, and teaching assistants. Interviews were audio recorded and transcribed verbatim. The literature, documents reviewed, playground observations, and research questions critically informed the interview guide. For example, observations supported further probing about noted supervision styles. Questions included participant 1) perception of the children, their play, and their family background, and influence on decision-making (e.g., opportunities for play outside school hours); 2) motivation for supporting outdoor play opportunities; 3) perception of choice on the playground; 4) the environment's influence on decisions; and 5) the decisions' impact on children's choices and actions at recess.

Video-assisted recall

The first author conducted video-assisted recall with three teaching assistants and a mainstream teacher. Participants wore a head-mounted video camera during playground supervision (approximately 15 minutes), and as soon as possible afterwards discussed their decision-making while watching the video. To elicit discussion, the researcher used neutral probing questions such as "What were you thinking here?" and "Tell me about why you are doing ____." As needed, she stopped the video for participants to elaborate on an explanation. This procedure has previously been described in occupational therapy clinical reasoning literature (Unsworth, 2005). The technique allowed the researcher and participant to "see" what the participant saw at the time, enhancing accuracy of recall and consideration of decision-making factors (Unsworth, 2005). It also allowed the first author to check accuracy of observations with participants.

OUTDOOR PLAY DECISION-MAKING

Data Analyses

Data analysis drew on principles from case-study design (Yin, 2014) and interpretive description (Thorne, 2016). Analysis began with the first author inductively coding interviews and observations related to participant decision-making. She first considered each participant's perspective individually before comparing across participants. Triangulation occurred between policies, participant interviews, and playground observations as well as video-assisted recall, if relevant, to determine consistency of rhetoric and actions, understand the context of observations, and enhance study validity. For example, policy documents stated that teaching assistants should participate in individualised education teams, yet interview content revealed that they were neither invited to meetings nor aware of child goals.

Analysis of observation data was informed by a systematic review (Sterman et al., 2016) and included: rules, child safety, nature of the play, who was on duty, and the child's day, typical playground actions, skills, and interactions with other staff and peers. After approximately 9 to 10 days, no new categories of data around observed staff actions and considerations or the focal children's behaviour were identified, suggesting saturation. The authors engaged in peer debriefing regarding the emerging categories. Further observations confirmed saturation and served to maintain rapport with school staff. We primarily used this data to triangulate with video-assisted recall and interviews. For example, considering the children's observed playground behaviours with educator perceptions and decision-making about the behaviours.

The first author further reduced the data in a number of ways. Data tables of participants' perspectives around prominent codes supported multiple-perspective analysis (Miles et al., 2014). For example, tables included participant data on how each participant

OUTDOOR PLAY DECISION-MAKING

perceived their primary responsibilities on the playground, the frequency and nature of communication with other staff, whether promoting play was part of their role, and when they intervened. Peer debriefing among the authors and memoing by the first author supported consideration of emerging categories from a number of viewpoints. Finally, the authors identified and confirmed prominent themes and subthemes across perspectives through continued interaction between the themes and data.

Results

Analysis resulted in major three themes: (1) values, (2) expectations, and (3) choice. The subthemes follow the three major themes.

Values

School staff focused on children's deficits, and consequently did not appear to see them as valuable school community members or playmates. School staff rhetoric suggested a negative perception of all the children's culture and community.

They're still a person

Participants described that mainstream teachers and children saw the children with disabilities as "other"; perceived negatively by some, and as cute by others. Janet said, "A lot of the mainstream kids got the wrong impression about our kids, and they will say, 'That sick child,' or, 'The one who's not normal,' or, 'mental.'" Due to these strong misconceptions or misunderstandings of the children with disabilities, special education staff often advocated for the children with disabilities. Mary recounted, "Mainstream kids are so used to us out there going, 'He's still a person.' That's my favourite thing. 'He's still a person. Get to know him. Come and say hello.'"

When mainstream children interacted with children with disabilities, it would "depend on how sincere the older children are with them. Some kids sort of laugh at them and carry on, and some kids are generally quite helpful and are caring-natured with them"

OUTDOOR PLAY DECISION-MAKING

(Linda). A power imbalance often existed when mainstream older children interacted with younger children with disabilities. During video-assisted recall, Laura described her thought process.

So [I am] just keeping an eye out for Mohammed, because he just walks through the field. But if he does get hurt, the kids are pretty apologetic to our kids. Our kids just daydream. They don't even know if a ball is coming. [It's] not really these kids' fault. But they know it's one of ours and they pick them up and say, "Sorry," so that's nice.

Participants perceived that mainstream teachers also "othered" children in special education. Miya described how mainstream teachers saw children with disabilities as separate, did not understand how to interact with them on the playground, and "[They] don't even know what we do up here [in our special education classrooms]." As a result, while supervising, mainstream teachers often deferred to teaching assistants to support children with disabilities. Mary stated that, "[Mainstream teachers] will often say to us, 'What do you want me to do?' Because they don't understand the children."

Special education staff also labelled the children with disabilities, consistently describing them as "high needs" and "special ed." Naila described how within her class she has, "children that can't speak properly, nonverbal children." When narrating decision-making on the sensory playground Mary said, "He's special ed. too. We only let the little special eds on the things, and we have a lot of trouble keeping some of the other kids out."

Mothered by the teaching assistants

Teaching assistants often made playground decisions using their lens as a mother. Each of them referred to their own children and grandchildren as sources of knowledge about how to interact with children on the playground. For example, Janet said, "I mean,

OUTDOOR PLAY DECISION-MAKING

look, I've got kids who are 33 and 31, so I know.” Others specifically referenced their position as mother and inherent wisdom from parenting. When describing when and how to interact with children on the playground, Mary said, “I just do what's necessary at the time and trust my motherly instincts.” Similarly, when defining when she would step in on the playground Linda said, “I don't know. When you're a parent you'll know.”

Not valuable play partners

Participants described valuing interactions between children with and without disabilities, even if it was just a child saying “Hi” to another one. Participants highlighted children's deficits even while trying to combat stigma.

Even with the high needs students, you still get some kids who would go up to them and play with them. Even though some of them might think that they're weird, because I have had some of those incidents where they don't understand, and they might go, “Ooh, you know, he's got this.” When I'm out there, it allows me to say, “Now he's got this problem, but it's not a big deal, you can still play with him.”

(Miya)

Participants described children with disabilities as challenging playmates because of deficits.

It shouldn't be we say “You should play with him, 'cause he is a special needs child.” I would say, “We're all good friends and we all should look after each other. He wants to play, why don't you teach him?” But I don't push the emphasis on [the mainstream children], because they have to feel comfortable doing that. [The children with disabilities], are at a very slow pace. It's teaching the mainstream how to deal with additional needs. Can you imagine teaching him, and he's not responding?

How's a child going to teach a child with disabilities? (Linda)

OUTDOOR PLAY DECISION-MAKING

They don't come from the best home environments

Teachers described difficulty communicating with families. They wanted communication to work, often trying multiple avenues such as communication books, face-to-face, and flyers sent home. Their dedication to the children was clear; for example, Naila described paying for a student's school trip herself so he would not miss out when the family had not sent in money after numerous attempts to contact them. Teachers perceived the children lacked good parenting.

Behaviour management is an area where this community lacks a little bit, like you need to have boundaries. With my own children, I had boundaries. If you don't have routines, then they run amuck. And that can be reflected in the way we see children in the playground at times. There are children who have been watching television up to 11:00 at night. Obviously, they're going to be tired and cranky. (Kavita)

Due to the nature of their role, teaching assistants often had less information than teachers about family backgrounds. Mary stated, "Some of them we know more about their outside of school things. Some of them we would have no idea. We've only got our educated guesses." When teaching assistants considered family backgrounds, they shared a stereotyped and somewhat negative view of the children's families, cultures, and communities. "A very different school, very cultural. And you probably understand what I mean.... The kids are coming from dysfunctional households, but you can only work with them and encourage them" (Linda).

Expectations

The school staff had lower learning expectations for children with disabilities than their mainstream peers, including play skills. Being present and following rules on the

OUTDOOR PLAY DECISION-MAKING

playground was often seen as sufficient. Expectations influenced how the focal children's play was valued.

Purpose of recess

Collectively, participants appeared to value children being present on the playground, following rules, running around, interacting, and being calm to get ready for class. However, specific perspectives on recess purpose differed. Staff described getting a break from home or classroom environments as important. Kavita reflected on the benefits of recess as

Getting out of the classroom, having a run, going to the toilet, just taking a break from the routine classroom work, getting out into the fresh air. Even if they are not playing soccer or all those running and high physical activity games, it's still mingling with the other children and seeing other role models apart from what they see in their classroom all the time....Parents want integration not segregation. They want the children to be interacting with the mainstream, included.

Mary also positively described the unstructured nature of the playground. "I'm a big believer in shove them outside and let them run feral if that's what they need. It's just getting them outside in the fresh air. If they wanna run, they can. If they wanna sit, they can."

Other participants indicated that learning to follow rules was an important component of children's recess time. "We all want the same thing safety, positive behavior, being friendly" (Linda). When teachers set Individualised Education Plan goals related to the playground, they often focused on following school rules rather than developing play skills. Kavita reported that, "One of my goals would be for a student who always is found in the wrong area without a hat to identify the areas where they can be, if they don't have a

OUTDOOR PLAY DECISION-MAKING

hat during break times.” Her other goals focused on children identifying different rules, articulating them, and demonstrating knowledge of what actions were allowed in each playground area. Children’s ability to follow playground rules indicated sufficient skills in that domain. “They are not hitting anybody; they're not kicking anyone, like I don't see what you need to teach out there, when they've already got it” (Laura).

That’s their play

The focal children’s actions included observing; wandering; chase games; spinning around a pole; socializing; rough and tumble type interactions; being pushed in a hammock; eating; and playing with sticks, dirt, or bark. Overall, their behaviours tended to be solitary or with one peer. “The high needs students, and the ones who don't have that much social skills, they tend to stick together, stick with the teacher, just walk around, or play on their own” (Miya). Participants described children’s play in various manners; often indicating that running around and not breaking rules were sufficient for behaviour to be considered play. Miya described how younger children had difficulty in the beginning of the year, “But now they're okay, they're walking around and everything.” Similarly, Laura said, “If you step back and leave them alone, you see them run around with each other.” School staff described most of the children’s actions as play. “You might not call it play to see someone standing there twirling in circles, but that’s their play” (Mary). Linda elaborated, “Because they're our kids, you know what they're able to do ... Ahmad he’s going to take a stick and hit, poke, but that's just the way he plays.”

School staff members’ adoption of low play expectations for the focal children may reflect past playground challenges. The vice principal described that, “If you look at Miya's class, we had to have a special roster. They didn't even get to go outside at first because they just weren't ready” (Suzanne). Staff perceived the presence of children with

OUTDOOR PLAY DECISION-MAKING

disabilities on the playground as progress, and thus the specifics of their play were less important. “We can ignore little factors, because to us, it's a huge thing them being out there with three hundred kids we've got outside” (Laura).

Nothing for these children to do

Structural factors such as who was present on the playground, where the children with disabilities played, and closure of the sensory playground influenced choice. Staff members described the playground as a place with limited options, particularly for children with disabilities. “It's a big school and someone like Mohamed should be in a smaller school. This school has too many kids and there's not much for him to play out there, especially with the sensory playground closed” (Laura). Following rules was school staff's minimum expectation for all children on the playground, but the focal children often broke the rules because they were bored and overwhelmed.

We've put these kids out into this playground. They don't know what to do. So they break the rules, because they don't know how to interact with other kids. They don't know how to play and they're bored out there. (Naila)

Participants viewed the lack of equipment and materials, as well as younger children with disabilities being on a playground with older peers, as a challenge. Staff members described that there were age-appropriate activities on the K-2 playground, but children with disabilities were prevented from playing there during recess.

They've got the appropriate playground equipment with the slides. The little bridge and all that stuff is over there. They have activities out at lunch times down in the car park areas. They have all hula hoops and things down there. They've even got hopscotch's painted on the ground. You know, it's more K-2 environment. (Mary)

OUTDOOR PLAY DECISION-MAKING

These children can only learn so much

Most participants stated or implied that the focal children had great difficulty learning academic and play skills. Janet described that teaching play skills to some children was not always productive. “But, you've got some nonverbal kids up there who don't really know how to play those games even if they're shown.” Naila believed the children in her class could only learn a limited amount. “When they get into year five, year six, they get to a certain point and they just settle with that, in terms of learning. Whatever they've learned, so far since kindergarten, that's what they know.”

Although participants described that “Our children don't know how to play” (Linda), they also perceived that, “You can teach them, but in terms of them actually applying that. Yeah, no” (Naila). School staff thought there was a need to support children with disabilities’ play, and tried activities, but due to challenges with the children’s skills they regarded their efforts to support play as unsuccessful. “We've tried that. We've taken equipment out. The nature of our little ones is they can't. They might get the hula-hoop for five seconds, and then they're disinterested” (Janet). Mary saw a need to support the children more when introducing materials, but thought that it was not possible within her current duties stating, “It'd be nice if you had staff that said, ‘I'll come in at lunch times and run little play program or something,’ but reality is, it's not gonna happen.” She thought efforts to have mainstream peers support the play of children with disabilities were unsuccessful due to delays in children with disabilities’ play skills, and the peer’s preference not to formalise support.

The mainstream kids will back off as soon as it's official. We've tried taking equipment out. The special ed kids just throw the ball once, drop it, walk away,

OUTDOOR PLAY DECISION-MAKING

“I’m over it, had enough,” and these mainstream kids are standing there going,

“Um, miss, he won’t play ball with me.” So that didn’t last long.

Choice

Many of the school staff described the playground as a place where children could make independent decisions, and valued that choice.

Nathan likes time in the dirt out there. Not every day. Other days he might go and play with one of the other kids, or run around, but that day’s just certainly for him.

And if that’s what he wants to do, that’s what he wants to. We might look at him and

go ‘Ah poor Nathan, I wish he had someone to play with.’ But that’s his time. (Laura)

The vice principal saw the playground as, “[An] opportunity for our kids to exercise some independence; to make choices. I think having that space and time gives them an opportunity to make a choice, whether it’s positive or negative, and learn from that experience” (Suzanne). Teachers and teaching assistants acknowledged that for some children, the choice may not lead to play. “You sort of send them off to another area, hoping that they can amuse themselves out there” (Mary). “You do have other students who don’t know what to play, and they’ll just walk around. They’re happy on their own walking around, but we want to give them opportunities and different types of play” (Miya). Some staff gave the focal children independence to do what they wanted,

As long as they’re not being bullied or harassed by other children, which we’re pretty lucky here because our kids are very accepting of our special needs kids, and make sure they’re not crying or anything like that. But other than that, I just let them just try and interact, where we’re not on top of them all the time. (Janet)

All of the children on the playground could go to the library during the second half of lunch, where the choice was often to watch a film or read books. Staff encouraged this

OUTDOOR PLAY DECISION-MAKING

option for many children with disabilities because they thought the children were overwhelmed or bored on the playground and the library supported them being calm for class.

In a playground for [primary] kids, it's overwhelming, it's loud, it's over-sensory, whatever. So that's their little quiet, peaceful [time]. They can sit in there and the librarian [will] stick some movie on or something. ...They can just be in their own little space. So I encourage that. (Mary)

When the focal children found activities to play, their play was often stopped either through enforcing rules, “Ahmed, no sticks. No sticks. Good boy” (observations), or through mothering actions. A teacher told Nathan, who was happily spinning around a pole with a peer, “You are going to get sick or fall over. Go play on the grass” (observations).

Discussion

The following discussion uses the capabilities approach to interpret findings from this study and discusses recommendations for the play of children with disabilities on the school playground. Each of the identified themes relates to a concept within the capabilities

OUTDOOR PLAY DECISION-MAKING

approach (Figure 5.3).

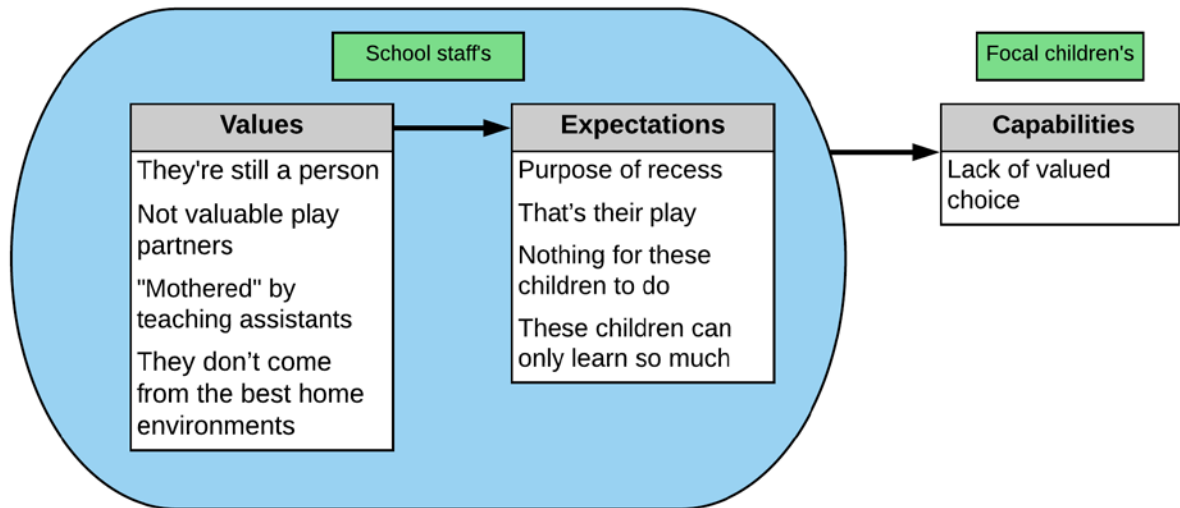


Figure 5.3: Capabilities approach framing playground decisions

The three major findings of this study are that the children were not valued as playmates, learners, or community members; adults described low play and learning expectations; and despite formal and informal efforts to support the play space, the children ultimately did not have valued play choices. Often, when children made choices, they were stopped. The inclusionary practices of valuing children, holding high expectations for achievement, and meaningfully supporting participation were not observed. Instead, school staff and peers often engaged in the exclusionary practice of labelling children in terms of disability and cultural background.

The capabilities approach focuses on what children can be and do (Terzi, 2008). Participants did not see the focal children as capable of being players, learners, or community members. Comparing children with disabilities' current and future skills alongside those of their typically developing peers highlighted this deficit thinking.

OUTDOOR PLAY DECISION-MAKING

As a fertile functioning, play can support development in other capabilities as well as children's curriculum progression (Ramstetter et al., 2010), but this was not acknowledged by participants. Low play expectations reflected a lowered threshold of what participants considered "play" and inclusion for children with disabilities. Although school staff tried to set up some play opportunities, many saw children's playground behaviours as sufficient because they were neither breaking rules nor being actively bullied. Few opportunities existed to learn through play and learn skills to support play because participants perceived these children were unable to learn new skills and the environment lacked appealing play materials and educator time to teach skills. Perhaps, due to low play and learning expectations, the responsibility to supervise and support children with disabilities on the playground was deferred to teaching assistants. Consistent with school norms, teaching assistants mothered children and enforced rules.

Choice is a central component of the capabilities approach, and without it, children's play lacks equity and justice (Nussbaum, 2011). Children with disabilities were theoretically offered the same choices as their typically developing peers on the playground, such as ball games or socializing. However, they were not valued as playmates, expected to be capable of participating, or meaningfully supported in their play skill development. School staff acknowledged the unsuitability of the current playground for the children with disabilities in terms of presence of same-aged peers, activities, and play materials, but cited logistics including time and staffing and child skills as reasons for the current environment. Typically developing children could choose to sit by themselves if they wanted to, because they had the skill set and supportive environment to be able to decide between sitting, socializing with peers, or playing a game. In contrast, the focal

OUTDOOR PLAY DECISION-MAKING

children sat by themselves, wandered, or went to the library because they did not have other viable options.

Table 2 links major findings, and actions schools can take to support increased play capabilities. Activities to support play capabilities and functioning should consider children's interests, playing to the strengths of children who struggle the most with play. New opportunities should reflect school system practicalities. For example, school staff already felt pressed for time, thus changing the nature of their actions rather than asking them to do more would be more effective. To provide clear guidance for all educators supervising on the playground, educational leadership can understand the practical nature of playground supervision, explicitly state desired actions and positive valuing of play philosophies through policy and practice documents, and train school staff on the playground to enact the policy.

.

OUTDOOR PLAY DECISION-MAKING

Table 5.2: Recommendations for increased play capabilities

Finding	Potential educator and leadership actions to increase play capabilities	Changes required for increased play capabilities
Labelling children	<ul style="list-style-type: none"> • Educators read and reflect on transcripts of labelling language used within their school (or similar schools) and consider ways to shift their own language. • Leadership model inclusive language through written and verbal communication. 	<ul style="list-style-type: none"> • Inclusive written and verbal language by educators and typically developing peers
Poor valuing of families	<ul style="list-style-type: none"> • Plan school-wide celebrations of diversity within the human experience (e.g., cultural, language, ability). • Educators acknowledge families as experts on their child. • When considering child goals, create collaborative future-oriented discussions and plans including all relevant team members (W. Lyons, Thompson, & Timmons, 2016) leveraging play as a fertile functioning. • Make explicit school expectations of communication to support family agency (Kalyanpur et al., 2000). • Consider how families want to communicate (email, phone, face-to-face), when and where communication should occur, and what they would like to communicate about (academic progress, social inclusion, etc.). 	<ul style="list-style-type: none"> • Strengths-based perception of families from diverse backgrounds • Increased family agency
Low play expectations	<ul style="list-style-type: none"> • Professional development on: <ol style="list-style-type: none"> 1) ways to measure play (e.g. Test of Playfulness) (Skard & Bundy, 2008) 2) support play in the curriculum (Ramstetter et al., 2010) including through building on children’s current skills and scaffolding in authentic contexts (Valencia, 2010), and 3) support play on the playground (e.g., run games, provide materials that support child interests). • Prioritise goals addressing playground inclusion, rather than integration or presence, in policies and Individualised Education Plans. • Provide positive feedback to families regarding the children’s play. 	<ul style="list-style-type: none"> • Play supported within the curriculum, including teaching play within classrooms. • Valuing of play as a fertile functioning by school staff and supporting play for children who need it. • Opportunities for children with disabilities to demonstrate themselves as capable players.
Unsupportive	<ul style="list-style-type: none"> • Placement of low cost natural and recycled 	<ul style="list-style-type: none"> • Greater play choice

OUTDOOR PLAY DECISION-MAKING

play environment (physical and structural factors)	materials on the playground (Bundy et al., 2009; Woolley & Lowe, 2013) such as weighted items and loose materials to increase cooperation and creativity (Bundy et al., 2009). <ul style="list-style-type: none">• Prioritise budgeting for playground materials and their ongoing maintenance.• Provide opportunities for children with disabilities to play with same-aged typically developing peers with appealing play materials.• Provide materials and structures that support child interests (Yuill et al., 2007).	<ul style="list-style-type: none">• Greater valuing of children with disabilities' play capabilities.• Opportunities for children with disabilities to demonstrate themselves as capable players.
--	---	--

Conclusion

Within this case, educators' playground decision-making reflected their valuing and expectations of children with disabilities as well as school structural factors. A lack of valuing the children as playmates and community members, low expectations of play, and certain structural factors such as who was present on the playground limited the children's play capabilities. Understanding educator decision-making through the capabilities approach may support shifting to strengths-based perceptions of children with disabilities by targeting areas that limit capabilities such as exclusionary language.

OUTDOOR PLAY DECISION-MAKING

CHAPTER 6

Planning for Outdoor Play: Government and Family Decision-Making

Submitted to: Scandinavian Journal of Occupational Therapy

Status: Published

Sterman, J., Naughton, G., Bundy, A., Froude, E., & Villeneuve, M. (2018). Planning for outdoor Play: Government and family decision-making. *Scandinavian Journal of Occupational Therapy*. <https://doi.org/10.1080/11038128.2018.1447010>

Presented at:

Sterman, J., Naughton, G., Villeneuve, M., Froude, E., & Bundy, A. (2017, July) “There is nothing around”: Perspectives of families of children with disabilities and local government around community outdoor play spaces. Oral presentation at Occupational Therapy Australia’s 27th National Conference and Exhibition, Perth, Western Australia.

Sterman, J., Naughton, G., Villeneuve, M., Froude, E., Wyver, S., & Bundy, A. (2017, October) “There is nothing around”: Perspectives of families of children with disabilities and local government around community outdoor play spaces. Discipline of Occupational Therapy Symposium, Sydney, New South Wales.

Sterman, J., Naughton, G., Villeneuve, M., Froude, E., Wyver, S., & Bundy, A. (2017, April) Underrepresentation of the needs of children with disabilities and their families in community outdoor play spaces: A local government perspective. Poster presentation at the annual meeting of the American Occupational Therapy Association, Philadelphia, PA.

OUTDOOR PLAY DECISION-MAKING

OUTDOOR PLAY DECISION-MAKING

In this chapter, I consider the interactions of families and local government around outdoor play for children with disabilities in the context of the community. I contrast play capabilities within the family and wider community, building on previous chapters (Figure 6.1).

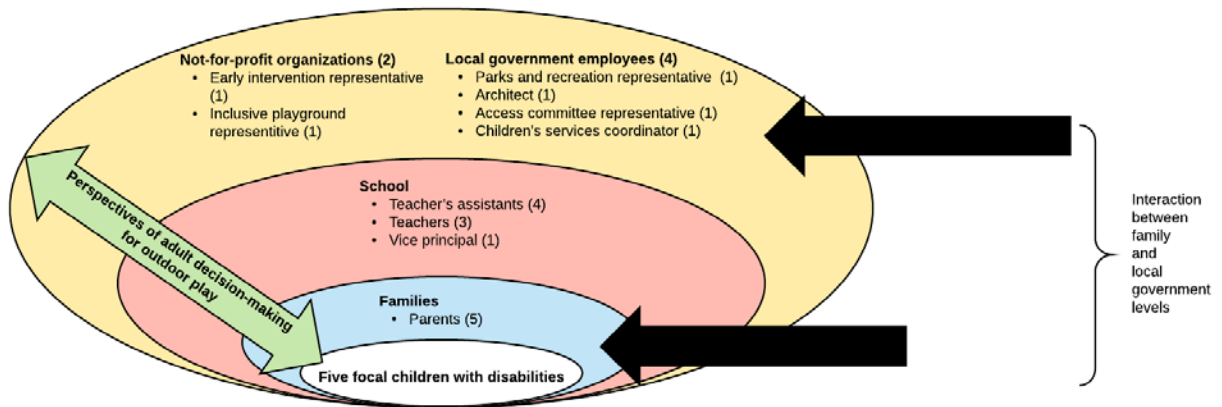


Figure 6.1: Outdoor play decision-making focusing on how interactions between families and local government impacts play capabilities

OUTDOOR PLAY DECISION-MAKING

Abstract

Background: Despite indisputable developmental benefits of outdoor play, children with disabilities can experience play inequity. Play decisions are multifactorial; influenced by children's skills and their familial and community environments. Government agencies have responsibilities for equity and inclusion of people with disabilities; including in play.

Aim: This multiple-perspective case study aimed to understand outdoor play decision-making for children with disabilities from the perspectives and interactions of: local government and families of primary school-aged children with disabilities.

Material and Method: Five mothers, four local government employees, and two not-for-profit organization representatives participated in semi-structured interviews. Inductive and iterative analyses involved first understanding perspectives of individuals, then stakeholders (local government and families), and finally similarities and differences through cross-case analysis.

Findings: Local government focused more on physical access, than social inclusion. Local government met only minimal requirements and had little engagement with families. This resulted in poor understanding and action around family needs and preferences when designing public outdoor play spaces.

Conclusion and Significance: To increase meaningful choice and participation in outdoor play, government understanding of family values and agency around engagement with local government needs to improve. Supporting familial collective capabilities requires understanding interactions between individuals, play, disability, and outdoor play environments.

Keywords: Playground, children, community, inclusion, disability, capabilities approach

OUTDOOR PLAY DECISION-MAKING

Introduction

Play has a universally accepted role in the well-being and development of all children (Milteer et al., 2012). Play is an internationally recognised right of children; strongly shaped by the location in which it takes place (Bronson & Bundy, 2001; Herrington & Lesmeister, 2006; Milteer et al., 2012; Office of the United Nations High Commissioner for Human Rights, 1990; Woolley & Lowe, 2013). Despite this right, children with disabilities frequently participate less in outdoor play than their typically developing peers (King et al., 2010), resulting in inequity (McColl & Jongbloed, 2006). Within the community, many children with disabilities and their families experience difficulty accessing and participating in outdoor play due to challenges that are complex and inter-related: the children's skills, parental awareness of opportunities, competing family demands, and unsupportive social and built environments (Sterman et al., 2016). Specific community challenges include availability of services, programs, and information (Shields & Synnot, 2016; Sterman et al., 2016). Subsequently, local communities also impact the play and recreation opportunities for children with disabilities and their families (Anaby et al., 2014).

Local government often has direct control over the location and design of playgrounds and other play spaces within their LGA (Local government NSW & Family and Community Services NSW, 2015). Within Australia, local government is administered by elected councillors with traditional responsibilities for land use and basic services; however, this level of government now includes greater human services support (S. Thompson, 2003). As such, local government is expected to embrace the rights of people

OUTDOOR PLAY DECISION-MAKING

with disability and promote diversity and inclusion within the community (Local government NSW & Family and Community Services NSW, 2015). Policies can support community members with disabilities in a many ways through charity, needs fulfilment, compensation, welfare maximization, and equity (McColl & Jongbloed, 2006). This paper focused on equity as an important policy outcome in the context of play and outdoor spaces. Local government has an obligation to support people with disabilities to participate within the community through DIAPs (Local government NSW & Family and Community Services NSW, 2015). To ensure plans are responsive to community needs, DIAPs should include community consultation throughout the planning and implementation cycle (Local government NSW & Family and Community Services NSW, 2015). Good practice for disability inclusive planning includes active consultation with community stakeholders to support them in identifying barriers, proposing solutions, and taking an active role in their communities (Local government NSW & Family and Community Services NSW, 2015). Local government has a responsibility to consult the community, and the community has a responsibility to engage with consultation dialogues regarding proposed actions that influence their lives. Insufficient community input, inter-agency collaborations, and communication within local government can reduce equity, excluding children with disabilities from playground participation (Joiner, 2006b; Prellwitz & Tamm, 1999).

Local governments in Australia have a responsibility to promote, provide, and plan for the needs of all residents. The voice and perspective of children with disability and their families must be included in planning to address structural factors that limit participation (NSW Government, 1993). Across Australia, local governments are required to extend

OUTDOOR PLAY DECISION-MAKING

their inclusive practices to support multiculturalism (Ethnic Affairs Commission of New South Wales, 1997). Understanding how local governments include the voices and perspectives of children with disabilities and their families who may also be part of minority groups is yet to be investigated within the context of play.

The aim of this study was to understand the outdoor play decision-making for school-aged children with disabilities from the perspectives of families and local government. The capabilities approach is an economic and social justice framework that focuses on valued choice (capabilities) and freedom within societies to enact that valued choice (Nussbaum, 2011; Sen, 1985). As such, the capabilities approach can enable productive understanding of the complex interactions between children with disabilities and the environments that influence participation in play. To support inclusion and equity of opportunities, capabilities theory has been argued for use by health providers including, occupational therapists (Hammell, 2015; Morris, 2009). When limitations are present, the capability approach can help target future interventions. It postulates that individuals' capabilities (e.g., in play activities) are the result of an interaction between their skills or abilities and their physical, political, social, and economic environments (Nussbaum, 2011). When children have impairments impacting their play and the environment does not accommodate disability, families have fewer choices. Through an equity and justice lens, government and society share a moral obligation to treat all members as dignified persons and achieve at least a minimum choice in play (Nussbaum, 2011). Government can increase choice through resource allocation, changes to the built environment, or through social or educational initiatives (Nussbaum, 2011). Play opportunities for children with disabilities are often determined by the adults in their lives (Baker & Donnelly, 2001). To

OUTDOOR PLAY DECISION-MAKING

expand children's choice within play, local government requires input from caregivers about their current available play choices and areas to target for increasing choice.

Adaptive preferences and collective capabilities are two key concepts of capabilities theory relevant to this study. Adaptive preferences occur when societies put something out of reach for an individual or group, and they learn not to want that capability or resource, even though they may value it (Nussbaum, 2011). Adaptive preference describes individuals who have learned to be satisfied with what they have. Finally, collective capability is an emerging concept. It is a capability that can only exist by working together as part of a group (Hammell, 2015; Ibrahim, 2006). This group may be a family, stakeholder group, or community. For example, families could exercise collective capabilities to come together to advocate for a new inclusive park in their neighbourhood.

Materials and Methods

Study Design

Multiple-perspective case study design (Stake, 1995; Yin, 2014) enabled comprehensive understanding of the needs and preferences of parents and local government planning of outdoor play spaces within a LGA. Case study supports understandings of phenomenon when the boundary between the phenomenon and the environment is not clear (Stake, 1995). Case study is well suited to develop understandings of processes, such as that of outdoor play decision-making, within a bounded system (an LGA), from multiple viewpoints (Merriam, 1998).

Ethics

The Human Research Ethics Committee of associated universities, and the State Education Research authority approved this study. To protect the anonymity of the

OUTDOOR PLAY DECISION-MAKING

participants, we used pseudonyms for parent participants, generic job titles for government and not-for-profit participants, and masked the location of the LGA.

Location

The case focused on a LGA with a CALD community in a large metropolitan area on the Eastern Coast of Australia. The community had one of the lowest median incomes within the metropolitan area (Australian Bureau of Statistics, 2010). Seventy-five percent of the LGA population spoke a language other than English at home, and more than half of the population were born outside of Australia (Australian Bureau of Statistics, 2010). The most common countries of origin within the LGA were China, Turkey, India, and Lebanon, and one third of the population had arrived within the previous 5 years (Australian Bureau of Statistics, 2010). Although 50% of the population lived in single family houses, most new housing was high density (Australian Bureau of Statistics, 2010).

The LGA had more than 40 playgrounds; mostly small local playgrounds for residents within 500 metres, rather than larger multi-purpose open spaces. The average playground had a replacement value of \$50,000 AUD (\$38,000 USD, 36,000 EUR) and consisted of traditional climbing equipment and slides.

Participants

Participants included two main groups: five mothers of children with disabilities (Table 6.1) and four LGA employees (Table 6.2). Additionally, two representatives from not-for-profit organisations who work with children with disabilities were included to provide an intermediary perspective between families and local government (Table 6.2).

OUTDOOR PLAY DECISION-MAKING

Table 6.1: Child, parent, and family attributes

Attributes	Child: Ahmad Mother: Sana	Child: Mohamed Mother: Salma	Child: Nathan Mother: Melissa	Child: Ibrahim Mother: Aisha	Child: Hana Mother: Yasmine
Child	Gender: Male Age: 5 Diagnosis: Developmental delay	Gender: Male Age: 8 Diagnosis: ASD, intellectual disability	Gender: Male Age: 8 Diagnoses: ASD, intellectual disability	Gender: Male Age: 12 Diagnoses: ASD, intellectual disability	Gender: Female Age: 7 Diagnosis: Developmental delay, hearing loss, heart murmur
Mother	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: Vocational/diploma	Currently employed: No Education: High School	Currently employed: No Education: High School
Family	Parents: 1 (mother) Siblings: None Culture: Lebanese	Parents: 2 Siblings: 2 older sisters	Parents: 2 Siblings: 1 older sister	Parents: 2 Siblings: 6 older and younger brothers and	Parents: 1 (mother) Siblings: 1 younger brother with a

OUTDOOR PLAY DECISION-MAKING

		Culture: Lebanese	Culture: Anglo-Australian	sisters Culture: Lebanese	disability Culture: Lebanese
Home	Freestanding house on street	Freestanding house on street	Freestanding house on a cul-de-sac	Freestanding house on street	Apartment

Table 6.2: Government and not-for-profit representatives and roles related to outdoor play

Title	Role related to outdoor play for children with disabilities
Parks and recreation representative (PR)	Contribute to the planning, use, and maintenance of open space and parks as well as the development of the LGA's playground strategy.
Architect (PA)	Design new playgrounds for the LGA and consult with groups looking to build playgrounds within the LGA (e.g., schools).
Access committee representative (AC)	Access committee is an advisory committee for the LGA. They make recommendations to council about how to overcome barriers to accessing the physical and social environment.
Children's services representative (CS)	Manage the long day care centre within the LGA. Coordinate

OUTDOOR PLAY DECISION-MAKING

	with community and government organizations to provide child related services within the LGA (e.g., parenting classes).
Early intervention program lead (EI)	Deliver education and therapeutic services to young children with disabilities within the LGA. Provide programs that support skills for recreational participation for school-age children with disabilities (e.g., swimming or team sports).
Inclusive playground organization representative (IP)	Organization seeks to influence the creation of inclusive playgrounds across Australia. Educate government and other groups regarding the play needs of families of children with disabilities, consult with communities in areas where a new inclusive playground supported by their organization will be built, and influence the design process for inclusive playgrounds.

OUTDOOR PLAY DECISION-MAKING

Recruitment of parents occurred through contact with a government-funded primary school within the LGA. School staff discussed the study with potential parent participants. Subsequently, the first author telephoned parents who had agreed to be contacted and might lend rich information to the case. She discussed the nature of the study with the parents and scheduled an interview after obtaining consent.

The first author contacted the LGA Department focused on parks and recreation and the disability advocacy group. She used purposeful and snowball sampling with other participants until over-extension of data collection occurred, that is, new data were too far removed from the central phenomenon (Merriam, 1998). Local government perspectives were available from a parks and recreation representative (PR), architect who designed playgrounds (PA), access committee representative (AC), and a children's services representative (CS). The not-for-profit representatives included the lead of an early intervention program that serviced the LGA (EI) and a representative from an inclusive playground organization (IP).

Data Collection

Data collection included semi-structured interviews, document reviews, and playground observations. Local, state, and federal documents were reviewed for relevance to playgrounds, DIAPs, and multiculturalism. The first author also observed usage of local and district playgrounds afterschool and on weekends. Document reviews and observations were used to inform interviews and are therefore, not reported separately.

Interviews lasted between 30 and 70 minutes. Interview questions were largely framed in the positive; focusing on what participants were doing to support outdoor play for children with disabilities (Table 6.3) (Preskill & Catsambas, 2006). Interviews were

OUTDOOR PLAY DECISION-MAKING

audiotaped and transcribed verbatim by a professional transcription service.

Table 6.3: Interview guides

Overall interview guide for government and not-for-profit participants

1. Tell me about your role and how it relates to the play of children with disabilities.
2. How does [your organization] support play for children with disabilities?
 - a. What groups do you work closely with?
3. Does the population of this LGA influence your decision-making about play opportunities for children and families? If so, how?
4. What supports are in place within this LGA for the play of children with disabilities?
5. What would make the play opportunities for children with disabilities and their families even better in this LGA?
(As applicable)
6. How do you determine the priorities for strategy documents (e.g., playground strategy, DIAPs)?
 - a. How will future strategy plans differ and why?
 - b. Are there any other policies or guidelines that influence your decision-making around play?
7. What do you consider when planning for playgrounds?
 - a. How do you know if a play space is successful?
 - b. What aspects of play do you consider specifically?

Overall interview guide for parents

OUTDOOR PLAY DECISION-MAKING

1. In general, what does [your child] really enjoy playing?
2. I would like you to think back to a time when [your child] had a really wonderful time playing outside. When she/he was really engaged in what he/she was doing. What did that look like?
3. What does play mean to you and [your child]?
4. Are you satisfied with the amount of outdoor play that [your child] has?
5. What do you consider when [your child] plays outside?
6. What changes (physical, social, time), if any, have you had made to make play opportunities happen for your child.
7. What motivates you to give [your child] outdoor play opportunities?
8. Tell me about the outdoor play opportunities that are available for [your child] either at home, school, or in the community.
9. I want you to dream a little. Imagine that a wonderful project came to transform your world and suddenly you had an ideal place for [your child] to play outside. What would that look like?

Data Analysis

The interviews resulted in over 250 pages of transcripts. Data analysis of transcripts was thematic and iterative, drawing on principles from case-study design (Stake, 1995) and interpretive description (Thorne, 2016). Data were managed by NVivo Software Version 10 (QSR International, 2012). Initial data reduction involved the first author inductively coding local government and family transcripts separately. Next she employed cross-case analysis through matrices to compare decision-making within and between stakeholder

OUTDOOR PLAY DECISION-MAKING

groups. For example, she organised each participant's values around play in a matrix. She triangulated factors affecting these values across parent participants, and between parents and local government. We defined values both colloquially and in light of the capabilities approach where they are acknowledged to be influenced by context and culture (Nussbaum, 2011). Three of the named authors engaged in peer debriefing throughout the analysis process. We aggregated pertinent values, considerations, and barriers across all participants to form categories (e.g., family values, LGA values, and challenges with communication between the two groups). Through interrogation of the categories, and constant interaction between the transcripts and analysis, we identified the resulting four themes. We did not directly apply the capability approach during analysis, but used it as a theoretical framework to interpret the findings within the discussion.

Findings

Analysis resulted in major four themes: 1) perceptions of disability, 2) absence of meaningful community engagement, 3) just getting there is too hard, and 4) think about it as a minimum standard. We present details of each theme below.

Perceptions of Disability

Local government and not-for-profit agencies relied on diagnoses of disability for adequate compensation for children's services that they were already providing. Participants perceived that disability stigma was more prevalent within the CALD nature of this population, and that this influenced whether families accepted their child's disability.

The diversity of the area does present a lot of challenges because there are a lot of emerging cultures here in [this LGA]. Disabilities are stigmatised in any culture, but in some cultures it seems to be linked to mythology and religion, more so

OUTDOOR PLAY DECISION-MAKING

than our culture. Also there is a lot of hidden disability in [this LGA]. There are a lot of people who have disability and aren't accessing services. (AC)

Local government and not-for-profit participants placed blame on families for not acknowledging their child's disability. "They don't even recognise that their children have disabilities in [this LGA]... There's a massive cultural issue" (IP). Local government agencies created campaigns to address disability stigma and reach residents with disabilities to inform them about available services, but this was perceived to be a slow process.

All of the parent participants acknowledged their child's disability and proactively supported their play activities. However, some parent participants thought other parents in the community did not accept their own child's disability. "There's people that don't acknowledge that their child's got a disability and they need extra help. They don't want to think that" (Aisha).

When LGA employees considered disability, it was usually in the context of physical disability. Accessibility largely referred to physical access, and local government participants perceived locations with physical accessibility for children with disabilities as not enjoyable for typically developing children, "You can provide an accessible playground, but for able-bodied children it would be utterly uninteresting"(PR).

The LGA's DIAP reflected this focus on physical access through prioritizing addressing physical access to community spaces. When asked about how their DIAP addressed social accessibility and inclusion, the AC said,

[The downplay of social inclusion is] the problem with that plan. We certainly want to really emphasise the importance of social access in the next plan. We have

OUTDOOR PLAY DECISION-MAKING

done a lot around physical accessibility. And we actually have done a lot around social accessibility as well. We just didn't articulate that in the plan.

Many local government and not-for-profit participants described successful playgrounds in other LGAs that supported physical and social access where children experienced greater inclusion. "I think if it's done well kids don't really care. The playground in [prominent] Park in [different city] is disabled friendly and it doesn't matter. It is really well designed, and everyone uses it" (PA).

[City] Park has a lot of accessibility catered for. For example they have the really good sand pits where you can actually push a wheelchair right up to the top and they can actually be involved in the play as well as other children. (CS)

Despite these positive examples in other LGAs, description of design elements purposefully supporting social or physical inclusion on the focal LGA's playgrounds were absent.

Absence of Meaningful Community Engagement

Employees of the LGA aspired for engagement with the community, but struggled to have meaningful dialogues, blaming challenges inherent within community socioeconomic and cultural factors. "I can see that [families of children with disabilities] are there, but there are so many reasons why it's difficult to engage with them. They don't have time, transport, or money to do [advocacy]. They often don't speak English" (AC). Some LGA employees perceived residents were satisfied with what they had, and did not know their rights for LGA participation. Trust and relationships between local government and residents were tenuous. "It's really hard to get them to have a say. They think you are trying to trick them in some way and really you just want to get their feedback" (PR).

OUTDOOR PLAY DECISION-MAKING

We are talking about age-friendliness and access and inclusion, but if you are coming from Kabul and you have been bombed for the last 10 years, then this is like the most age-friendly place in the world. There is nothing to complain about. ... So trying to tell them, “No, it’s not good that there is a step there and you can’t get up that step”, it’s just like, whatever. You’re from lala land. (AC)

PA engaged in some community consultation, but reflected that, “It’s probably getting better now, but we never used to get much feedback from people.” None of the parent participants recalled engaging with the LGA around play or other issues. Parents had not been asked by the LGA to engage, and may not have known that social inclusion was an area of government responsibility. Yasmine’s attitude was, “This is part of having a child with a disability. You’re gonna go out in public, some people accept it, some people don’t.” Aisha recounted that a governmental employee offered respite services for her family, but she thought that those services should go to a more economically disadvantaged family or one that had only one parent. Despite the government’s interest in resident feedback, IP thought that, “The parents of children with disabilities’ voices won’t get heard. You need louder voices. Which is really sad.”

The LGA seldom considered the CALD background of the community in the design of playgrounds or as an asset in community engagement.

They did a cultural study a while back and it was about how the Muslim women didn’t like hanging out with the men on the playground which I found quite interesting. For having that almost separation of spaces. But that didn’t directly influence the design. You can see it, clusters of all women hanging out at playgrounds. (PA)

OUTDOOR PLAY DECISION-MAKING

The LGA perceived cultural groups as a link between the government and residents, and utilised them to disseminate information, but not to consult the community.

A lot of people who are here are refugees, and they've escaped issues where most of the issues were from government. The idea of someone from the government telling them what they can do with their kids is quite difficult. So cultural and religious groups are recognised as better places to give information. (CS)

Engagement leads to belonging

Government and not-for-profit participants described asking communities about what they wanted in playgrounds as best practice. Some participants identified instances in other LGAs where meaningful consultation took place. "I think [different LGA] did a good program with their parks, where they've not only just designed parks and playgrounds, but the children are also brought in to consult on how they actually put it together" (CS). When IP supported playground design in other communities, she engaged in ongoing dialogues about resident preferences and needs.

We ask them what do they actually want. Everyone in the community, making sure that the voices of those who are often not consulted are heard. We'll try to attend a number of community events, go into schools, speak to children, and reach out to all the disability support groups in that area and ask them to come along to stakeholder sessions.

Local government participants described a newly built park, designed by PA with some community consultation, as a model for large parks in their LGA.

That's become the sort of standard if you like. ... It didn't cost a fortune. But we just did it right. And I think it hasn't really been damaged. It is a bit worn now. But

OUTDOOR PLAY DECISION-MAKING

it's been loved to death. People went, "Wow". Because there is that wow factor and we exceeded expectationsthey've responded and cared for it. (PR)

IP believed that when communities are involved in design then they feel more ownership, and the resulting park is more likely to meet or exceed their expectations.

I let them be heard through the design process. It means that the end-result actually reflects their needs. We get involved in community art projects as well ...A community is built when each person that lives in that community invests in that community. So a big part of our consultation process is trying to engage and give ownership of the asset to the community.

Participant parents described wanting their family to feel comfortable and accepted, or that they belong, in a playground. IP described how a different LGA integrated social interaction into a playground to support this acceptance.

They wanted social spaces where they could have picnics and barbecues and invite all their families and their friends. So they built that in. That's a direct reflection of [what] their community wanted and needed.... You feel like you belong a little bit more and you've got other people around you who can help. So social spaces are really, really important.

PA valued playgrounds as community meeting spaces for this population.

Because of the density of population around there and the fact that they don't have outdoor environments it allows more casual interactions with residents who don't really know each other, to get to know each other. There is a lot of infrastructure to go around to make it much more living room type space, [such as] barbecues and shelters, in the park.

OUTDOOR PLAY DECISION-MAKING

Just Getting There is Too Hard

A culture of low expectations around families of children with disabilities and play existed within the LGA. The not-for-profit participants perceived that families of children with disabilities faced immense challenges when trying to get to parks. “Even just getting in there is too hard. It's how do you get there, and when you get there, what do you do” (IP)? EI described that in the focal LGA, “[For] a lot of parents going to the park is their dream. It is already a big goal for them. Don’t mention going to swimming or to tee-ball or sport” (EI).

In contrast, parent participants actively planned for and supported their children’s outdoor play participation. Families most valued day-to-day outdoor play and visiting the smaller, quieter, local parks. This was sometimes after school, but more often on the weekends or during school vacations. Families preferred parks within walking, biking, or scootering distance. Local parks were more convenient and required less planning. When asked if she ever visited any of the larger regional parks, Sana stated, “No, because the [local] park is right down the street over there, so I guess I'll just take him anytime.” To support whole family participation and physical activity, families consistently described preferring to walk to parks.

Parents considered the entire family’s needs in decisions about when, where, and with whom play would take place. Parents considered activities for the child with the disability as well as their siblings when going to the park. Aisha had seven children, and to support Ibrahim in play on the weekends, she often pre-planned who came to the playground. “I'll leave my younger one with my [older] kids, and I'll take the three other kids, so I can give Ibrahim more focus and time.” In addition to siblings’ schedules,

OUTDOOR PLAY DECISION-MAKING

caregivers also considered parental schedules, interests of all the children, and places where others would accept their child with a disability.

Due to perceived stigma from other families in the community, as well as their children's skill challenges, parents chose specific playgrounds and times of day for optimal comfort and acceptance. When Melissa was asked what kept her from visiting larger district or regional parks she stated, "Just the crowd, because he's not the best at turn-taking and everything and if kids don't understand, I don't want him to get upset. So, I sort of protect him." Melissa instead brought Nathan to the local parks where he might find either familiar peers, or fewer children to challenge his abilities. PR acknowledged some challenges of the larger playgrounds. "I've heard people say that at [the regional playground] it's so jam packed that it's almost too busy to know where your kids are." In contrast, local government and not-for-profit participants largely valued bustling playgrounds, "In terms of inclusion, you want a playground that's busy and filled with people. If you don't have people at the playground, you don't get a social impact" (IP). However, parents often chose quiet times when stigma would be less of concern for their families.

We go early. We leave early before it gets crowded, because no matter what, people are still going to look. People are going to make remark[s] and it's going to be hurtful. He can be very loud when he sees other kids. We work around the timing that suits us and we found that this is the best way to deal with it. (Salma)

Local government participants often considered the interesting regional parks enough of a lure for all families to make the effort to get there. "It might take a bit further, but if you

OUTDOOR PLAY DECISION-MAKING

really want to go to [the newly built park] ... you will find a way. But there are also opportunities at the other parks” (PA).

[Families] prefer playgrounds that are more challenging. I’m sure that lots and lots of people go over to [the regional playground] every Saturday or Sunday, or in the evening and take their children all the way there, because it’s a great environment.

(PR)

Some LGA participants perceived that if parks are interesting enough, then all families will come, and children’s enjoyment will be the primary driver for which playgrounds families visit.

Think About it as the Minimum Standard

As a whole, the local government enacted the minimum requirements around inclusive playgrounds and outdoor play. Budget allocation and service delivery reflected LGA priorities. CS described that,

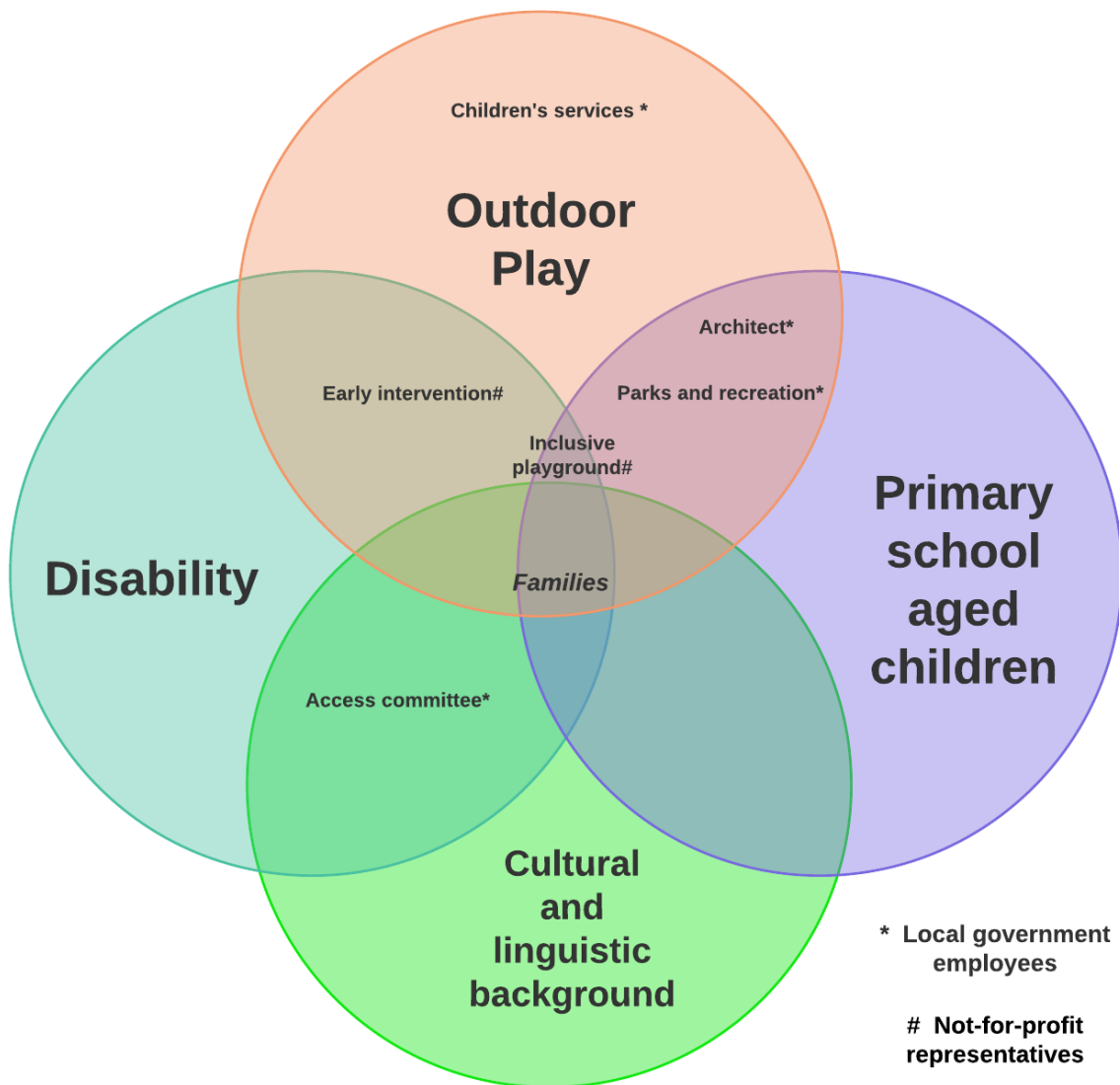
I think the attitude of this council has always been one of not concentrating on children’s issues. We have one of the highest birth rates in the metropolitan area, and only one long day care centre which we’ve had for 30 years now. So it shows the council’s attitude toward children’s services isn’t that big. I mean our neighbouring council has 15 services.

Similarly, PA described, “It would be good to have a bit more of play opportunities for disabled kids. I think that is probably what we lack quite a bit.” However, when asked what stopped the LGA from providing these play opportunities, she replied, “budget and mainly budget.” Within the climate of only enacting minimum LGA requirements, IP perceived that, “The disability action plans are gonna make things worse for all of us, because people

OUTDOOR PLAY DECISION-MAKING

go, ‘Well, I did that.’ But they haven't actually considered it.” Within the local government, play-focused groups did not consider disability, and disability-focused groups did not meaningfully consider children (Figure 6.2).

As a committee, I don't think we have discussed children's play specifically for a long time. We have discussed the liberty swing [for children in wheelchairs] that is at [a specific playground] and we have discussed a directory of accessible infrastructure for people of all ages. (AC)



OUTDOOR PLAY DECISION-MAKING

Figure 6.2: Intersections of government and not-for profit participant considerations

Playground design and overall outdoor play provision also lacked sensitivity to the CALD nature of the community. An absence of acting on cultural awareness reflected challenges within community engagement, as well as the LGA's practice of only enacting minimum requirements. "We obviously need to keep tabs on the community and make sure what we do is current and up to date and relative to the changing needs of the community. But, have we done that? The answer is 'probably not'" (PR).

When building playgrounds, the LGA had to adhere to Australian Standards (Standards Australia & Standards New Zealand, 2004) for safety and disability access as a minimum requirement. Throughout the design process, discussions of higher standards were dismissed due to cost and other priorities.

The minimum that we are required to do is to ensure that [playgrounds] are perpetually compliant to the standard that was relevant to the time when they were built. Spending so much money on bringing a 20-year-old playground up to a standard that is relevant to 2016 is probably not economically viable. (PR)

Participants perceived the Australian standards, or the LGA's interpretation of the standards, restricted play opportunities. "We have to comply to Australian Standards. That's probably why we don't do much nature play. We haven't tested it with council to allow [natural materials], because you see logs and stuff in other playgrounds" (PA).

Similarly, PR described how, "We sort of slump down to the lowest common denominator where we've got to make sure that everyone is safe, and it just becomes a completely sterile and uninteresting environment for people." IP was even more critical of the majority of the focal LGA playgrounds. "They don't care. They're buying [expletive]

OUTDOOR PLAY DECISION-MAKING

out of a catalogue and sticking it on the ground. It's terrible. [This LGA] is really bad. Sorry.”

Discussion

Local government and not-for-profit participants perceived that many families within the LGA did not label their children with disabilities and thus did not acknowledge their disability. Receiving government support and recognition often requires individuals to seek disability labels (McColl, 2006), and labels impact local government’s ability to provide disability support. Stereotypical statements around disability and impairment from the LGA reflected a very Western view of disability (Grech, 2011), and were in contrast with families’ embrace of their child for who they were rather than dwelling on labels. This LGA focused on accommodating people with disability around physical access, rather than showing respect for the children (McColl & Jongbloed, 2006) as individuals and playmates and supporting meaningful participation. Families, local government, and state and federal policies consider social stigma as a more challenging barrier to inclusion and participation in the community for people with disabilities than physical barriers (Law et al., 1999; Local government NSW & Family and Community Services NSW, 2015). Yet, the focus of local policy and action within the LGA was largely on physical access.

Values are hard to measure in policy (Walt et al., 2008), but actions and prioritization of different initiatives can reflect a government’s focus. The policy and practice within the LGA around children, play, and disability, reflected token efforts enabling local government to tick a box that they addressed the area. Governments have a responsibility to support play capabilities of all children, but especially vulnerable populations. Discussion of priorities and budgets appeared to focus elsewhere. Local government

OUTDOOR PLAY DECISION-MAKING

participants considered the provision and maintenance of equipment sufficient for all children to play. In contrast, families' decisions for their children to play in a park were inclusive of many factors. Local government's initiatives and DIAP outcome areas reflected good practice within the state (Local Government NSW & Family and Community Services NSW, 2013). However, contrary to government guidelines (Local government NSW & Family and Community Services NSW, 2015), the development of DIAPs and other LGA policy lacked meaningful community engagement and demonstrated little connection to the outdoor play needs of families of children with disabilities. Rather than engaging in inter-agency dialogues (Joiner, 2006b), LGA employees understood that they should be working with other departments, but only described how they should do it in the future.

It is notable that only four LGA employees and two not-for-profit representatives had enough information to discuss decision-making around outdoor play and children with disabilities. This can be interpreted as a limitation to the study, as well as a finding in and of itself. Participant focal areas included disability, children, play, and CALD populations. However, none had expertise across all four characteristics. This presents a challenge when considering outdoor play for children with disabilities, as no LGA employee or not-for-profit representative holistically considered their needs. Similarly, when community engagement occurred, it followed the silos of the local government rather than comprehensively asking families of children with disabilities about their outdoor play experiences and needs within the LGA. The LGA employees worked within their departments to support the perceived needs of the community and made efforts to engage with other government and non-government departments as required. They provided input

OUTDOOR PLAY DECISION-MAKING

to strategy documents such as the LGA's DIAP and playground strategy. However, they had little power over budgets or government priorities. While it was beyond the scope of the current study, to increase outdoor play opportunities of children with disabilities and their families, future research should seek to understand local government organizational structures, and determine the decision-makers in relation to children's services.

Findings of this study support local government policies stating that without engagement from families of children with disabilities, empowerment to identify and find solutions to environmental barriers may not be possible (Local government NSW & Family and Community Services NSW, 2015). The LGA repeatedly sought engagement with families within the community through different mediums consistent with best practice within the state (Local Government NSW & Family and Community Services NSW, 2013) and did listen when families provided feedback. However, challenges around soliciting community feedback were apparent in the actions of local government. Through the power of constituent voices, increased community engagement may positively impact LGA employees' influence within council. This could lead to changes that reflect community needs, and encourage ongoing dialogues.

Parent participants neither received messages from the government nor perceived that they had a voice within the community. Local government engagement by families was unlikely to have been representative of families with children with disabilities. While one-off forums are important, it is vital to look at the composition of citizen committees, and whether marginalised voices within the community are consistently heard. For example, the access committee included one parent of an adult with a disability, but no

OUTDOOR PLAY DECISION-MAKING

parents of school-age or younger children with disabilities. Families from CALD backgrounds, especially newer immigrant groups, may be under-represented.

The capabilities approach helps to explain the findings of this study. Perceived adaptive preferences challenged local government's ability to engage with the community (Nussbaum, 2011); presuming families had learned to be satisfied with what they had. Instead, attitudes by local government decreased community agency and thus engagement with local government. Individuals reflect on their own status when considering capabilities (Ibrahim, 2006). If they do not see themselves as valued within society, they might have less social capital (Abel, 2008), and not think they can achieve capabilities (Ibrahim, 2006). Interaction between individual capabilities and social structures can shape how individuals perceive their own agency (P. Evans, 2002) and "the good", that is what they are capable of and what they should want with their life (Ibrahim, 2006).

Rather than supporting family self-respect and ability to choose the life they want for themselves and their children through valuing their decisions, local government and non-for-profit participants pathologised the community and the children with disability. For families to be seen as acting appropriately by the government, which inherently had more power, they had to comply with Western perceptions of disability (Grech, 2011).

Communities can decide what capabilities they value and for whom; however, devaluing of communities reduces their agency and thus engagement. Instead, government should support familial and community agency to advocate for their own needs and have a full set of capabilities. When individuals have agency, they can support their own well-being through bringing changes to communities (Sen, 2005), and groups of individuals can use their agency to support collective capabilities (Ibrahim, 2006).

OUTDOOR PLAY DECISION-MAKING

Within this community, the voices of cultural groups were valued as a way to disseminate information. The interactions appeared primarily one way. However, these cultural groups remain untapped as important intermediaries to support bidirectional dialogues for community agency and advocacy.

When parents planned outdoor play, the entire family's skills had to interact positively with the environment for it to be a familial collective capability. Familial considerations included addressing: competing needs of family members; stigma around disability for all family members to be comfortable in play spaces; and flexibility with when, where, and with whom play for the child with a disability occurred. Many families from non-Western backgrounds relied on community rather than government for supporting participation, because they thought their community knew how to support them (Grech, 2011). LGA employees appeared to be unaware of the prerequisites for collective capability that families of children with disabilities experienced. Participation initiatives for collective capabilities should focus on family and community level interventions, not simply on the child (Grech, 2011). The entire family needs to feel included and accepted within the community in order for play to be possible.

At the familial collective capabilities level, government recognised that families in this LGA tended to have more children than in other LGAs, and that parks and playgrounds should support participation across ages. The LGA provided and maintained local parks preferred by many families, although LGA and not-for-profit employees placed more emphasis on larger district parks. Logistical challenges inherent in large families may be exacerbated by the presence of a child with a disability within the family. At the environmental level, both groups acknowledged widespread disability stigma, which

OUTDOOR PLAY DECISION-MAKING

compromised families' ability to feel comfortable in the community (Nussbaum, 2011).

The LGA engaged in educational campaigns around disability awareness and stigma reduction, but the focus on labelling disability may have inadvertently further stigmatised disability.

Rather than only addressing physical access to a minimum requirement, government can support social inclusion in playgrounds in a number of ways. Spaces that are truly natural can increase creativity (Woolley & Lowe, 2013) and physical activity (Fjørtoft & Sageie, 2000) and decrease maintenance costs. Fences can provide barriers that ameliorate parental fears around children being injured by traffic, which is not restricted to children with disabilities (O'Brien & Smith, 2002; Wyver et al., 2010). All children may need spaces within the playground to retreat to when overwhelmed (Yuill et al., 2007). Materials and equipment that support social interaction and challenge across developmental levels (e.g., construction, pushing large items for cooperative play, water or sand play) may support continued engagement (Bundy et al., 2015; Herrington & Lesmeister, 2006). Finally, to support a sense of community belonging with families, playgrounds should offer structural support such as family bathrooms with large changing tables, shade, and picnic tables (Shelley, 2002).

Increased engagement between families and local government leading to increased play collective capabilities requires first supporting the valuing, and thus agency, of families. Families need to understand their potential impact on local environment, and local governments must solicit family perspectives in ways that are meaningful to them and on engage in topics relevant to their lives. Health providers such as occupational therapists can play a key role in this process. This could include collaborating with schools to reach

OUTDOOR PLAY DECISION-MAKING

families, supporting the collective capabilities of families to participate in engagement activities, and showing families the impact of engagement.

Conclusions

To be more responsive to the needs of all constituents, including families of children with disabilities, the LGA need to prioritise and raise expectations for community input. Successful community engagement should seek to capture representative voices of all residents, and engage in ongoing, rather than on-off dialogues. For increased choice in play, decision-makers within the LGA need to value and prioritise play, and plan for play for all children. Policy documents are a strong start, but are inadequate unless meaningfully enacted within the LGA.

Disclosure Statement

The authors report no conflicts of interest.

Funding

An Australian Research Council Discovery Grant (number DP140101792) obtained by AB for the Sydney Playground Project (Levelling the Playing Field: Starting with the School Playground) made possible the PhD scholarship of JS.

CHAPTER 7

Discussion

In this chapter, I consider outdoor play decision-making across the ecocultural layers and its impact on play capabilities for children with disabilities (Figure 7.1). I address major findings and recommendations at each of the ecocultural layers, and then consider outdoor play decision-making and interactions across layers and the resultant relevance to play capabilities for children with disabilities.

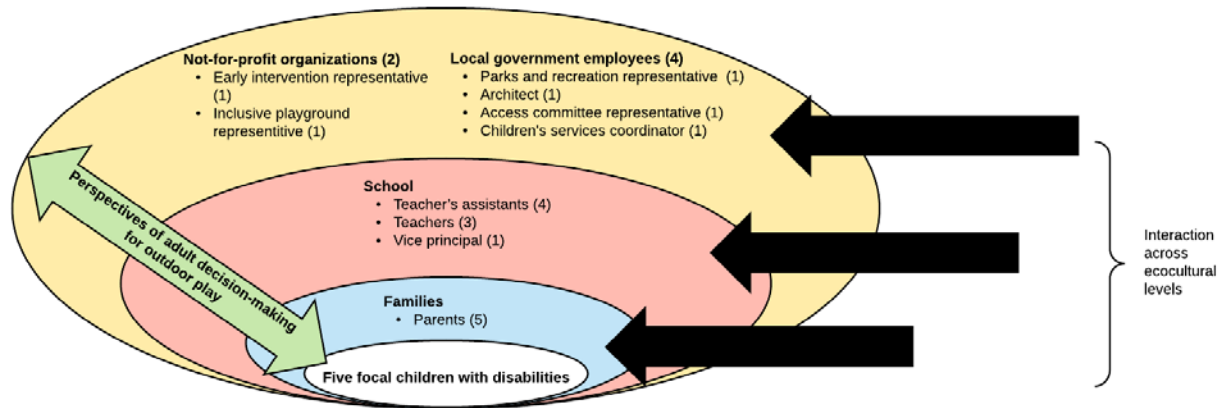


Figure 7.1: Outdoor play decision-making across ecocultural layers

Major Findings

I applied two complementary theories in this thesis that allowed for understanding of complex and rich data about outdoor play decision-making for children with disabilities and identifying gaps to target for further research or clinical practice. The ecocultural model strongly influenced the design of the study through considering the multiple and interactive levels of influence around children’s play and resulted in multiple-perspective understanding. In this thesis, play was considered a fundamental entitlement, and the capabilities approach was used to analyse case study findings. For the first time, the capabilities approach was applied to play for children with disabilities. The capabilities approach allowed for holistic analysis of how decision-making impacts choice at the individual level (family and school), and familial level (community). I first presented Figure 1.1 in Chapter 1 to represent how play can be seen through a capabilities lens, and present it again as Figure 7.2. In the following sections, I will apply data from this thesis research to expand on the diagram in the school and family/community contexts by bringing together findings from across perspectives.

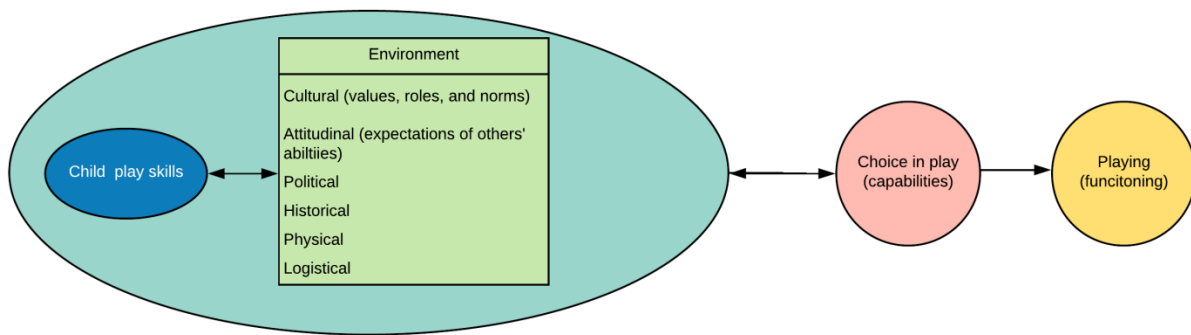


Figure 7.2: Capabilities approach applied to play
 Values shape actions and contexts. Participant roles and values influenced all outdoor play decisions. In each ecocultural layer of this study (familial, school, LGA), the

OUTDOOR PLAY DECISION-MAKING

children's skills interacted with their environments (cultural, attitudinal, political, historical, physical and logistical) to determine play capabilities. These environments intertwined. Whether play was valued impacted policy statements, participant roles, presence of play equipment, and time for play. Thus, one of the central findings from this study was that strongly valuing play shaped how suitable human and physical environments were for play provision. Similarly, the attitudinal environment was integral. This was especially prominent in school and local government's perceptions of the community and the abilities of children with disability, as well as families experience with others' perception of disability in the community. Children experienced the greatest play capabilities within their families where they were accepted and their play valued. In contrast, the children had fewer play capabilities at school and in the community. In these settings outside the family, adult decision-makers: appeared not to value play, labelled the children's disability, and when they considered the children's CALD background, they perceived it negatively.

Findings and Recommendations

Family

Outdoor play was possible for families even under challenging circumstances, but it may take more planning or thoughtful decision-making by parents. Parents knew their children's play interests and abilities, valued play as a means and ends, and planned for play at home and in the community. Decision-making about where to play included considerations about: the day of the week, as families tend to stay close to home during the week; available space, including backyards or allocated space in apartment buildings; the type of activity and available supervision, with activities perceived as more dangerous only

OUTDOOR PLAY DECISION-MAKING

allowed with supervision; and how the child with a disability would be perceived by others within the space, often choosing activities as a family to maximise acceptance. While coming from Lebanese backgrounds may have informed some participant actions, such as valuing engaging in play as a family, the Anglo-Australian participant family also valued family play. Further study with families from a diversity of backgrounds may be required to better understand the magnitude and nature of how cultural values can impact decision-making.

Previous research has described that families of children with disabilities are often less satisfied with play and recreation opportunities, than families of typically developing children (Coster et al., 2013), and that families with higher SES were more satisfied with services provided (e.g., education or therapy) than families with lower SES (Pickard & Ingersoll, 2016). Some families may be satisfied, but would still like their children to be able to participate more (Coster et al., 2012). While some parents in this study expressed interest in more opportunities for structured recreation, this was outside the scope of this study. Additionally, the children tended not to meet the recommended daily 60 minutes of physical activity (Schranz et al., 2014). Nonetheless, families were overall satisfied with the amount of unstructured, outdoor play in which their child engaged. Arguably, health professionals should first ask whether families are satisfied with their outdoor play choices and participation, rather than focus on government-recommended guidelines. Families must decide what is appropriate for their family depending on their ecocultural niche (Llewellyn, 2012). Increasing satisfaction with daily routines, including play, may be more meaningful to families that meeting external guidelines.

OUTDOOR PLAY DECISION-MAKING

From a capabilities perspective, families experienced agency locally, but also had difficulty interacting with the school and LGA. To increase agency and collective capabilities, families of children with disabilities can connect with each other, increasing power of their voices. Additionally, supported by a researcher or play-valuing practitioner, families of children with disabilities could collectively articulate to the school and LGA their valuing of play for their child as a fertile functioning, focus on their child's strengths, and desire for inclusion for their child within the school and child and family within the LGA.

School

The school made decisions based on what they prioritised, and recess was often seen as an unimportant time, or just a break for children and school staff (J. Evans & Pellegrini, 1997; Murray et al., 2013). Individualised Education Plan goals reflected the values and priorities of the school (Lake & Billingsley, 2000), and curriculum documents reflected State education priorities. The State curriculum contained play outcomes (Appendix C) (Australian Curriculum Assessment and Reporting Agency [ACARA], 2014); however, the focal school rarely included play as an outcome within Individualised Education Plans despite social deficits being closely associated with ASD (Jordan, 2003). When play was included within goals, the essence of play was missing, such as a focus on rules rather than meaningful engagement. Furthermore, I observed a common practice in special education relating to day-to-day responsibility Teaching assistants, the school staff with the least training who had little knowledge of the children's goals (Villeneuve & Hutchinson, 2012), had the most direct engagement with the children with disabilities on the playground. This observation may reflect both the education systems' devaluing of play

OUTDOOR PLAY DECISION-MAKING

and recess, as well as structural concerns around the use of teaching assistants across special education (Giangreco & Broer, 2005).

To comply with best practice for inclusive schools, school leadership needs to support teaching assistants to attend Individualised Education Plan meetings (W. Lyons et al., 2016). Through attending Individualised Education Plan meetings, teaching assistants can: contribute their perspective, understand more about the child's goals to better support the child across the day, and hear what parents wish for their child, which may help them use the child's future as a decision-making factor for the playground. A future focus can support decisions that positively impact inclusion (W. Lyons et al., 2016)

The focal school set low play expectations for the children with disabilities, which contributed to insufficient support of their play. With low child play expectations, little support was needed to meet the expectations. Participant actions and words consistently reflected values. Teachers who prioritised following the rules during recess were also the ones setting goals around following playground rules. School staff described that they wanted to support children with disabilities in play. However, the predominately-negative attitudes of other children and school staff around the children with disabilities, the lack of developmentally appropriate play materials, and perceived practical and procedural pressures resulted in an environment unsupportive of play capabilities. While participants described mainstream teachers "othering" the children with disabilities, they unconsciously also engaged in this exclusionary practice through labelling and having low expectations of the children.

Low expectations, delayed play skills not supported by school staff, and unsupportive social and physical environments had consequences. The two environments

OUTDOOR PLAY DECISION-MAKING

interacted in a manner that resulted in the children with disabilities' actions rarely meeting the definition for play. Engaging in the same activity every day is not by itself problematic, when choice is present. For example, a child who has the capabilities to socialise with peers, climb on fixed equipment, or play rugby may choose to play rugby every day at recess. Another child in the same situation may realise the functioning of socialising, and engage in that each day, because it matches their values and needs. However, the children with disabilities were presented with few choices; none of them play, as it has been operationalised within this thesis, and the literature (Bundy, 1993). The focal child who tended to dig with a stick in the dirt alone, or follow school staff around was not playing. Rather, he engaged in those actions because he lacked other choices. During the second half of their play period, teaching assistants often decided that the library would be a good activity for certain children with disabilities. Thus, the choice was either made by the adults, or by the child's circumstances rather than the child actively choosing activities in which they would like to engage.

To increase play equity, the focal school needs to increase play expectations for children with disabilities. When the children met the low expectations, school employees did not perceive a need to provide support to increase play choice. The play skills of children with disabilities can be supported at recess through adult and peer modelling, organised games, and discrete teaching of play skills within the curriculum. The physical environment can be enriched in a cost-effective and environmentally-friendly strategy of providing developmentally-appropriate play materials such as loose parts, natural and recycled materials, and fixed equipment. To create a more favourable social environment on the playground for the children with disabilities, school staff and peers can engage in

OUTDOOR PLAY DECISION-MAKING

activities in ways that can showcase the skills and capabilities of the children with disabilities, rather than their differences. Also, school staff can use inclusive language when talking about students rather than labelling them by their disability or type of classroom (mainstream or special education). While the recommendations emerged from one school, similar schools should consider their own expectations of children with disabilities, and how their play is supported or limited through built and social environments.

Interventions for children with disabilities are often impairment-focused and not provided in natural contexts (Ledford, Lane, Shepley, & Kroll, 2016; Machalicek et al., 2009; Valentini et al., 2017; Wilkes-Gillan et al., 2014). In the Australian context, few children receive direct allied health support at school, especially within mainstream government schools. Thus, to increase children's play capabilities, teachers and teaching assistants need to be the individuals equipped to support the children on the playground. An important focus of collaborative consultation between allied health professionals, such as occupational therapists, and school staff could be creating outdoor play capabilities for children and building on their strengths rather than remediating impairments.

Poor communication existed between families and the school, and little of the dialogue focused on play. Educators described the families negatively and were frustrated with poor communication with families. Yet, families deferred to educators and used them as a resource for awareness of opportunities after school. To improve productive dialogues and future orientation, families and schools should consider discussing how they could use and communicate about play as a fertile functioning for the child. Fertile functioning discussions may start with talking about the child's future in a broad lens, and then how

OUTDOOR PLAY DECISION-MAKING

play can support the future goals at the familial (e.g., social participation) and school (e.g., curriculum and Individualised Education Plan) levels for the child, as well as goals shared by schools and families (e.g., independence, self-determination, autonomy). To promote collaborative relationships, schools need to ask families how, when, where, and about what they would like communicated about their child. Play provides opportunities for strength-based discussions between schools and families.

Families often trust the advice of schools and follow their values (Francis et al., 2016), but may feel a tension if school values do not align with their own. Thus, if schools valued the play of the children with disabilities more and discussed and demonstrated these values, then families may feel more comfortable communicating and engaging with the school.

Local Government

Local government and focal families had disconnected perspectives, resulting in planning that neither meet the values of the families nor the needs of the children with disabilities. Current playground planning by local government was arguably adequate for families (e.g., presence of local parks), although uninteresting. However, local government described future planning and current actions that failed to align with values of participant families. For example, local government focused on larger parks rather than smaller local parks, and emphasised physical, rather than emotional or social accessibility. Local government participants' actions and priorities reflected their roles. For example, the parks and recreation representative considered play for typically developing children; the accessibility committee representative considered disability and CALD; and the children's services coordinator considered disability, CALD, and preschool-aged children. However,

OUTDOOR PLAY DECISION-MAKING

no one holistically considered the population of primary-school-aged children with disabilities from CALD backgrounds in conjunction with outdoor play. When local government participants considered disability and play, it was often in the context of physical disability access, and thus they had little understanding of how to support play for children with other developmental disabilities.

The LGA provided the minimum requirements to fulfil their duties to the community. They cited budget challenges in their dismissal of opportunities for enhancing play choice for children through upgrading playgrounds to higher standards, using natural materials, and implementing principles of universal design. The DIAPs within the focal LGA excluded play support, and the playground strategy inadequately addressed the needs of children with disabilities. Thus, despite the fact that this local government was engaging in “good practice” for the State, an urgent need exists to support the full inclusion and participation of children with disabilities within the community. In planning documents, the lack of focus on outdoor play capabilities for children with disabilities may have been due to poor: valuing of play, prioritisation of children with disability and families from CALD backgrounds, consideration of disability, play awareness, communication between government departments, and advocacy and agency by impacted families. Conversely, policy outcomes around inclusive play can support prioritisation of time, budgets, and consideration of children’s play.

Across Stakeholders

Families’ valuing of children’s play was central to the children’s play capabilities. Parents understood the fertile functioning nature of play, and actively made decisions to support their family unity and their child’s current and future well-being and development.

OUTDOOR PLAY DECISION-MAKING

The families' valuing and focus on play occurred within a milieu of low SES, CALD backgrounds and additional pressures, including single parenting and limited education. Most data about what the focal children liked to play came from families, where children had greater play capabilities, rather than from school. In contrast, school and local government participants words and actions reflected an absence of valuing play as a fertile functioning. At school, participants perceived recess as a time for expending energy and getting ready for class rather than a milieu for learning. Local government understood that play was important for children, but often did not consider the capacity building aspect of play as a fertile functioning; with minimal regard for children with disabilities. Not-for-profit representatives valued play as learning, but LGA decision-makers rarely shared this perspective. The school and LGA could learn from families' examples of understanding play as a fertile functioning, but the lines for communication around this rich learning space were disconnected.

At school, capabilities can be examined at the child level, because it is possible for children's individual interactions with the school playground environment (attitudinal, physical, cultural, policy) to support play choice. In contrast, at home and in the community, play capabilities can be considered at both the child and family levels because, to support play, all family members need the collective capability to play. Thus, future actions can target individuals' play capabilities at school (e.g., inclusive activities for all children to join, shifting language around disability, materials that support children's play across developmental levels, or teaching play skills that address children's needs within the curriculum). As well as families' collective play capabilities at home and in the community (e.g., inclusive play groups at playgrounds, or playgrounds initiatives and designs that

OUTDOOR PLAY DECISION-MAKING

support all families to feel included and belong). Collective capabilities are not just important for enabling children's play, but also for familial agency within the community and local government. Collective capabilities of families within low SES communities have supported greater agency for poverty reduction (Ibrahim, 2006). Similarly, findings from this thesis can promote roles for researchers, professionals, and disability advocates in considering whether families can use their collective agency to advocate for inclusive play opportunities.

Families acknowledged their child's disability, respected them as a child, and in part because of their child's skill delays, prioritised inclusive play. At school, peers, teaching assistants, mainstream teachers, and special education teachers labelled the children with disabilities. Labelling negatively impacts inclusion and equity through reinforcing discrimination, prejudice, and segregation (J. Anderson & Boyle, 2015; Joiner, 2006a). This exclusionary practice may have influenced school staff and peer perceptions that children with disabilities were not valued play partners. Within the LGA and school settings, employees perceived families not labelling their children or focusing on their disability as not acknowledging their disability. Instead, families often valued what the child could do, rather than their child's diagnostic label.

At a school of children predominately from CALD backgrounds, the school staff demonstrated a devaluing of most of the children's cultural and linguistic background. When the school and local government engaged in activities that recognised or celebrated the community's cultural background, it was never related to play. For example, cultural diversity events can be a wonderful first step in celebrating family's cultures, but this can be followed up by conversations around how their values, routines, and preferences shape

OUTDOOR PLAY DECISION-MAKING

their interaction with professionals and institutions. Additionally, LGA and non-for-profit employees perceived that the CALD background of the community challenged engagement with government. They thought that the families had learned to be satisfied with what they had (adaptive preferences). However, the devaluation of: play, their child with a disability, and their CALD background may have negatively impacted their agency, and thus engagement. The focal LGA had many specific and intertwined citizen stakeholders (e.g., language groups, cultural groups, religions, immigration statuses, types of disability). The diversity of constituent groups challenged the LGA to meaningfully engage with any or all of them. People with a disability are a heterogeneous group inclusive of physical, intellectual, and psychological impairments across the lifespan. This diversity may negatively impact advocacy efforts for any one group of people (Prince, 2006). To support familial advocacy, professionals can help families to connect with disability groups, and disability groups need to include families of children with disabilities from CALD backgrounds.

Few LGA and school participants knew how to support play adequately. School staff tried different options, but they did not see any as very successful. Local government did not know what play supports families needed beyond physical accessibility, and considered physically accessible playgrounds uninteresting. Poor interaction between local government and families, consistent with previous studies (Prellwitz & Tamm, 1999), resulted in government not understanding the collective play capability requirements of families. Families found going to local playgrounds as the best fit for their child, while local government employees focused their attention on larger, regional playgrounds. This lack of awareness or consideration regarding required play supports for children and their

OUTDOOR PLAY DECISION-MAKING

families may partially be attributed to LGA and school employees not valuing play as a fertile functioning, and thus not reflecting on how to improve experiences with play for children with disabilities. Additionally, play is notoriously difficult to define (Bundy, 1993), which can be a challenge for participants considering children's meaningful choice in play opportunities. For example, during recess when children ran around and did not break rules, school participants considered this "play". However, it would not be scored as "play" using the Test of Playfulness (Skard & Bundy, 2003) nor considered play by the definition operationalised within this thesis. Thus, increased educator knowledge about what makes "good" play is important.

School and local government participants considered the families within this study, or similar families as hard to engage. In fact, the families may have had little agency when engaging with systems with which they lack familiarity and in which they see themselves and their children as negatively viewed and powerless. (Figures 7.3 and 7.4) To move forward, the LGA and school need to respect and actively value their community, not just accommodate them. If LGA employees and school staff do not value their constituents, then it is unlikely that respect and participation of all citizens and students can be outcomes of policy and practice. Meaningful public participation can support systems that reflect the needs, values, culture, and attitudes of citizen; effective use of resources; and active, engaged, and empowered citizenry (Joiner, 2006b). For citizen engagement in public participation to occur, both groups (family and LGA or school) need to be treated as equals. To support a deliberative ongoing dialogue, families can be included throughout the policy-making and implementing process rather than just at the onset (Joiner, 2006b). Community engagement can draw on the strengths of this multi-cultural community,

OUTDOOR PLAY DECISION-MAKING

including close extended families and strong cultural and religious groups. The LGA under-utilised cultural and religious groups as an intermediary for citizen engagement.

Including these groups to support bidirectional dialogues in non-bureaucratic language may support stakeholder equality.

OUTDOOR PLAY DECISION-MAKING

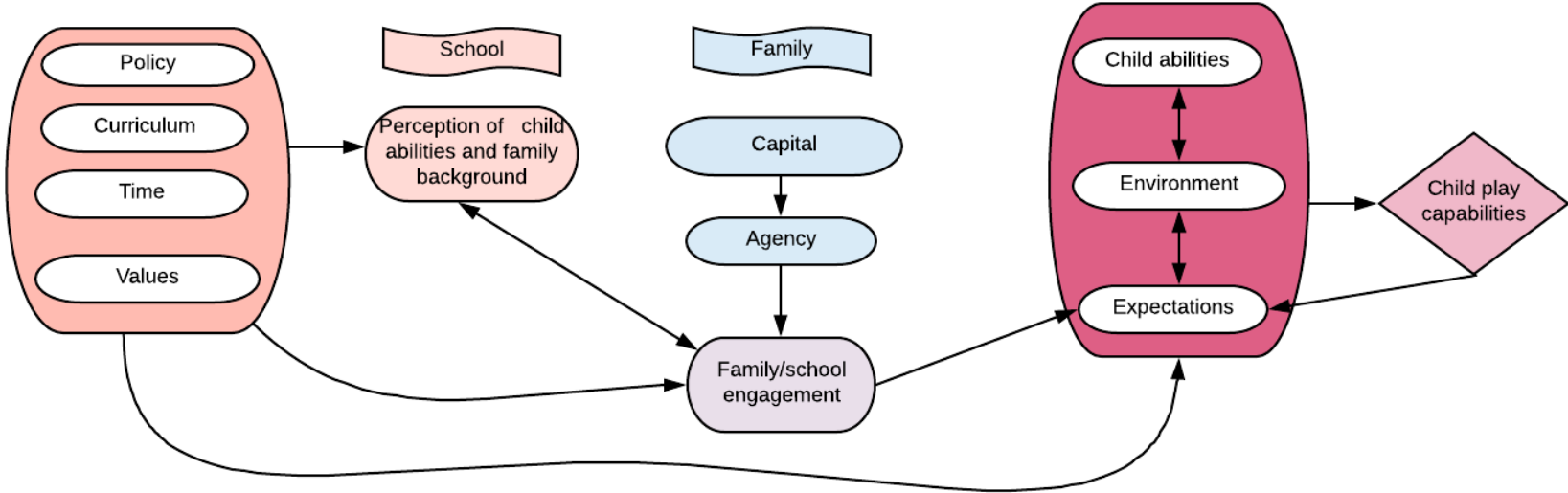


Figure 7.3: Interaction of family backgrounds, family agency and engagement, school perspectives and priorities on children’s play capabilities at school

OUTDOOR PLAY DECISION-MAKING

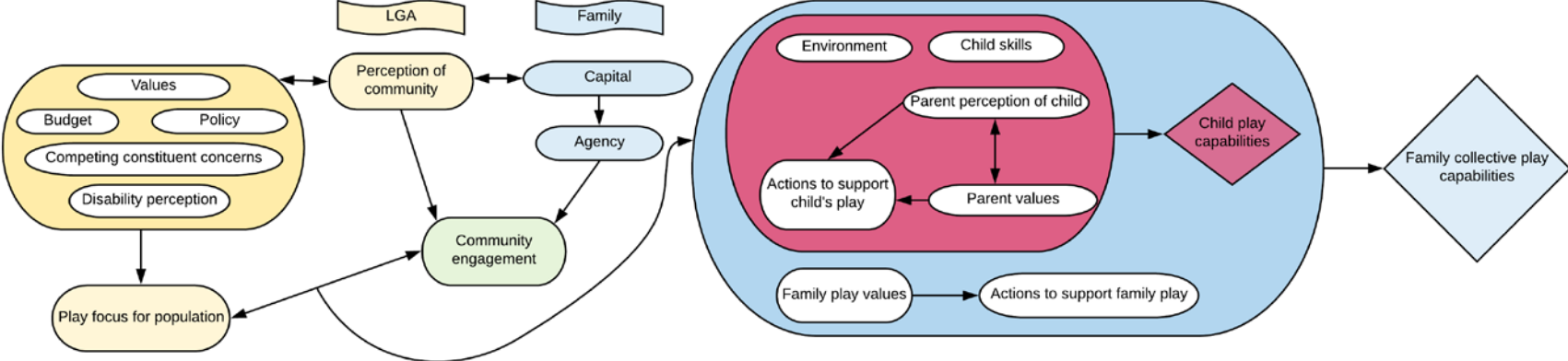


Figure 7.4: LGA and family influence on children’s play capabilities and familial collective play capabilities

OUTDOOR PLAY DECISION-MAKING

When communicating with families, it is important for schools and LGAs to ask how they would like to be communicated with, and about what. When local government engages with families, they can use methods that are meaningful to those families. Families within this program of research sought information through the school, bulletin boards, community organisations, newspapers, and online. The participant parents were not always technologically savvy, which may be representative of their cultural background or SES. School staff also confirmed that most of the parents in the school were not comfortable with technology. Thus, determining ways that families are comfortable with communicating becomes increasingly important. Partnerships between family, school, and community (e.g., religious and cultural groups) in a culturally respectful manner may be an important way to support parental engagement at school (Fear et al., 2012) and future LGA participation.

Individuals are more likely to support and act on what they value (Bandura, 1986; Llewellyn, 2012). However, many school and LGA participants indicated they may need assistance in valuing play, including understanding play's potential as a fertile functioning. Shifting perceptions of play may require systemic changes within the educational system. Recent position statements by the American Academy of Paediatrics as well as others on outdoor play's positive impact on health, education, and well-being are a positive step towards valuing play at school (Brussoni et al., 2015; Ginsburg et al., 2007; Gray et al., 2015; Milteer et al., 2012; Murray et al., 2013), as is the inclusion of play in the Australian Curriculum (Australian Curriculum Assessment and Reporting Agency [ACARA], 2014). Nevertheless, more must be done at policy and practice levels to support play's valuation as a fertile functioning.

OUTDOOR PLAY DECISION-MAKING

Participants at the school and local government level perceived that others devalued the children with disabilities, but that they had the children's best interests in mind. At the school level, special educators thought that mainstream peers and educators devalued and misunderstood the children, while in fact the special educators also labelled the children with disabilities and described low play and learning expectations for them. Similarly, at the local government level, participants perceived that families did not acknowledge their children's disabilities or seek support when it was required. However, participant language labelled children with disabilities, an exclusionary practice that may be more prominent in Western perceptions of disability (Grech, 2011) and demonstrated either low collective play expectations for families or a lack of understanding of their everyday challenges. To support inclusion and equity, children with disabilities from CALD backgrounds need to be respected and valued within the settings in which they learn and play, rather than labelled. Low expectations by schools and the LGA reinforced difference and gave little room for supporting meaningful play. However, if children were valued and given ways to show what they can do within play, then they may rise to the challenge, increasing expectations and play capabilities. Acknowledging and supporting family agency within their contexts could also increase collective play capabilities and local government's perception of families as capable actors.

Practitioners

While not participants in this study, recommendations can still be drawn for practitioners. Practitioners, especially those with strong backgrounds in play (e.g., occupational therapists, speech and language pathologists, early childhood educators, and some social workers and physiotherapists), should support parents, educators, and local

OUTDOOR PLAY DECISION-MAKING

governments to see play as a fertile functioning, enjoyable for its own sake, and a source of physical activity. Some educators in this study only considered classroom-based learning to be real learning. Consequently, they prioritised academic activities over play. However, if these individuals understood the value of play as a fertile functioning, they may be more likely to promote play for children with disabilities, and realise these benefits.

Additionally, practitioners can act as advocates for families through modelling inclusive language, focusing on the strengths and capabilities of children with disability, and acting as an intermediary between school and families.

Summary of Recommendations

1. Professionals can ask families if they are satisfied with their outdoor play.
2. Professionals can support families to collectively advocate for schools and LGAs to value play as a fertile functioning, support inclusion, and focus on children's abilities rather than impairments.
3. The school and LGA can value play as a fertile functioning, starting with a focus on the strengths of all children and their communities.
4. To foster positive perceptions of children, their families, and communities, professionals can use inclusive language rather than labelling.
5. The school can increase play expectations for the children with disabilities to create a space to support play skills and environments.
6. To create a supportive recess environment, the school can provide opportunities for loose parts/recycled material play, peer mentoring, and organised games. These activities should play on the strengths of the children with disabilities.

OUTDOOR PLAY DECISION-MAKING

7. Educators can teach play skills within the curriculum using a consistent definition of play, such as the one proposed by Bundy (1993) and operationalised in this thesis.
8. The LGA can provide support for the collective play capabilities of families, such as infrastructure that supports a sense of belonging, maintaining and increasing inclusive aspects of neighbourhood parks, and considerations within infrastructure planning regarding how families get to local parks.
9. Ongoing community dialogues including families of children with disabilities can be facilitated by the LGA when creating playground strategies, DIAPs, and other policy documents that impact the family's lives.
10. To support ongoing dialogues and to determine how, when, and about what families would like to be communicated with, the school and LGA can consider using two way discussions with cultural and religious groups as intermediaries to families.
11. Play capabilities can be included and prioritised within outcome measurements of LGA and school policies.
12. The LGA can more meaningfully discuss the play of children with disabilities across agencies (e.g., disability advocacy, parks and recreation, children's services, transportation, maintenance, and playground design), potentially through working groups that involve community input.

Strengths and Limitations

Strengths

Decision-making by educators on the playground was an unexplored space, and limited research and understanding existed about decision-making by families and local

OUTDOOR PLAY DECISION-MAKING

government for the play of children with disabilities. Much of the focus of previous research in this area was on quantitative analyses around time use or overall out-of-school participation (Anaby et al., 2013; Engel-Yeger et al., 2009; Longo et al., 2013; Palisano et al., 2009), rather than a focus on play. For the first time, the capabilities approach was used to interpret outdoor play decision-making. I did not impose the capabilities approach on the data deductively. Instead, I used the approach to understand concepts already emerging from the data.

Methodologically, a unique aspect of this study was that I applied video-assisted recall to educator actions on the playground. This specific method of using head-mounted video recording has been documented in occupational therapy clinical reasoning (Unsworth, 2005). However, this is the first time that it was applied to the decision-making of educators or to play. The data from the video-assisted recall complemented the interview data, and raised increased awareness to participants about their playground actions. Awareness of actions may have allowed them to discuss their decision-making in more detail. For example, several participants commented about how they did not realize before watching the video how much they constantly scanned the playground to see what all of the children were doing.

I used a number of methods to ensure the fidelity of the data and analysis. The focus of interview questions was similar between participant groups, and I used a consistent interview guide within each stakeholder group, informed by document review, observations, and knowledge of the setting. While the overall guide was consistent, the interviews contained iterative elements, supporting depth of dialogues in subsequent interviews. To add flexibility in completion methods, I modified the originally-proposed

OUTDOOR PLAY DECISION-MAKING

survey for parents to be able to be completed on paper, by telephone call, or through an app. Across the study, methods were sufficiently structured to add rigour, but flexible enough to be responsive to the needs of participants. For example, to help clarify and deepen preliminary findings, I interviewed two key informants, the vice principal of the focal school and the inclusive playground representative, after the other participants in the group. Thus, rigor in planning and implementation is a strength in this thesis.

The use of case study design allowed for the flexibility to include participants I had not previously identified at the start of the study (e.g., teaching assistants, and some local government employees and not-for-profit representatives). This flexibility created richness in the data while staying within the bounds of the case. Triangulation occurred across all data types, strengthening findings (Merriam, 1998; Miles et al., 2014; Yin, 2014). For example, triangulation occurred within teachers, and between school staff; between policy documents relating to the school playground and educator decision-making; and finally across all three stakeholder groups (family, school, LGA). Another strength of the research was that I spent a prolonged time in the field, building trust and supporting credibility of findings (Merriam, 1998). For example, time spent at the school supported the participants' development of respect, rapport, and relationships with me. Similarly, knowledge of the location, school, and cultural backgrounds of families supported my rapport building with parent participants. This rapport, along with the values of hospitality within Lebanese culture (Sobh, Belk, & Wilson, 2013), spurred participants to invite me to brunch or tea, creating informal dialogues that deepened my understanding of the participants. The participant families were individuals whose perspectives were rarely captured within research. I asked the participants for the best methods to contact them, which was often

OUTDOOR PLAY DECISION-MAKING

text. However, even using their preferred communication method, parents often had difficulty communicating with me. They cancelled interview appointments at the last minute, or forgot that an interview was scheduled, and required reminders and changes of format to complete the questionnaire. Their voices are often lost in research, when participants are a convenience sample of the most engaged parents. Thus, a major strength of this study was capturing the voices of individuals who are seldom heard.

One of the most prominent strengths of this research was an in-depth exploration of a case: one local government including one school, and five families within that school. This allowed for a thorough understanding of the phenomenon of adult outdoor play decision-making for children with disabilities within one case. Thus, while in-depth understanding of a case, rather than generalisation, was the focus, inferences may be applied to similar cases with similar circumstances. Discussion of specifics, as much as anonymity would allow, supports the reader to determine if this data and analyses applies to their situation.

Limitations

The small sample size of this study (five families, one school, one LGA) although consistent with qualitative research, which focuses on the in-depth particular (Merriam, 1998; Stake, 1995), is a limitation to generalisability. Families from diverse backgrounds were sought within the case; however, they may not have been representative of all families within the LGA. Participants were skewed to parents who spoke fluent English (where a number of parents in that school did not), had time to talk to me as the researcher (where a number of families said they were too busy), and communicated with the school (where the school found it challenging to have ongoing dialogue with most families). I

OUTDOOR PLAY DECISION-MAKING

extended participation to either mothers or fathers, with a focus on whoever knew the most about outdoor play decision-making for their child. However, only mothers agreed to participate. Thus, the important voices of fathers, or other non-parent caregivers, such as grandparents, were not captured within this study. Despite efforts for inclusivity, the participating families may not have been the most representative of the parents within the case. While some literature exists on fathers' outdoor-play perceptions and actions for their typically developing children (Creighton, Brussoni, Oliffe, & Olsen, 2015), fathers' outdoor play decision-making for their children with disabilities remains an unexplored space that could be the focus of future research.

Within the school, I captured very little of mainstream teachers' perspectives (observations and one teacher participated in video-assisted recall) because they were not the adults who interacted the most with the focal children. Nevertheless, mainstream teachers' perspectives did colour the tone of the playground, as well as how other adults and mainstream children interacted with the children with disabilities. Data collection with these participants could strengthen future analyses.

The focus of this research was on a mainstream school rather than a segregated school for children with disabilities. Segregated special education schools have different challenges that could be captured with future research; however, a mainstream school was chosen as a focus because inclusion is best practice (Francis et al., 2016; McLeskey, Waldron, & Redd, 2014; UNESCO & Ministry of Education and Science Spain, 1994). Despite best practice as outlined in the Salamanca statement (UNESCO & Ministry of Education and Science Spain, 1994), many schools are still moving towards full inclusion (Ainscow, 2005), including the focal school in this study in which children with disabilities

OUTDOOR PLAY DECISION-MAKING

attended segregated classes and only some age groups had typically developing peers on the playground.

The heterogeneous nature of the participant roles within local government added richness to the data, but challenged triangulation. While it is possible that within the local government I could have found additional relevant participants, I stopped data collection when overextension of data occurred. I invited other relevant not-for-profit representatives, such as disability and cultural groups, to participate, but did not hear back from them. Thus, I was unable to capture additional important voices.

Few local, state, and federal policies directly addressed outdoor play and recess within the government and education department. Thus, a quantitative document audit was not possible, and inferences had to be drawn from a document review of broader policies impacting the local government and school, rather than a closer focus on outdoor play and recess. Nevertheless, the identified documents shaped interview questions, and often the absence of information can illuminate priorities as much as the presence of data.

I was unable to conduct the parent survey in the manner originally planned. Parent participants were more comfortable with paper and phone, rather than app-based surveys to record their children's outdoor play and their decisions about that play. If participants' responses were shaped by the survey delivery method, I would hypothesize that participants would be most likely to give a response they perceive the researcher wants in a phone survey, rather than paper or app. Instead, the two participants who preferred a phone survey were the ones who reported that their child played the least the day before. While ESM is a promising research tool for capturing in-the-moment decision-making, consideration of the participants' ease of use of the technology is critical. Researchers

OUTDOOR PLAY DECISION-MAKING

experience a dilemma, when participants state that they are comfortable with a data collection technique, such as app-based surveys, but have challenges in practice.

Participants may think they understand it but, in the moment, experience difficulties, or are embarrassed to tell the researcher that they do not understand. Thus, when using ESM supervised practice may be beneficial for participants from CALD backgrounds, or other groups who are less comfortable with technology.

Weather can be a limiting factor when considering children's play outside (Harding et al., 2009). I surveyed participant parents about their children's play the previous 24 hours during the Australian autumn and winter months, which might have restricted their children's participation in outdoor play due to the temperature. I tracked daily temperatures and on the days that one parent said it was too cold for her child to play it was only a low of 10° C (50° F), and a high of 16° C (61° F). Conversely, if the study had taken place in the long Australian summer, participants may have perceived the temperatures as too hot to play outside. Weather contributes barriers that families must overcome during all seasons, and participants stated that the week of the survey was a representative week in terms of their children's outdoor play participation. Additionally, I intentionally conducted the survey during a typical school week as the goal was to understand everyday play decision-making. In addition to this important understanding, exploring families' decision-making during school holiday periods would be important complimentary data that could be explored in future research.

Future Research

In this thesis study I sought to understand outdoor play decision-making of parents, educators, and local government for children with disabilities within one disadvantaged

OUTDOOR PLAY DECISION-MAKING

community. I identified many important potential paths of research that either were outside the scope of this study, or arose from preliminary data within this research. Researchers can use findings from this thesis as “mirror data” with similar LGAs and schools to identify: contradictions in how they work and how they would like to work, root causes to problems, and a shared vision (Engestrom, 2000). This can include educators and local government employees looking at transcripts of the language their peers use to describe children with disabilities and their families, reflecting on their own use of language, and discussing areas to target for change. To support inclusive play, schools and LGAs need increased awareness around the exclusionary effects of labelling children with disabilities and the devaluation and stigmatization of families from CALD backgrounds. Understandings of the exclusionary effects and reflection on their own practices may support the schools and LGA to change cultures and practices.

Within schools, occupational therapists or similar professionals could use collaborative consultation with teaching assistants and teachers to support play at school. Collaboration would be responsive to the particular school environment and could involve a mix of explicit teaching of how to scaffold play in the classroom and on the playground, modifications to the playground to increase play choice, or peer support programs administered by the school staff. To support increased communication between schools and parents from disadvantaged backgrounds who have a child with a disability, participatory action research could be conducted focused investigating how, when, what, how, where the stakeholders would like communication to occur. Resulting dialogues and changes in actions can support greater communication around play and other non-academic times during the school day, as well as increased overall engagement of families. Knowledge

OUTDOOR PLAY DECISION-MAKING

translation could then implement changes to similar schools. This research identified that primary school teachers often do not have an awareness of play components and or how to support play. Research can be conducted embedding play awareness (e.g., what is play, how to support play, play as a fertile functioning) for special education or mainstream teachers during their university education (preservice). Outcomes of this awareness could be identified through impact of their knowledge of play and then embedding play in practice.

Focused programs pairing schools and local government to promote interactive community dissemination around outdoor play opportunities could utilise the knowledge from each institution and increase community engagement. It could also support families to see both schools and local government as a source of support for outdoor play opportunities and other areas of participation. Similarly, to increase community agency, researchers can investigate the feasibility of better networks between families of children with disabilities through advocacy or empowerment models, especially within low SES and CALD communities. Disabled people's organisations and cultural groups (e.g., Multicultural Disability Advocacy Association or People with Disabilities Australia) may be a resource for family advocacy and agency.

Local government has very little data on how playgrounds are used. One important path of action research would include observations of the use of local playgrounds, with focused feedback to the government. Similarly, little data exist on children's use of inclusive playgrounds (Kodjebacheva, 2008); however, these playgrounds are an increasing trend in community development (Burke, 2017). Thus, empirical research of how children with and without disabilities and their families use inclusive playgrounds could support

OUTDOOR PLAY DECISION-MAKING

future designs of welcoming spaces for all children. Finally, recommendations from the summary of recommendations can be used to guide research design through planning, implementing and evaluating random controlled trials, knowledge translation, or participatory action research.

Conclusion

Children with disabilities experienced the greatest play capabilities during family play where they were respected and included, and play was valued as a fertile functioning. To support play, families considered and planned for the collective play capabilities of the whole family. Educators and local government employees made outdoor play decision based on their values, expectations, and structural factors. At school, the children experienced low expectations and exclusionary practices of segregation and labelling of their disability and culture; impacting their play capabilities. The local government seldom considered play for children with disabilities from CALD backgrounds, and when they did, they tended to focus on physical disability. The local government also labelled the children's disability and culture. Both the local government and school found it challenging to engage with families. Families appeared to have decreased agency when engaging with school and local government, negatively impacting engagement. Power imbalances and negative perceptions of schools and local government employees relating to the child with a disability, family acceptance of the child's disability, and the family's culture and religion may have further alienated families, decreasing their agency.

This research has added new understandings of how families, schools, and local governments make outdoor play decisions for children with disabilities, their motivation for supporting play, their perceived choice and satisfaction, environmental influences, and

OUTDOOR PLAY DECISION-MAKING

the children's ultimate play capabilities. To support increased play capabilities for children with disabilities from CALD backgrounds at home, school, and in the community: children, their families, and community should be considered from a strengths-based lens; open ongoing dialogue between families and schools and local government around play priorities and ways to support inclusion should be initiated; and play should be valued as a fertile functioning.

References

- Abel, T. (2008). Cultural capital and social inequality in health. *Journal of Epidemiology & Community Health*, 62(7), e13–e13. <http://doi.org/10.1136/jech.2007.066159>
- Abel, T., & Frohlich, K. L. (2012). Capitals and capabilities: Linking structure and agency to reduce health inequalities. *Social Science & Medicine*, 74(2), 236–244. <http://doi.org/10.1016/j.socscimed.2011.10.028>
- Ainscow, M. (2005). Developing inclusive education systems: What are the levers for change? *Journal of Educational Change*, 6(2), 109–124. <http://doi.org/10.1007/s10833-005-1298-4>
- Alesi, M., & Pepi, A. (2017). Physical activity engagement in young people with Down syndrome: Investigating parental beliefs. *Journal of Applied Research in Intellectual Disabilities*, 30(1), 71–83. <http://doi.org/10.1111/jar.12220>
- Alexander, S. A., Frohlich, K. L., & Fusco, C. (2014). Playing for health? Revisiting health promotion to examine the emerging public health position on children’s play. *Health Promotion International*, 29(1), 155–164. <http://doi.org/10.1093/heapro/das042>
- Alparone, F. R., & Pacilli, M. G. (2012). On children’s independent mobility: The interplay of demographic, environmental, and psychosocial factors. *Children’s Geographies*, 10(1), 109–122. <http://doi.org/10.1080/14733285.2011.638173>
- American Academy of Pediatrics Council on Community. (2016). Poverty and child health in the United States. *Pediatrics*, 137(4). <http://doi.org/10.1542/peds.2016-0339>
- Anaby, D., Hand, C., Bradley, L., DiRezze, B., Forhan, M., DiGiacomo, A., & Law, M. (2013). The effect of the environment on participation of children and youth with disabilities: A scoping review. *Disability and Rehabilitation*, 35(19), 1589–1598.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.3109/09638288.2012.748840>

Anaby, D., Law, M., Coster, W., Bedell, G., Khetani, M., Avery, L., & Teplicky, R.

(2014). The mediating role of the environment in explaining participation of children and youth with and without disabilities across home, school, and community. *Archives of Physical Medicine and Rehabilitation*, 95(5), 908–917.

<http://doi.org/10.1016/j.apmr.2014.01.005>

Anderson, J., & Boyle, C. (2015). Inclusive education in Australia: Rhetoric, reality and the road ahead. *Support for Learning*, 30(1), 4–22. [http://doi.org/10.1111/1467-](http://doi.org/10.1111/1467-9604.12074)

9604.12074

Anderson, J., Boyle, C., & Deppeler, J. (2014). The ecology of inclusive education. In B.

C. Zhang H., Chan P.W.K. (Ed.), *Equality in Education* (pp. 23–34). Rotterdam:

SensePublishers. http://doi.org/10.1007/978-94-6209-692-9_3

Anderson, K., Stowasser, D., Freeman, C., & Scott, I. (2014). Prescriber barriers and

enablers to minimising potentially inappropriate medications in adults: A systematic review and thematic synthesis. *BMJ Open*, 4(12), e006544.

<http://doi.org/10.1136/bmjopen-2014-006544>

Australian Bureau of Statistics. (2010). National regional profile. Retrieved October 25,

2016, from <http://www.abs.gov.au/>

Australian Curriculum Assessment and Reporting Agency [ACARA]. (2014). Foundation

to year 10 curriculum: Foundation, health and physical education. Retrieved from

<http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-10?layout=1>

Australian Institute of Health and Welfare (AIHW). (2004). *Children with disabilities in*

OUTDOOR PLAY DECISION-MAKING

Australia. AIHW cat. no. DIS 38. Canberra.

- Avrech Bar, M., Shelef, L., & Bart, O. (2016). Do participation and self-efficacy of mothers to children with ASD predict their children's participation? *Research in Autism Spectrum Disorders, 24*, 1–10. <http://doi.org/10.1016/j.rasd.2016.01.002>
- Ayvazoglu, N. R., Kozub, F. M., Butera, G., & Murray, M. J. (2015). Determinants and challenges in physical activity participation in families with children with high functioning autism spectrum disorders from a family systems perspective. *Research in Developmental Disabilities, 47*, 93–105. <http://doi.org/10.1016/j.ridd.2015.08.015>
- Backett-Milburn, K., & Harden, J. (2004). How children and their families construct and negotiate risk, safety and danger. *Childhood, 11*(4), 429–447. <http://doi.org/10.1177/0907568204047105>
- Baker, K., & Donnelly, M. (2001). The social experiences of children with disability and the influence of environment: A framework for intervention. *Disability & Society, 16*(1), 71–85. <http://doi.org/10.1080/713662029>
- Bandura, A. (1986). *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, N.J: Prentice-Hall.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*(1), 1–26. <http://doi.org/10.1146/annurev.psych.52.1.1>
- Barbour, A. C. (1999). The impact of playground design on the play behaviors of children with differing levels of physical competence. *Early Childhood Research Quarterly, 14*(1), 75–98. [http://doi.org/10.1016/S0885-2006\(99\)80007-6](http://doi.org/10.1016/S0885-2006(99)80007-6)
- Bazyk, S., & Cahill, S. (2015). School-based occupational therapy. In J. Case-Smith & J. O'Brien (Eds.), *Occupational therapy for children and adolescents* (7th ed., pp. 664–

OUTDOOR PLAY DECISION-MAKING

703). St. Louis, Missouri: Elsevier.

Bedell, G., Coster, W., Law, M., Liljenquist, K., Kao, Y. C., Teplicky, R., ... Khetani, M.

A. (2013). Community participation, supports, and barriers of school-age children with and without disabilities. *Archives of Physical Medicine and Rehabilitation*, *94*(2), 315–323. <http://doi.org/10.1016/j.apmr.2012.09.024>

Bedell, G., & Dumas, H. M. (2004). Social participation of children and youth with acquired brain injuries discharged from inpatient rehabilitation: a follow-up study.

Brain Injury, *18*(1), 65–82. <http://doi.org/10.1080/0269905031000110517>

Bernheimer, L. P., Gallimore, R., & Weisner, T. S. (1990). Ecocultural Theory as a context for the individual family service plan. *Journal of Early Intervention*, *14*(3), 219–233.

<http://doi.org/10.1177/105381519001400304>

Bickenback, J. (1993). *Physical disability and social policy*. Toronto, ON: University of Toronto Press.

Bishop, R. (2013). Go out and play, but mean it: Using frame analysis to explore recent

news media coverage of the rediscovery of unstructured play. *The Social Science Journal*, *50*(4), 510–520. <http://doi.org/10.1016/j.soscij.2013.07.014>

Blanche, E. I., Diaz, J., Barretto, T., & Cermak, S. A. (2015). Caregiving experiences of

Latino families with children with autism spectrum disorder. *American Journal of Occupational Therapy*, *69*(5), 6905185010p1.

<http://doi.org/10.5014/ajot.2015.017848>

Bloemen, M. A., Verschuren, O., van Mechelen, C., Borst, H. E., de Leeuw, A. J., van der

Hoef, M., & de Groot, J. F. (2015). Personal and environmental factors to consider when aiming to improve participation in physical activity in children with Spina

OUTDOOR PLAY DECISION-MAKING

- Bifida: A qualitative study. *BMC Neurology*, *15*(1), 11. <http://doi.org/10.1186/s12883-015-0265-9>
- Bourke-Taylor, H., Howie, L., & Law, M. (2010). Impact of caring for a school-aged child with a disability: Understanding mothers' perspectives. *Australian Occupational Therapy Journal*, *57*(2), 127–136. <http://doi.org/10.1111/j.1440-1630.2009.00817.x>
- Brand, S., Jossen, S., Holsboer-Trachsler, E., Puhse, U., & Gerber, M. (2015). Impact of aerobic exercise on sleep and motor skills in children with autism spectrum disorders – a pilot study. *Neuropsychiatric Disease and Treatment*, *11*, 1911–1920. <http://doi.org/10.2147/NDT.S85650>
- Brewster, S., & Coleyshaw, L. (2011). Participation or exclusion? Perspectives of pupils with autistic spectrum disorders on their participation in leisure activities. *British Journal of Learning Disabilities*, *39*(4), 284–291. <http://doi.org/10.1111/j.1468-3156.2010.00665.x>
- Brockman, R., Jago, R., & Fox, K. R. (2010). The contribution of active play to the physical activity of primary school children. *Preventive Medicine*, *51*(2), 144–147. <http://doi.org/10.1016/j.ypmed.2010.05.012>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments in nature and design*. Cambridge, MA: Harvard University Press.
- Bronson, M. R., & Bundy, A. C. (2001). A correlational study of a Test of Playfulness and a Test of Environmental Supportiveness for Play. *OTJR: Occupation, Participation and Health*, *21*(4), 241–259. <http://doi.org/10.1177/153944920102100403>
- Brussoni, M., Gibbons, R., Gray, C., Ishikawa, T., Sandseter, E., Bienenstock, A., ... Tremblay, M. S. (2015). What is the relationship between risky outdoor play and

OUTDOOR PLAY DECISION-MAKING

health in children? A systematic review. *International Journal of Environmental Research and Public Health*, 12(6), 6423–6454.

<http://doi.org/10.3390/ijerph120606423>

Brussoni, M., Olsen, L. L., Pike, I., & Sleet, D. A. (2012). Risky play and children's safety: Balancing priorities for optimal child development. *International Journal of Environmental Research and Public Health*, 9(12), 3134–3148.

<http://doi.org/10.3390/ijerph9093134>

Buchanan, M. (2009). The home play of toddlers with disabilities: Contexts and maternal perspectives. *International Journal of Disability, Development and Education*, 56(3), 263–283. <http://doi.org/10.1080/10349120903102296>

Bult, M. K., Verschuren, O., Jongmans, M. J., Lindeman, E., & Ketelaar, M. (2011). What influences participation in leisure activities of children and youth with physical disabilities? A systematic review. *Research in Developmental Disabilities*, 32(5), 1521–1529. <http://doi.org/10.1016/j.ridd.2011.01.045>

Bundy, A. (1993). Assessment of play and leisure: Delineation of the problem. *American Journal of Occupational Therapy*, 47(3), 217–222.

<http://doi.org/10.5014/ajot.47.3.217>

Bundy, A., Luckett, T., Naughton, G. A., Tranter, P. J., Wyver, S. R., Ragen, J., ... Spies, G. (2008). Playful interaction: Occupational therapy for all children on the school playground. *American Journal of Occupational Therapy*, 62(5), 522–527.

<http://doi.org/10.5014/ajot.62.5.522>

Bundy, A., Luckett, T., Tranter, P. J., Naughton, G. A., Wyver, S. R., Ragen, J., & Spies, G. (2009). The risk is that there is “no risk”: A simple, innovative intervention to

OUTDOOR PLAY DECISION-MAKING

increase children's activity levels. *International Journal of Early Years Education*, 17(1), 33–45. <http://doi.org/10.1080/09669760802699878>

Bundy, A., Wyver, S., Beetham, K. S., Ragen, J., Naughton, G., Tranter, P., ... Stermann, J. (2015). The Sydney playground project- levelling the playing field: a cluster trial of a primary school-based intervention aiming to promote manageable risk-taking in children with disability. *BMC Public Health*, 15(1), 1125. <http://doi.org/10.1186/s12889-015-2452-4>

Burdette, H. L., & Whitaker, R. C. (2005). Resurrecting free play in young children. *Archives of Pediatrics & Adolescent Medicine*, 159(1), 46. <http://doi.org/10.1001/archpedi.159.1.46>

Burke, J. (2017). Just for the fun of it: Making playgrounds accessible to all children, 8055(July). <http://doi.org/10.1080/04419057.2012.759144>

Campbell, R., Pound, P., Pope, C., Britten, N., Pill, R., Morgan, M., & Donovan, J. (2003). Evaluating meta-ethnography: A synthesis of qualitative research on lay experiences of diabetes and diabetes care. *Social Science and Medicine*, 56(4), 671–684. [http://doi.org/10.1016/S0277-9536\(02\)00064-3](http://doi.org/10.1016/S0277-9536(02)00064-3)

Carter, E. W., Lane, K. L., Jenkins, A. B., Magill, L., Germer, K., & Greiner, S. M. (2015). Administrator views on providing self-determination instruction in elementary and secondary schools. *The Journal of Special Education*, 49(1), 52–64. <http://doi.org/10.1177/0022466913502865>

Case-Smith, J., & Kuhaneck, H. M. (2008). Play preferences of typically developing children and children with developmental delays between ages 3 and 7 years. *OTJR: Occupation, Participation, Health*, 28(1), 19–29. <http://doi.org/10.3928/15394492->

OUTDOOR PLAY DECISION-MAKING

20080101-01

- Chandler, B. (1997). Where do you want to play? Play environments: An occupational therapy perspective. In B. Chandler (Ed.), *The essence of play: a child's occupation* (pp. 159–174). Bethesda, MD: The American Occupational Therapy Association.
- Chelvakumar, G., Sheehan, K., Hill, A. L., Lowe, D., Mandich, N., & Schwebel, D. C. (2010). The Stamp-in-Safety programme, an intervention to promote better supervision of children on childcare centre playgrounds: An evaluation in an urban setting. *Injury Prevention, 16*(5), 352–354. <http://doi.org/10.1136/ip.2009.025056>
- Children's Play Council. (1998). *The new charter for children's play*. London.
- Clements, R. (2004). An investigation of the status of outdoor play. *Contemporary Issues in Early Childhood, 5*(1), 68. <http://doi.org/10.2304/ciec.2004.5.1.10>
- Colver, A., Thyen, U., Arnaud, C., Beckung, E., Fauconnier, J., Marcelli, M., ... Dickinson, H. O. (2012). Association between participation in life situations of children with cerebral palsy and their physical, social, and attitudinal environment: A cross-sectional multicenter European study. *Archives of Physical Medicine and Rehabilitation, 93*(12), 2154–2164. <http://doi.org/10.1016/j.apmr.2012.07.011>
- Copeland, K. A., Sherman, S. N., Kendeigh, C. A., Kalkwarf, H. J., & Saelens, B. E. (2012). Societal values and policies may curtail preschool children's physical activity in child care centers. *Pediatrics, 129*(2), 265–274. <http://doi.org/10.1542/peds.2011-2102>
- Coster, W., Law, M., Bedell, G., Khetani, M., Cousins, M., & Teplicky, R. (2012). Development of the participation and environment measure for children and youth: Conceptual basis. *Disability and Rehabilitation, 34*(3), 238–246.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.3109/09638288.2011.603017>

Coster, W., Law, M., Bedell, G., Liljenquist, K., Kao, Y. C., Khetani, M., & Teplicky, R.

(2013). School participation, supports and barriers of students with and without disabilities. *Child: Care, Health and Development*, 39(4), 535–543.

<http://doi.org/10.1111/cch.12046>

Creighton, G., Brussoni, M., Oliffe, J., & Olsen, L. (2015). Fathers on child's play: Urban and rural Canadian perspectives. *Men and Masculinities*, 18(5), 559–580.

<http://doi.org/10.1177/1097184X14562610>

Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications Inc.

Creswell, J., & Clark, V. P. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage Publications Inc.

Critical Appraisal Skills Programme. (2014). CASP Checklists. Retrieved from

<http://www.casp-uk.net/>

Csikszentmihalyi, M. (2014). *Flow and the Foundations of Positive Psychology*. New York: Springer Dordrecht Heidelberg.

Davey, H., Imms, C., & Fossey, E. (2015). “Our child's significant disability shapes our

lives”: Experiences of family social participation. *Disability and Rehabilitation*, 8288(March), 1–8. <http://doi.org/10.3109/09638288.2015.1019013>

Davis, J. M., & Watson, N. (2001). Where are the children's experiences? Analysing social and cultural exclusion in “special” and “mainstream” schools. *Disability and Society*, 16(5), 671–687. <http://doi.org/10.1080/09687590120070060>

Davison, K. K., Jurkowski, J. M., & Lawson, H. a. (2013). Reframing family-centred

OUTDOOR PLAY DECISION-MAKING

- obesity prevention using the Family Ecological Model. *Public Health Nutrition*, 16(10), 1861–1869. <http://doi.org/10.1017/S1368980012004533>
- de Boer, A. A., & Munde, V. S. (2015). Parental attitudes toward the inclusion of children with profound intellectual and multiple disabilities in general primary education in the Netherlands. *The Journal of Special Education*, 49(3), 179–187. <http://doi.org/10.1177/0022466914554297>
- Delobel-Ayoub, M., Ehlinger, V., Klapouszczak, D., Maffre, T., Raynaud, J.-P., Delpierre, C., & Arnaud, C. (2015). Socioeconomic disparities and prevalence of autism spectrum disorders and intellectual disability. *Plos One*, 10(11), e0141964. <http://doi.org/10.1371/journal.pone.0141964>
- Deneuli, S., & Shahani, L. (Eds.). (2009). *An introduction to the human development and capability approach: Freedom and agency* (Ottawa, ON). Ot: International Development Research Centre.
- Division of Local Government, & Office of Local Government. (2010). Planning and reporting guidelines for local government in NSW, (March). Retrieved from <https://www.olg.nsw.gov.au/sites/default/files/Intergrated-Planning-and-Reporting-Guidelines-March-2013.pdf> <http://www.dlg.nsw.gov.au/dlg/dlghome/Documents/Information/IPR-GuidelinesJanuary2010.pdf>
- Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., ... Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: A quantitative and qualitative comparison of three methods. *J Health Serv Res Policy*, 12(1), 42–47. <http://jhsrp.rsmjournals.com/cgi/content/>.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.1258/135581907779497486>

Dowling, M., & Dolan, L. (2001). Families with children with disabilities - Inequalities and the social model. *Disability & Society*, *16*(1), 21–35.

<http://doi.org/10.1080/713662027>

Downs, S. J., Boddy, L. M., Knowles, Z. R., Fairclough, S. J., & Stratton, G. (2013).

Exploring opportunities available and perceived barriers to physical activity engagement in children and young people with Down syndrome. *European Journal of Special Needs Education*, *28*(3), 270–287.

<http://doi.org/10.1080/08856257.2013.768453>

Downs, S. J., Knowles, Z. R., Fairclough, S. J., Heffernan, N., Whitehead, S., Halliwell, S.,

& Boddy, L. M. (2014). Exploring teachers' perceptions on physical activity engagement for children and young people with intellectual disabilities. *European Journal of Special Needs Education*, *29*(3), 402–414.

<http://doi.org/10.1080/08856257.2014.906979>

Engel-Yeger, B., Jarus, T., Anaby, D., & Law, M. (2009). Differences in patterns of participation between youths with cerebral palsy and typically developing peers.

American Journal of Occupational Therapy, *63*(1), 96–104.

<http://doi.org/10.5014/ajot.63.1.96>

Engelen, L., Bundy, A. C., Naughton, G., Simpson, J. M., Bauman, A., Ragen, J., ... van der Ploeg, H. P. (2013). Increasing physical activity in young primary school children — it's child's play: A cluster randomised controlled trial. *Preventive Medicine*, *56*(5),

319–325. <http://doi.org/10.1016/j.ypmed.2013.02.007>

Engestrom, Y. (2000). Activity theory as a framework for analyzing and redesigning work.

OUTDOOR PLAY DECISION-MAKING

Ergonomics, 43(7), 960–974. <http://doi.org/10.1080/001401300409143>

Ethnic Affairs Commission of New South Wales. (1997). NSW charter of principles for a culturally diverse society. Sydney: Making Multicultural Australia. Retrieved from http://www.multiculturalaustralia.edu.au/doc/ethaffairsnsw_5.pdf

Evans, J., & Pellegrini, A. D. (1997). Surplus Energy Theory: An enduring but inadequate justification for school breaktime. *Educational Review*, 49(3), 229. <http://doi.org/10.1080/0013191970490302>

Evans, P. (2002). Collective capabilities, culture, and Amartya Sen's development as freedom. *Studies in Comparative International Development*, 37(2), 54–60. <http://doi.org/10.1007/BF02686261>

Eyre, E. L. J., Duncan, M. J., Birch, S. L., Cox, V., & Blackett, M. (2015). Physical activity patterns of ethnic children from low socio-economic environments within the UK. *Journal of Sports Sciences*, 33(3), 232–242. <http://doi.org/10.1080/02640414.2014.934706>

Faulkner, G., Mitra, R., Buliung, R., Fusco, C., & Stone, M. (2015). Children's outdoor playtime, physical activity, and parental perceptions of the neighbourhood environment. *International Journal of Play*, 4(1), 84–97. <http://doi.org/10.1080/21594937.2015.1017303>

Faulkner, G., Richichi, V., Buliung, R. N., Fusco, C., & Moola, F. (2010). What's "quickest and easiest?": Parental decision making about school trip mode. *International Journal of Behavioral Nutrition and Physical Activity*, 7(1), 62. <http://doi.org/10.1186/1479-5868-7-62>

Fear, J., Emerson, L., Fox, S., & Senders, E. (2012). *Parental engagement in learning and*

OUTDOOR PLAY DECISION-MAKING

schooling : Lessons from research . Canberra. <http://doi.org/978-0-9872370-3-3>

Fjørtoft, I., & Sageie, J. (2000). The natural environment as a playground for children.

Landscape and Urban Planning, 48(1–2), 83–97. [http://doi.org/10.1016/S0169-2046\(00\)00045-1](http://doi.org/10.1016/S0169-2046(00)00045-1)

Francis, G. L., Blue-Banning, M., Turnbull, A. P., Hill, C., Haines, S. J., & Gross, J. M. S.

(2016). Culture in inclusive schools: Parental perspectives on trusting family-professional partnerships. *Education and Training in Autism and Developmental Disabilities*, 51(3), 281–293. Retrieved from

<https://search.proquest.com/docview/1812277127?accountid=8194>

Friedman, H. S., Martin, L., Tucker, J. S., Criqui, M. H., Kern, M. L., & Reynolds, C. a.

(2008). Stability of physical activity across the lifespan. *Journal of Health Psychology*, 13(8), 1092–1104. <http://doi.org/10.1177/1359105308095963>

Gallimore, R., Weisner, T. S., Kaufman, S. Z., & Bernheimer, L. P. (1989). The social

construction of ecocultural niches: Family accommodation of developmentally delayed children. *American Journal of Mental Retardation : AJMR*, 94(3), 216–30.

Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/2478170>

Giangreco, M. F., & Broer, S. M. (2005). Questionable utilization of paraprofessionals in

inclusive schools: Are we addressing symptoms or causes? *Focus on Autism And Other Developmental Disabilities*, 20(1), 10–26. Retrieved from

<http://ezproxy.library.usyd.edu.au/login?url=https://search-proquest-com.ezproxy1.library.usyd.edu.au/docview/205057003?accountid=14757>

Giangreco, M. F., Edelman, S. W., Luiselli, T. E., & MacFarland, S. Z. C. (1997). Helping

or hovering? Effects of instructional assistant proximity on students with disabilities.

OUTDOOR PLAY DECISION-MAKING

- Exceptional Children*, 64(1), 7–18. <http://doi.org/10.1177/001440299706400101>
- Giles-Corti, B., & Donovan, R. J. (2002). The relative influence of individual, social and physical environment determinants of physical activity. *Social Science & Medicine*, 54(12), 1793–1812. [http://doi.org/10.1016/S0277-9536\(01\)00150-2](http://doi.org/10.1016/S0277-9536(01)00150-2)
- Ginsburg, K. R., Committee on Communications, & Committee on Psychosocial Aspects of Child and Family Health. (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, 119(1), 182–191. <http://doi.org/10.1542/peds.2006-2697>
- Gleave, J., & Cole-Hamilton, I. (2012). A world without play: A literature review. *Play England*, (January). Retrieved from <http://www.playengland.org.uk/resource/a-world-without-play-literature-review/>
- Goodley, D., & Runswick-Cole, K. (2010). Emancipating play: Dis/abled children, development and deconstruction. *Disability & Society*, 25(4), 499–512. <http://doi.org/10.1080/09687591003755914>
- Graham, F., Rodger, S., & Ziviani, J. (2009). Coaching parents to enable children's participation: An approach for working with parents and their children. *Australian Occupational Therapy Journal*, 56(1), 16–23. <http://doi.org/10.1111/j.1440-1630.2008.00736.x>
- Gray, C., Gibbons, R., Larouche, R., Sandseter, E., Bienenstock, A., Brussoni, M., ... Tremblay, M. S. (2015). What is the relationship between outdoor time and physical activity, sedentary behaviour, and physical fitness in children? A systematic review. *International Journal of Environmental Research and Public Health*, 12(6), 6455–6474. <http://doi.org/10.3390/ijerph120606455>

OUTDOOR PLAY DECISION-MAKING

- Grech, S. (2011). Recolonising debates or perpetuated coloniality? Decentring the spaces of disability, development and community in the global South. *International Journal of Inclusive Education*, 15(1), 87–100. <http://doi.org/10.1080/13603116.2010.496198>
- Hall, K. M. Q. (2016). Introducing joint capabilities: Findings from a study of development in Honduras' Garifuna ancestral villages. *Journal of Human Development and Capabilities*, 2829(December), 1–15. <http://doi.org/10.1080/19452829.2016.1199168>
- Hammell, K. W. (2015). Quality of life, participation and occupational rights: A capabilities perspective. *Australian Occupational Therapy Journal*, 62(2), 78–85. <http://doi.org/10.1111/1440-1630.12183>
- Hanna, K., & Rodger, S. (2002). Towards family-centred practice in paediatric occupational therapy: A review of the literature on parent-therapist collaboration. *Australian Occupational Therapy Journal*, 49(1), 14–24. <http://doi.org/10.1046/j.0045-0766.2001.00273.x>
- Hannon, J. C., & Brown, B. B. (2008). Increasing preschoolers' physical activity intensities: An activity-friendly preschool playground intervention. *Preventive Medicine*, 46(6), 532–536. <http://doi.org/10.1016/j.ypmed.2008.01.006>
- Harding, J., Harding, K., Jamieson, P., Mullally, M., Politi, C., Wong-Sing, E., ... Petrenchik, T. M. (2009). Children with disabilities' perceptions of activity participation and environments: A pilot study. *Canadian Journal of Occupational Therapy*, 76(3), 133–144. <http://doi.org/10.1177/000841740907600302>
- Harry, B. (2008). Collaboration with culturally and linguistically diverse families: Ideal versus reality. *Exceptional Children*, 74(3), 372–388. <http://doi.org/10.1177/001440290807400306>

OUTDOOR PLAY DECISION-MAKING

- Harry, B., Day, M., & Quist, F. (1998). He can't really play: An ethnographic study of sibling acceptance and interaction. *Research and Practice for Persons with Severe Disabilities, 23*(4), 289–299. <http://doi.org/10.2511/rpsd.23.4.289>
- Heah, T., Case, T., McGuire, B., & Law, M. (2007). Successful participation: The lived experience among children with disabilities. *Canadian Journal of Occupational Therapy, 74*(1), 38–47. <http://doi.org/10.2182/cjot.06.10>
- Heiman, T. (2002). Parents of children with disabilities: Resilience, coping, and future expectations. *Journal of Developmental and Physical Disabilities, 14*(2), 159–171. <http://doi.org/10.1023/A:1015219514621>
- Herrington, S., & Lesmeister, C. (2006). The design of landscapes at child-care centres: Seven Cs. *Landscape Research, 31*(1), 63–82. <http://doi.org/10.1080/01426390500448575>
- Herrington, S., Lesmeister, C., Nicholls, J., & Stefiuk, K. (2007). *An informational guide to young children's outdoor play spaces*. Retrieved from <http://www.wstcoast.org/playspaces/outsidecriteria/7Cs.pdf>
- Hestenes, L. L., & Carroll, D. E. (2000). The play interactions of young children with and without disabilities: Individual and environmental influences. *Early Childhood Research Quarterly, 15*(2), 229–246. [http://doi.org/10.1016/S0885-2006\(00\)00052-1](http://doi.org/10.1016/S0885-2006(00)00052-1)
- Holt, L. (2007). Children's sociospatial (re)production of disability within primary school playgrounds. *Environment and Planning D: Society and Space, 25*(5), 783–802. <http://doi.org/10.1068/d73j>
- Holt, N., Lee, H., Millar, C. A., & Spence, J. C. (2015). "Eyes on where children play": A retrospective study of active free play. *Children's Geographies, 13*(1), 73–88.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.1080/14733285.2013.828449>

Hoogsteen, L., & Woodgate, R. L. (2010). Can I play? A concept analysis of participation in children with disabilities. *Physical & Occupational Therapy In Pediatrics, 30*(4), 325–339. <http://doi.org/10.3109/01942638.2010.481661>

Horton, J. (2017). Disabilities, urban natures and children's outdoor play. *Social & Cultural Geography, 18*(8), 1152–1174. <http://doi.org/10.1080/14649365.2016.1245772>

Hüttenmoser, M. (1995). Children and their living surroundings: Empirical investigations into the significance of living surroundings for the everyday life and development of children. *Children's Environments, 12*(4), 403–413. Retrieved from <http://www.jstor.org/stable/41514991>

Ibrahim, S. S. (2006). From individual to collective capabilities: The capability approach as a conceptual framework for self-help. *Journal of Human Development, 7*(3), 397–416. <http://doi.org/10.1080/14649880600815982>

Imms, C. (2008). Children with cerebral palsy participate: A review of the literature. *Disability and Rehabilitation, 30*(24), 1867–1884. <http://doi.org/10.1080/09638280701673542>

Imms, C., Reilly, S., Carlin, J., & Dodd, K. J. (2009). Characteristics influencing participation of Australian children with cerebral palsy. *Disability and Rehabilitation, 31*(26), 2204–2215. <http://doi.org/10.3109/09638280902971406>

Isenberg, J. P., & Quisenberry, N. (2002). A position paper of the Association for Childhood Education International Play: Essential for all children. *Childhood Education, 79*(1), 33–39. <http://doi.org/10.1080/00094056.2002.10522763>

OUTDOOR PLAY DECISION-MAKING

Jacobs, J. (1991). The death and life of great American cities. In *New York* (6th ed.).

Vintage Books. <http://doi.org/10.2307/794509>

Jago, R., Thompson, J. L., Page, A. S., Brockman, R., Cartwright, K., & Fox, K. R. (2009).

Licence to be active: Parental concerns and 10-11-year-old children's ability to be independently physically active. *Journal of Public Health, 31*(4), 472–477.

<http://doi.org/10.1093/pubmed/fdp053>

Jambor, T. (1995). Coordinating the elusive playground triad: Managing children's risk taking behavior (while) facilitating optimal challenge opportunities (within) a safe environment. In *International Conference on Playground Safety*. University Park, PA.

Retrieved from <https://files.eric.ed.gov/fulltext/ED405132.pdf>

Jessup, G., Bundy, A., Broom, A., & Hancock, N. (2013). Sampling social experiences in

school: Feasibility of experience sampling methodology on an iPlatform. *Journal of the South Pacific Educators in Vision Impairment, 6*(1), 140–152. Retrieved from

<http://hdl.handle.net/2123/11666>

Joiner, I. (2006a). Obscuring disability: The impact of a universalism/minority group

dichotomy on assessing equality. In M. McColl & L. Jongbloed (Eds.), *Disability and social policy in Canada* (2nd ed., pp. 87–96). Concord, ON: Captus Press.

Joiner, I. (2006b). Perhaps not yet: Policy making through citizen engagement. In M.

McColl & L. Jongbloed (Eds.), *Disability and social policy in Canada* (2nd ed.).

Concord, ON: Captus Press.

Jordan, R. (2003). Social play and autistic spectrum disorders: A perspective on theory, implications and educational approaches. *Autism, 7*(4), 347–360.

<http://doi.org/10.1177/1362361303007004002>

OUTDOOR PLAY DECISION-MAKING

- Kalyanpur, M., Harry, B., & Skrtic, T. (2000). Equity and advocacy expectations of culturally diverse families; Participation in special education. *International Journal of Disability, Development and Education*, 47(2), 119–136.
<http://doi.org/10.1080/713671106>
- Karsten, L. (2005). It all used to be better? Different generations on continuity and change in urban children's daily use of space. *Children's Geographies*, 3(3), 275–290.
<http://doi.org/10.1080/14733280500352912>
- Kellock, P. (2015). The case for play. *Playground Ideas*. Melbourne, Victoria. Retrieved from <http://www.playgroundideas.org/caseforplay/>
- King, G., Law, M., Hanna, S., King, S., Hurley, P., Rosenbaum, P., ... Petrenchik, T. (2006). Predictors of the leisure and recreation participation of children with physical disabilities: A structural equation modeling analysis. *Children's Health Care*, 35(3), 209–234. http://doi.org/10.1207/s15326888chc3503_2
- King, G., Law, M., Hurley, P., Petrenchik, T., & Schwellnus, H. (2010). A developmental comparison of the out-of-school recreation and leisure activity participation of boys and girls with and without physical disabilities. *International Journal of Disability, Development and Education*, 57(1), 77–107.
<http://doi.org/10.1080/10349120903537988>
- King, G., Law, M., King, S., Rosenbaum, P., Kertoy, M., & Young, N. (2003). A conceptual model of the factors affecting the recreation and leisure participation of children with disabilities. *Physical & Occupational Therapy In Pediatrics*, 23(1), 63–90. http://doi.org/10.1300/J006v23n01_05
- King, G., Tucker, M. A., Baldwin, P., Lowry, K., Laporta, J., & Martens, L. (2002). A life

OUTDOOR PLAY DECISION-MAKING

- needs model of pediatric service delivery. *Physical & Occupational Therapy In Pediatrics*, 22(2), 53–77. http://doi.org/10.1300/J006v22n02_04
- Klaczynski, P. a., Byrnes, J. P., & Jacobs, J. E. (2001). Introduction to the special issue. *Journal of Applied Developmental Psychology*, 22(3), 225–236. [http://doi.org/10.1016/S0193-3973\(01\)00081-8](http://doi.org/10.1016/S0193-3973(01)00081-8)
- Knox, S. (1988). Development and current use of the Revised Knox Preschool Play Scale. In D. Parham & L. Fazio (Eds.), *Play in Occupational Therapy for Children* (2nd ed., pp. 55–70). Elsevier Inc. <http://doi.org/10.1016/B978-0-323-02954-4.10003-0>
- Kodjebacheva, G. (2008). Shane’s Inspiration: An assessment of a playground for children living with and without disabilities. *Children, Youth, and Environments*, 18(2), 219–235. Retrieved from <http://www.jstor.org/stable/10.7721/chilyoutenvi.18.2.0219>
- Kohane, I. S., McMurry, A., Weber, G., MacFadden, D., Rappaport, L., Kunkel, L., ... Churchill, S. (2012). The co-morbidity burden of children and young adults with autism spectrum disorders. *PLoS ONE*, 7(4), e33224. <http://doi.org/10.1371/journal.pone.0033224>
- Kretzmann, M., Shih, W., & Kasari, C. (2015). Improving peer engagement of children with autism on the school playground: A randomized controlled trial. *Behavior Therapy*, 46(1), 20–28. <http://doi.org/10.1016/j.beth.2014.03.006>
- Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: Current applications and future directions in pediatric health care. *Maternal and Child Health Journal*, 16(2), 297–305. <http://doi.org/10.1007/s10995-011-0751-7>
- Kvarme, L. G., Albertini-Früh, E., Brekke, I., Gardsjord, R., Halvorsrud, L., & Liden, H.

OUTDOOR PLAY DECISION-MAKING

- (2016). On duty all the time: Health and quality of life among immigrant parents caring for a child with complex health needs. *Journal of Clinical Nursing*, 25, 362–371. <http://doi.org/10.1111/jocn.13056>
- Kyttä, M. (2004). The extent of children's independent mobility and the number of actualized affordances as criteria for child-friendly environments. *Journal of Environmental Psychology*, 24(2), 179–198. [http://doi.org/10.1016/S0272-4944\(03\)00073-2](http://doi.org/10.1016/S0272-4944(03)00073-2)
- Lake, J. F., & Billingsley, B. S. (2000). An analysis of factors that contribute to parent school conflict in special education. *Remedial and Special Education*, 21(4), 240–251. <http://doi.org/10.1177/074193250002100407>
- Lang, D., Butz, A. M., Duggan, A. K., & Serwint, J. R. (2004). Physical activity in urban school-aged children with asthma. *Pediatrics*, 113(4), e341–e346. <http://doi.org/10.1542/peds.113.4.e341>
- Lang, R., Kuriakose, S., Lyons, G., Mulloy, A., Boutot, A., Britt, C., ... Lancioni, G. (2011). Use of school recess time in the education and treatment of children with autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders*, 5(4), 1296–1305. <http://doi.org/10.1016/j.rasd.2011.02.012>
- Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy*, 56(6), 640–649. <http://doi.org/10.5014/ajot.56.6.640>
- Law, M., Darrah, J., Pollock, N., Wilson, B., Russell, D. J., Walter, S. D., ... Galuppi, B. (2011). Focus on function: A cluster, randomized controlled trial comparing child-versus context-focused intervention for young children with cerebral palsy. *Developmental Medicine and Child Neurology*, 53(7), 621–629.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.1111/j.1469-8749.2011.03962.x>

Law, M., Finkelman, S., Hurley, P., Rosenbaum, P., King, S., King, G., & Hanna, S.

(2004). Participation of children with physical disabilities: Relationships with diagnosis, physical function, and demographic variables. *Scandinavian Journal of Occupational Therapy, 11*(4), 156–162. <http://doi.org/10.1080/11038120410020755>

Law, M., Haight, M., Milroy, B., Willms, D., Stewart, D., & Rosenbaum, P. (1999).

Environmental factors affecting the occupations of children with physical disabilities. *Journal of Occupational Science, 6*(3), 102–110.

<http://doi.org/10.1080/14427591.1999.9686455>

Law, M., Petrenchik, T., King, G., & Hurley, P. (2007). Perceived environmental barriers to recreational, community, and school participation for children and youth with physical disabilities. *Archives of Physical Medicine and Rehabilitation, 88*(12), 1636–1642. <http://doi.org/10.1016/j.apmr.2007.07.035>

Lawlor, M. C., & Mattingly, C. F. (1998). The complexities embedded in family-centered care. *American Journal of Occupational Therapy, 52*(4), 259–267.

<http://doi.org/10.5014/ajot.52.4.259>

Ledford, J. R., Lane, J. D., Shepley, C., & Kroll, S. M. (2016). Using teacher-implemented playground interventions to increase engagement, social behaviors, and physical activity for young children with autism. *Focus on Autism and Other Developmental Disabilities, 31*(3), 163–173. <http://doi.org/10.1177/1088357614547892>

Leff, S. S., Costigan, T., & Power, T. J. (2004). Using participatory research to develop a playground-based prevention program. *Journal of School Psychology, 42*(1), 3–21.

<http://doi.org/10.1016/j.jsp.2003.08.005>

OUTDOOR PLAY DECISION-MAKING

- Lester, S., & Russell, W. (2010). *Children's right to play. Working Papers in Early Childhood Development* (Vol. 57). The Hague.
<http://doi.org/10.4135/9781473907850.n25>
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. a, ... Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *PLoS Medicine*, 6(7), e1000100.
<http://doi.org/10.1371/journal.pmed.1000100>
- Little, H. (2010). Relationship between parents' beliefs and their responses to children's risk-taking behaviour during outdoor play. *Journal of Early Childhood Research*, 8(3), 315–330. <http://doi.org/10.1177/1476718X10368587>
- Little, H., & Eager, D. (2010). Risk, challenge and safety: Implications for play quality and playground design. *European Early Childhood Education Research Journal*, 18(4), 497–513. <http://doi.org/10.1080/1350293X.2010.525949>
- Little, H., & Wyver, S. (2008). Outdoor play: Does avoiding the risks reduce the benefits? *Australian Journal of Early Childhood*, 33(2), 33–40. Retrieved from <http://search.informit.com.au/documentSummary;dn=200808182;res=IELAPA>
- Llewellyn, G. (2012). Ecocultural theory: Everyday cultures of children. In S. Lane & A. Bundy (Eds.), *Kids can be kids* (pp. 180–193). Philadelphia, PA: F.A. Davis Company.
- Llewellyn, G., Bundy, A., Mayes, R., McConnell, D., Emerson, E., & Brentnall, J. (2010). Development and psychometric properties of the family life interview. *Journal of Applied Research in Intellectual Disabilities*, 23(1), 52–62.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.1111/j.1468-3148.2009.00545.x>

Local government NSW, & Family and Community Services NSW. (2015). *NSW disability inclusion action planning guidelines*. Sydney, NSW. Retrieved from

http://www.lgnsw.org.au/files/imce-uploads/127/nsw-local-government-disability-inclusion-action-planning-guidelines-5.11.15-1_0.docx

Local Government NSW, & Family and Community Services NSW. (2013). *Disability planning across local government in NSW final report*. Sydney. Retrieved from

http://lgnsw.org.au/files/imce-uploads/90/Final_Report_Disability_planning_across_LG_in_NSW_For_distribution_date_fix.pdf

Longo, E., Badia, M., & Orgaz, B. M. (2013). Patterns and predictors of participation in leisure activities outside of school in children and adolescents with cerebral palsy.

Research in Developmental Disabilities, 34(1), 266–275.

<http://doi.org/10.1016/j.ridd.2012.08.017>

Louv, R. (2005). *Last child in the woods*. New York, (Vol. NY). http://doi.org/SIL_BIB_ZH_928

Lyons, R., Brennan, S., & Carroll, C. (2016). Exploring parental perspectives of participation in children with Down syndrome. *Child Language Teaching and*

Therapy, 32(1), 79–93. <http://doi.org/10.1177/0265659015569549>

Lyons, W., Thompson, S. A., & Timmons, V. (2016). “We are inclusive. We are a team.

Let’s just do it”: Commitment, collective efficacy, and agency in four inclusive schools. *International Journal of Inclusive Education, 20*(8), 1–19.

<http://doi.org/10.1080/13603116.2015.1122841>

MacDougall, C., Schiller, W., & Darbyshire, P. (2009). What are our boundaries and where

OUTDOOR PLAY DECISION-MAKING

can we play? Perspectives from eight to ten-year-old Australian metropolitan and rural children. *Early Child Development and Care*, 179(2), 189–204.

<http://doi.org/10.1080/03004430802667021>

Machalicek, W., Shogren, K., Lang, R., Rispoli, M., O'Reilly, M. F., Franco, J. H., & Sigafoos, J. (2009). Increasing play and decreasing the challenging behavior of children with autism during recess with activity schedules and task correspondence training. *Research in Autism Spectrum Disorders*, 3(2), 547–555.

<http://doi.org/10.1016/j.rasd.2008.11.003>

Mactavish, J., & Schleien, S. (1998). Playing together growing together: Parent's perspectives on the benefits of family recreation in families that include children with a developmental disability. *Therapeutic Recreation Journal*, 32(3), 207–230.

Retrieved from <https://search.proquest.com/docview/218641706?accountid=8194>

Mactavish, J., & Schleien, S. (2004). Re-injecting spontaneity and balance in family life: parents' perspectives on recreation in families that include children with developmental disability. *Journal of Intellectual Disability Research*, 48(2), 123–141.

<http://doi.org/10.1111/j.1365-2788.2004.00502.x>

Maitland, C., Stratton, G., Foster, S., Braham, R., & Rosenberg, M. (2013). A place for play? The influence of the home physical environment on children's physical activity and sedentary behaviour. *The International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 99. <http://doi.org/10.1186/1479-5868-10-99>

Martin, C., Drasgow, E., & Halle, J. W. (2015). Training teachers to enhance the play skills of young children with developmental disabilities during outdoor time by embedding instructional interactions. *Journal of Early Intervention*, 37(4), 247–269.

OUTDOOR PLAY DECISION-MAKING

<http://doi.org/10.1177/1053815115620209>

Martin, J., & Choi, Y. S. (2009). Parents' physical activity-related perceptions of their children with disabilities. *Disability and Health Journal*, 2(1), 9–14.

<http://doi.org/10.1016/j.dhjo.2008.09.001>

Maulik, P. K., Mascarenhas, M. N., Mathers, C. D., Dua, T., & Saxena, S. (2011).

Prevalence of intellectual disability: A meta-analysis of population-based studies. *Research in Developmental Disabilities*, 32(2), 419–436.

<http://doi.org/10.1016/j.ridd.2010.12.018>

Mayer, W. E., & Anderson, L. S. (2014). Perceptions of people with disabilities and their families about segregated and inclusive recreation involvement. *Therapeutic Recreation Journal*, 48(2), 150–168. Retrieved from

Therapeutic Recreation Journal, 48(2), 150–168. Retrieved from

<http://ezproxy.library.usyd.edu.au/login?url=http://search.proquest.com.ezproxy1.library.usyd.edu.au/docview/1553177386?accountid=14757>

Maynard, T. (2007). Encounters with forest school and Foucault: A risky business?

Education 3-13: International Journal of Primary, Elementary and Early Years Education, 35(4), 379–391. <http://doi.org/10.1080/03004270701602640>

Maynard, T., & Waters, J. (2007). Learning in the outdoor environment: A missed

opportunity? *Early Years: An International Research Journal*, 27(3), 255–265.

<http://doi.org/10.1080/09575140701594400>

McColl, M. (2006). Portraits of disability in national surveys. In M. McColl & L.

Jongbloed (Eds.), *Disability and social policy in Canada* (2nd ed., pp. 37–53).

Concord, ON: Captus Press.

McColl, M., & Jongbloed, L. (Eds.). (2006). *Disability and social policy in Canada* (2nd

OUTDOOR PLAY DECISION-MAKING

ed.). Toronto: Captus Press.

McLaren, L. (2005). Ecological perspectives in health research. *Journal of Epidemiology & Community Health*, 59(1), 6–14. <http://doi.org/10.1136/jech.2003.018044>

McLeskey, J., Waldron, N. L., & Redd, L. (2014). A case study of a highly effective, inclusive elementary school. *The Journal of Special Education*, 48(1), 59–70. <http://doi.org/10.1177/0022466912440455>

Memari, A. H., Panahi, N., Ranjbar, E., Moshayedi, P., Shafiei, M., Kordi, R., & Ziaee, V. (2015). Children with autism spectrum disorder and patterns of participation in daily physical and play activities. *Neurology Research International*, 2015, 1–7. <http://doi.org/10.1155/2015/531906>

Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass Publishers.

Meyers, C., & Vipond, J. (2005). Play and social interactions between children with developmental disabilities and their siblings. *Physical & Occupational Therapy In Pediatrics*, 25(1), 81–103. http://doi.org/10.1300/J006v25n01_06

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Milteer, R. M., Ginsburg, K. R., Mulligan, D. A., AAP Committee on Communications and Media, AAP Committee on Psychosocial Aspects of Child and Family Health, & Council on Community Pediatrics. (2012). The importance of play in promoting healthy child development and maintaining strong parent-child bond: Focus on children in poverty. *Pediatrics*, 129(1), e204–e213. <http://doi.org/10.1542/peds.2011-2953>

OUTDOOR PLAY DECISION-MAKING

Missiuna, C., & Pollock, N. (1991). Play deprivation in children with physical disabilities:

The role of the occupational therapist in preventing secondary disability. *American Journal of Occupational Therapy*, *45*(10), 882–888.

<http://doi.org/10.5014/ajot.45.10.882>

Mitchell, R., & Unsworth, C. (2005). Clinical reasoning during community health home

visits: Expert and novice differences. *The British Journal of Occupational Therapy*, *68*(5), 215–223. <http://doi.org/10.1177/030802260506800505>

Moran, A. (2011). Multiculturalism as nation-building in Australia: Inclusive national

identity and the embrace of diversity. *Ethnic and Racial Studies*, *34*(12), 2153–2172.

<http://doi.org/10.1080/01419870.2011.573081>

Morris, C. (2009). Measuring participation in childhood disability: How does the capability

approach improve our understanding? *Developmental Medicine & Child Neurology*, *51*(2), 92–94. <http://doi.org/10.1111/j.1469-8749.2008.03248.x>

Morrongiello, B. A., Corbett, M., & Bellissimo, A. (2008). “Do as I say, not as I do”:

Family influences on children’s safety and risk behaviors. *Health Psychology*, *27*(4), 498–503. <http://doi.org/10.1037/0278-6133.27.4.498>

Morrongiello, B. A., & Lasenby-Lessard, J. (2007). Psychological determinants of risk

taking by children: An integrative model and implications for interventions. *Injury Prevention*, *13*(1), 20–25. <http://doi.org/10.1136/ip.2005.011296>

Murphy, M. (2014). Self-determination as a collective capability: The case of indigenous

peoples. *Journal of Human Development and Capabilities*, *15*(4), 320–334.

<http://doi.org/10.1080/19452829.2013.878320>

Murray, R., Ramstetter, C., Devore, C., Allison, M., Ancona, R., Barnett, S., ... Young, T.

OUTDOOR PLAY DECISION-MAKING

(2013). The crucial role of recess in school. *Pediatrics*, *131*(1), 183–188.

<http://doi.org/10.1542/peds.2012-2993>

Must, A., Phillips, S., Curtin, C., & Bandini, L. G. (2015). Barriers to physical activity in children with autism spectrum disorders: Relationship to physical activity and screen time. *Journal of Physical Activity and Health*, *12*(4), 529–534.

<http://doi.org/10.1123/jpah.2013-0271>

Nabors, L., & Badawi, M. (1997). Playground interactions for preschool-age children with special needs. *Physical & Occupational Therapy In Pediatrics*, *17*(3), 21–31.

http://doi.org/10.1300/J006v17n03_02

Niehues, A. N., Bundy, A., Broom, A., Tranter, P., Ragen, J., & Engelen, L. (2013).

Everyday uncertainties: Reframing perceptions of risk in outdoor free play. *Journal of Adventure Education & Outdoor Learning*, *13*(3), 223–237.

<http://doi.org/10.1080/14729679.2013.798588>

NSW Government. Local Government Act (1993). Retrieved from

<http://www.legislation.nsw.gov.au/#/view/act/1993/30>

Nussbaum, M. (2006). *Frontiers of justice: Disability, nationality, species membership*.

Cambridge, MA: Belknap Press of Harvard University Press.

Nussbaum, M. (2011). *Creating capabilities*. Cambridge, MA: Harvard University Press.

O'Brien, J., & Smith, J. (2002). Childhood transformed? Risk perceptions and the decline of free play. *The British Journal of Occupational Therapy*, *65*(3), 123–128.

<http://doi.org/10.1177/030802260206500304>

Oates, A., Bebbington, A., Bourke, J., Girdler, S., & Leonard, H. (2011). Leisure participation for school-aged children with Down syndrome. *Disability and*

OUTDOOR PLAY DECISION-MAKING

Rehabilitation, 33(19–20), 1880–1889. <http://doi.org/10.3109/09638288.2011.553701>

Obrusnikova, I., & Cavalier, A. R. (2011). Perceived barriers and facilitators of participation in after-school physical activity by children with autism spectrum disorders. *Journal of Developmental and Physical Disabilities*, 23(3), 195–211. <http://doi.org/10.1007/s10882-010-9215-z>

Ochs, E., Kremer-Sadlik, T., Solomon, O., & Sirota, K. G. (2001). Inclusion as social practice: Views of children with autism. *Social Development*, 10(3), 399–419. <http://doi.org/10.1111/1467-9507.00172>

Office of the United Nations High Commissioner for Human Rights. (1990). *Convention on the Rights of the Child*. Convention on the rights of the child: General Assembly Resolution 44/25 of 20 November 1989. <http://doi.org/10.3126/jnps.v29i1.1601>

Ökcün, M. Ç., & Akçin, N. (2012). A description of a mother's play guidance for her child with autism in the process of playing by the rules. *Journal of Research in Special Educational Needs*, 12(2), 96–106. <http://doi.org/10.1111/j.1471-3802.2011.01218.x>

Olsen, L. L., Kruse, S., Miller, A. R., & Brussoni, M. (2016). Safety-related concerns of parents for children with disabilities and chronic conditions. *Journal of Developmental and Behavioral Pediatrics*, 37(2), 121–131. <http://doi.org/10.1097/dbp.0000000000000256>

Ooi, K., Ong, Y. S., Jacob, S. A., & Khan, T. M. (2016). A meta-synthesis on parenting a child with autism. *Neuropsychiatric Disease and Treatment*, 12(February), 745–762. <http://doi.org/10.2147/NDT.S100634>

Palisano, R. J., Kang, L.-J., Chiarello, L. A., Orlin, M., Oeffinger, D., & Maggs, J. (2009). Social and community participation of children and youth with cerebral palsy is

OUTDOOR PLAY DECISION-MAKING

associated with age and gross motor function classification. *Physical Therapy*, 89(12), 1304–1314. <http://doi.org/10.2522/ptj.20090162>

Pascoe, J. M., Wood, D. L., Duffee, J. H., Kuo, A., AAP Committee on Psychosocial Aspects of Child and Family Health, & Council on Community Pediatrics. (2016). Mediators and adverse effects of child poverty in the United States. *Pediatrics*, 137(4). <http://doi.org/10.1542/peds.2016-0340>

Patton, M. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, California: Sage Publications Inc.

Pawlikowska-Piechotka, A. (2011). Child-friendly urban environment and playgrounds in Warsaw. *Open House International*, 36(4), 98–110.

Pellegrini, A. D. (2008). The recess debate: The disjuncture between educational policy and research. In *21st Century Education: A Reference Handbook* (Vol. 1, pp. 419–425). Thousand Oaks, California: SAGE Publications, Inc.
<http://doi.org/10.4135/9781412964012.n94>

Phenice, L. a., Griffore, R. J., Hakoyama, M., & Silvey, L. a. (2009). Ecocultural adaptive research: A synthesis of ecocultural theory, participatory research, and adaptive designs. *Family and Consumer Sciences Research Journal*, 37(3), 298–309.
<http://doi.org/10.1177/1077727X08330683>

Pickard, K. E., & Ingersoll, B. R. (2016). Quality versus quantity: The role of socioeconomic status on parent-reported service knowledge, service use, unmet service needs, and barriers to service use. *Autism*, 20(1), 106–115.
<http://doi.org/10.1177/1362361315569745>

Pitchford, E. A., Siebert, E., Hamm, J., & Yun, J. (2016). Parental perceptions of physical

OUTDOOR PLAY DECISION-MAKING

activity benefits for youth with developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*, 121(1), 25–32.

<http://doi.org/10.1352/1944-7558-121.1.25>

Play Safety Forum. (2002). *Managing risk in play provision : A position statement*.

London.

Praisner, C. L. (2003). Attitudes of elementary school principals toward the inclusion of students with disabilities. *Exceptional Children*, 69(2), 135–145.

<http://doi.org/10.1177/001440290306900201>

Prellwitz, M., & Tamm, M. (1999). Attitudes of key persons to accessibility problems in playgrounds for children with restricted mobility: A study in a medium-sized municipality in Northern Sweden. *Scandinavian Journal of Occupational Therapy*, 6(4), 166–173. <http://doi.org/10.1080/110381299443645>

Prellwitz, M., Tamm, M., & Lindqvist, R. (2001). Are playgrounds in Norrland (Northern Sweden) accessible to children with restricted mobility? *Scandinavian Journal of Disability Research*, 3(1), 56–68. <http://doi.org/10.1080/15017410109510768>

Preskill, H., & Catsambas, T. (2006). *Reframing evaluation through appreciative inquiry*. Thousand Oaks, California: Sage Publications Inc. .

Prince, M. (2006). Who are we? The disability community in Canada. In M. McColl & L. Jongbloed (Eds.), *Disability and social policy in Canada* (2nd ed., pp. 148–159). Concord, ON: Captus Press.

Pyett, P. (2002). Working together to reduce health inequalities reflections on a collaborative participatory approach to health research. *Australian and New Zealand Journal of Public Health*, 26(4), 332–336. <http://doi.org/10.1111/j.1467->

OUTDOOR PLAY DECISION-MAKING

842X.2002.tb00180.x

QSR International. (2012). NVivo qualitative data analysis Software. QSR International Pty Ltd.

Quigg, R., Gray, A., Reeder, A. I., Holt, A., & Waters, D. L. (2010). Using accelerometers and GPS units to identify the proportion of daily physical activity located in parks and playgrounds in New Zealand children. *Preventive Medicine, 50*(5–6), 235–240. <http://doi.org/10.1016/j.ypmed.2010.02.002>

Raina, P., O'Donnell, M., Schweltnus, H., Rosenbaum, P., King, G., Brehaut, J., ... Wood, E. (2004). Caregiving process and caregiver burden: Conceptual models to guide research and practice. *BMC Pediatrics, 4*(1). <http://doi.org/10.1186/1471-2431-4-1>

Ramstetter, C. L., Murray, R., & Garner, A. S. (2010). The crucial role of recess in schools. *Journal of School Health, 80*(11), 517–526. <http://doi.org/10.1111/j.1746-1561.2010.00537.x>

Raustorp, A., Pagels, P., Boldemann, C., Cosco, N., Söderström, M., & Mårtensson, F. (2012). Accelerometer measured level of physical activity indoors and outdoors during preschool time in Sweden and the United States. *Journal of Physical Activity and Health, 9*(6), 801–808. <http://doi.org/10.1123/jpah.9.6.801>

Ray, L. D. (2002). Parenting and childhood chronicity: Making visible the invisible work. *Journal of Pediatric Nursing, 17*(6), 424–438. <http://doi.org/10.1053/jpnd.2002.127172>

Richardson, P. K. (2002). The school as social context: Social interaction patterns of children with physical disabilities. *American Journal of Occupational Therapy, 56*(3), 296–304. <http://doi.org/10.5014/ajot.56.3.296>

OUTDOOR PLAY DECISION-MAKING

Rigby, P., & Gaik, S. (2007). Stability of playfulness across environmental settings.

Physical & Occupational Therapy In Pediatrics, 27(1), 27–43.

http://doi.org/10.1080/J006v27n01_03

Rioux, M., & Samson, R. (2006). Trends impacting disability: National and international perspectives. In M. McColl & L. Jongbloed (Eds.), *Disability and social policy in Canada* (2nd ed., pp. 112–142). Concord, ON: Captus Press.

Ripat, J., & Becker, P. (2012). Playground usability: What do playground users say?

Occupational Therapy International, 19(3), 144–153. <http://doi.org/10.1002/oti.1331>

Robeyns, I. (2005). The capability approach: A theoretical survey. *Journal of Human Development*, 6(1), 93–117. <http://doi.org/10.1080/146498805200034266>

Robinson, S., & Notara, D. (2015). Building belonging and connection for children with disability and their families: A co-designed research and community development project in a regional community. *Community Development Journal*, 50(4), 724–741. <http://doi.org/10.1093/cdj/bsv001>

Rodger, S., & Ziviani, J. (1999). Play-based occupational therapy. *International Journal of Disability, Development and Education*, 46(3), 337–365. <http://doi.org/10.1080/103491299100542>

Rogers, J. C. (1983). 1983 Eleanor Clarke Slagle Lecture; clinical reasoning: The ethics, science, and art. *American Journal of Occupational Therapy*, 37(9), 601–616. <http://doi.org/10.5014/ajot.37.9.601>

Rosenbaum, P., & Gorter, J. W. (2012). The “F-words” in childhood disability: I swear this is how we should think! *Child: Care, Health and Development*, 38(4), 457–463. <http://doi.org/10.1111/j.1365-2214.2011.01338.x>

OUTDOOR PLAY DECISION-MAKING

- Rosenbaum, P., & Stewart, D. (2004). The world health organization international classification of functioning, disability, and health: A model to guide clinical thinking, practice and research in the field of cerebral palsy. *Seminars in Pediatric Neurology*, *11*(1), 5–10. <http://doi.org/10.1016/j.spn.2004.01.002>
- Sallis, J. F., & Glanz, K. (2006). The role of built environments in physical activity, eating, and obesity in childhood. *The Future of Children*, *16*(1), 89–108. <http://doi.org/10.1353/foc.2006.0009>
- Saluja, G., Brenner, R., Morrongiello, B. A., Haynie, D., Rivera, M., & Cheng, T. L. (2004). The role of supervision in child injury risk: Definition, conceptual and measurement issues. *Injury Control and Safety Promotion*, *11*(1), 17–22. <http://doi.org/10.1076/icsp.11.1.17.26310>
- Sandseter, E. B. H. (2009a). Characteristics of risky play. *Journal of Adventure Education & Outdoor Learning*, *9*(1), 3–21. <http://doi.org/10.1080/14729670802702762>
- Sandseter, E. B. H. (2009b). Children's expressions of exhilaration and fear in risky play. *Contemporary Issues in Early Childhood*, *10*(2), 92. <http://doi.org/10.2304/ciec.2009.10.2.92>
- Sandseter, E. B. H. (2012). Restrictive safety or unsafe freedom? Norwegian ECEC practitioners' perceptions and practices concerning children's risky play. *Child Care in Practice*, *18*(1), 83–101. <http://doi.org/10.1080/13575279.2011.621889>
- Sandseter, E. B. H., Little, H., & Wyver, S. (2012). Do theory and pedagogy have an impact on provisions for outdoor learning? A comparison of approaches in Australia and Norway. *Journal of Adventure Education & Outdoor Learning*, *12*(3), 167–182. <http://doi.org/10.1080/14729679.2012.699800>

OUTDOOR PLAY DECISION-MAKING

- Schaaf, R. C., Toth-Cohen, S., Johnson, S. L., Outten, G., & Benevides, T. W. (2011). The everyday routines of families of children with autism: Examining the impact of sensory processing difficulties on the family. *Autism, 15*(3), 373–389.
<http://doi.org/10.1177/1362361310386505>
- Scholl, K. G., McAvoy, L. H., Rynders, J. E., & Smith, J. G. (2003). The influence of an inclusive outdoor recreation experience on families that have a child with a disability. *Therapeutic Recreation Journal, 37*(1), 38–57.
<http://doi.org/10.1080/01490409109513147>
- Schranz, N., Olds, T., Cliff, D., Davern, M., Engelen, L., Giles-Corti, B., ... Tomkinson, G. (2014). Results from Australia's 2014 report card on physical activity for children and youth. *Journal of Physical Activity and Health, 11*(s1), S21–S25.
<http://doi.org/10.1123/jpah.2014-0164>
- Scollon, C. N., Kim-Prieto, C., & Diener, E. (2009). Experience sampling: Promises and pitfalls, strengths and weaknesses. In E. Diener (Ed.), *The science of wellbeing The collected works of Ed Diener* (pp. 157–180). Heidelberg: Springer Dordrecht Heidelberg. <http://doi.org/10.1007/978-90-481-2354-4>
- Sen, A. (1985). *Commodities and capabilities*. Amsterdam: Elsevier Science Publishers.
- Sen, A. (2005). Human Rights and Capabilities. *Journal of Human Development, 6*(2), 151–166. <http://doi.org/10.1080/14649880500120491>
- Shelley, P. (2002). *Everybody here? Play and leisure for disabled children and young people A Contact a Family survey of families' experiences in the UK*. London.
Retrieved from
https://contact.org.uk/media/497460/everybody_here_leisure_2002.pdf

OUTDOOR PLAY DECISION-MAKING

- Shields, N., & Synnot, A. (2016). Perceived barriers and facilitators to participation in physical activity for children with disability: A qualitative study. *BMC Pediatrics*, *16*(1), 9. <http://doi.org/10.1186/s12887-016-0544-7>
- Shields, N., Synnot, A. J., & Barr, M. (2012). Perceived barriers and facilitators to physical activity for children with disability: A systematic review. *British Journal of Sports Medicine*, *46*(14), 989–997. <http://doi.org/10.1136/bjsports-2011-090236>
- Shikako-Thomas, K., Lach, L., Majnemer, A., Nimigon, J., Cameron, K., & Shevell, M. (2009). Quality of life from the perspective of adolescents with cerebral palsy: “I just think I’m a normal kid, I just happen to have a disability.” *Quality of Life Research*, *18*(7), 825–832. <http://doi.org/10.1007/s11136-009-9501-3>
- Shikako-Thomas, K., Majnemer, A., Law, M., & Lach, L. (2008). Determinants of participation in leisure activities in children and youth with cerebral palsy: Systematic review. *Physical & Occupational Therapy In Pediatrics*, *28*(2), 155–169. <http://doi.org/10.1080/01942630802031834>
- Skaines, N., Rodger, S., & Bundy, A. (2006). Playfulness in children with autistic disorder and their typically developing peers. *The British Journal of Occupational Therapy*, *69*(11), 505–512. <http://doi.org/10.1177/030802260606901104>
- Skar, L. (2002). Disabled children’s perceptions of technical aids, assistance and peers in play situations. *Scandinavian Journal of Caring Sciences*, *16*(1), 27–33. <http://doi.org/10.1046/j.1471-6712.2002.00047.x>
- Skard, G., & Bundy, A. (2008). Test of Playfulness. In D. Parham & L. Fazio (Eds.), *Play in Occupational Therapy for Children* (2nd ed., pp. 71–93). St. Louis, Missouri: Mosby, Inc.

OUTDOOR PLAY DECISION-MAKING

- Skard, G., & Bundy, A. C. (2003). *Test of Playfulness. Play in Occupational Therapy for Children* (Second Edi). Elsevier Inc. <http://doi.org/10.1016/B978-0-323-02954-4.10004-2>
- Sobh, R., Belk, R. W., & Wilson, J. A. J. (2013). Islamic Arab hospitality and multiculturalism. *Marketing Theory*, *13*(4), 443–463. <http://doi.org/10.1177/1470593113499695>
- Spencer, G., Bundy, A., Wyver, S., Villeneuve, M., Tranter, P., Beetham, K., ... Naughton, G. (2016). Uncertainty in the school playground: Shifting rationalities and teachers' sense-making in the management of risks for children with disabilities. *Health, Risk & Society*, *18*(5–6), 301–317. <http://doi.org/10.1080/13698575.2016.1238447>
- Stagnitti, K. (2004). Understanding play: The implications for play assessment. *Australian Occupational Therapy Journal*, *51*(1), 3–12. <http://doi.org/10.1046/j.1440-1630.2003.00387.x>
- Stagnitti, K., & Unsworth, C. (2000). The importance of pretend play in child development: An occupational therapy perspective. *The British Journal of Occupational Therapy*, *63*(3), 121–127. <http://doi.org/10.1177/030802260006300306>
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications Inc.
- Stake, R. E. (2006). *Multiple case study analysis*. New York: The Guildford Press.
- Standards Australia, & Standards New Zealand. (2004). *Playground equipment and surfacing Part 0: Development, installation, inspection, maintenance and operation*. Wellington, NZ; Homebush, Australia.
- Stanish, H. I., Curtin, C., Must, A., Phillips, S., Maslin, M., & Bandini, L. G. (2016).

OUTDOOR PLAY DECISION-MAKING

- Physical activity enjoyment, perceived barriers, and beliefs among adolescents with and without intellectual disabilities. *Journal of Physical Activity and Health*, 13(1), 102–110. <http://doi.org/10.1123/jpah.2014-0548>
- Stephenson, A. (2003). Physical risk-taking: Dangerous or endangered? *Early Years: An International Research Journal*, 23(1), 35–43. <http://doi.org/10.1080/0957514032000045573>
- Sterman, J., Naughton, G., Froude, E., Villeneuve, M., Beetham, K., Wyver, S., & Bundy, A. (2016). Outdoor play decisions by caregivers of children with disabilities: A systematic review of qualitative studies. *Journal of Developmental and Physical Disabilities*, 28(6), 931–957. <http://doi.org/10.1007/s10882-016-9517-x>
- Sutton-Smith, B. (1997). *The ambiguity of play*. Cambridge, MA: Harvard University Press.
- Talay, L., Akpınar, N., & Belkayali, N. (2010). Barriers to playground use for children with disabilities : A case from Ankara-Turkey. *African Journal of Agricultural Research*, 5(9), 848–855. <http://doi.org/10.5897/AJAR09.779>
- Tamm, M., & Skär, L. (2000). How I play: Roles and relations in the play situations of children with restricted mobility. *Scandinavian Journal of Occupational Therapy*, 7(4), 174–182. <http://doi.org/10.1080/110381200300008715>
- Tandy, C. A. (1999). Children's diminishing play space: A study of inter-generational change in children's use of their neighbourhoods. *Australian Geographical Studies*, 37(2), 154–164. <http://doi.org/10.1111/1467-8470.00076>
- Tanner, K., Hand, B. N., O'Toole, G., & Lane, A. E. (2015). Effectiveness of interventions to improve social participation, play, leisure, and restricted and repetitive behaviors in

OUTDOOR PLAY DECISION-MAKING

people with autism spectrum disorder: A systematic review. *American Journal of Occupational Therapy*, 69(5), 6905180010p1.

<http://doi.org/10.5014/ajot.2015.017806>

Taylor, A. F., Kuo, F. E., & Sullivan, W. C. (2001). Coping with ADD: The surprising connection to green play settings. *Environment and Behavior*, 33(1), 54–77.

<http://doi.org/10.1177/00139160121972864>

Terzi, L. (2008). *Justice and equality in education: A capability perspective on disability and special educational needs*. Bloomsbury Publishing.

Theodorou, F., & Nind, M. (2010). Inclusion in play: A case study of a child with autism in an inclusive nursery. *Journal of Research in Special Educational Needs*, 10(2), 99–

106. <http://doi.org/10.1111/j.1471-3802.2010.01152.x>

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45.

<http://doi.org/10.1186/1471-2288-8-45>

Thompson, D., & Emira, M. (2011). “They say every child matters, but they don’t”: an investigation into parental and carer perceptions of access to leisure facilities and respite care for children and young people with Autistic Spectrum Disorder (ASD) or Attention Deficit, Hyperactivity D. *Disability & Society*, 26(1), 65–78.

<http://doi.org/10.1080/09687599.2011.529667>

Thompson, S. (2003). Planning and multiculturalism: A reflection on Australian local practice. *Planning Theory & Practice*, 4(3), 275–293.

<http://doi.org/10.1080/1464935032000118643>

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd

OUTDOOR PLAY DECISION-MAKING

ed.). New York: Routledge.

Timperio, A., Ball, K., Salmon, J., Roberts, R., Giles-Corti, B., Simmons, D., ... Crawford, D. (2006). Personal, family, social, and environmental correlates of active commuting to school. *American Journal of Preventive Medicine*, *30*(1), 45–51.

<http://doi.org/10.1016/j.amepre.2005.08.047>

Tremblay, M. S., Gray, C., Babcock, S., Barnes, J., Bradstreet, C., Carr, D., ... Brussoni, M. (2015). Position statement on active outdoor play. *International Journal of Environmental Research and Public Health*, *12*(6), 6475–6505.

<http://doi.org/10.3390/ijerph120606475>

Tremblay, M. S., Gray, C. E., Akinroye, K., Harrington, D. M., Katzmarzyk, P. T., Lambert, E. V, ... Tomkinson, G. (2014). Physical activity of children: A global matrix of grades comparing 15 countries. *Journal of Physical Activity and Health*, *11*(s1), S113–S125. <http://doi.org/10.1123/jpah.2014-0177>

UNESCO. (2005). Guidelines for inclusion: Ensuring access to education for all.

<http://doi.org/10.1073/pnas.0703993104>

UNESCO, & Ministry of Education and Science Spain. (1994). The Salamanca Statement and framework for action on special needs education. *Policy*, (June), 7–10.

<http://doi.org/E D -94/WS/ 1 8>

United Nation's Children's Fund (UNICEF). (2012). *The state of the world's children 2012 children in an urban world*. New York.

United Nations. (2006). Convention on the rights of persons with disabilities. *Treaty Series*, *2515*, 3. Retrieved from <http://www.un.org/disabilities/>

United Nations Convention on the Rights of the Child [UNCRC]. (2013). *General*

OUTDOOR PLAY DECISION-MAKING

comments No. 17 on the right of the child to rest, leisure, play, recreational activities, cultural life, and the arts (ar. 31). The convention on the rights of the child.

<http://doi.org/10.2307/4065371>

Unsworth, C. (2001). The clinical reasoning of novice and expert occupational therapists.

Scandinavian Journal of Occupational Therapy, 8(4), 163–173.

<http://doi.org/10.1080/110381201317166522>

Unsworth, C. (2005). Using a head-mounted video camera to explore current

conceptualizations of clinical reasoning in occupational therapy. *American Journal of Occupational Therapy*, 59(1), 31–40. <http://doi.org/10.5014/ajot.59.1.31>

Unsworth, C. (2011). The evolving theory of clinical reasoning. In E. A. S. Duncan (Ed.),

Foundations for practice in occupational therapy: 5th Edition (pp. 209–231).

Churchill Livingston. St. Louis.

Valencia, R. R. (2010). *Dismantling contemporary deficit thinking: Educational thought*

and practice. Routledge. <http://doi.org/10.4324/9780203853214>

Valentini, N. C., Pierosan, L., Rudisill, M. E., & Hastie, P. A. (2017). Mastery and exercise

play interventions: Motor skill development and verbal recall of children with and without disabilities. *Physical Education and Sport Pedagogy*, 22(4), 349–363.

<http://doi.org/10.1080/17408989.2016.1241223>

Veitch, J., Bagley, S., Ball, K., & Salmon, J. (2006). Where do children usually play? A

qualitative study of parents' perceptions of influences on children's active free-play.

Health & Place, 12(4), 383–393. <http://doi.org/10.1016/j.healthplace.2005.02.009>

Veitch, J., Salmon, J., & Ball, K. (2007). Children's active free play in local

neighborhoods: A behavioral mapping study. *Health Education Research*, 23(5), 870–

OUTDOOR PLAY DECISION-MAKING

879. <http://doi.org/10.1093/her/cym074>

Verschuren, O., Wiart, L., Hermans, D., & Ketelaar, M. (2012). Identification of facilitators and barriers to physical activity in children and adolescents with cerebral palsy. *The Journal of Pediatrics*, *161*(3), 488–494.

<http://doi.org/10.1016/j.jpeds.2012.02.042>

Villeneuve, M., & Hutchinson, N. L. (2012). Enabling outcomes for students with developmental disabilities through collaborative consultation. *The Qualitative Report*, *17*(49), 1–29. Retrieved from <http://www.nova.edu/ssss/QR/QR17/villeneuve.pdf>

von Benzon, N. (2010). Moving on from ramps? The utility of the social model of disability for facilitating experiences of nature for disabled children. *Disability & Society*, *25*(5), 617–626. <http://doi.org/10.1080/09687599.2010.489313>

Vonneilich, N., Lüdecke, D., & Kofahl, C. (2015). The impact of care on family and health-related quality of life of parents with chronically ill and disabled children. *Disability and Rehabilitation*, *8288*(November), 1–7.

<http://doi.org/10.3109/09638288.2015.1060267>

Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R., & Gilson, L. (2008). “Doing” health policy analysis: Methodological and conceptual reflections and challenges. *Health Policy and Planning*, *23*(5), 308–317.

<http://doi.org/10.1093/heapol/czn024>

Waters, J., & Begley, S. (2007). Supporting the development of risk-taking behaviours in the early years: An exploratory study. *Education 3-13: International Journal of Primary, Elementary and Early Years Education*, *35*(4), 365–377.

<http://doi.org/10.1080/03004270701602632>

OUTDOOR PLAY DECISION-MAKING

- Weisner, T. S. (2002). Ecocultural understanding of children's developmental pathways. *Human Development, 45*(4), 275–281. <http://doi.org/10.1159/000064989>
- Wells, N., & Evans, G. (2003). Nearby nature: A buffer of life stress among rural children. *Environment & Behavior, 35*(3), 311–330. <http://doi.org/10.1177/0013916503035003001>
- Wilkes-Gillan, S., Bundy, A., Cordier, R., & Lincoln, M. (2014). Eighteen-month follow-up of a play-based intervention to improve the social play skills of children with attention deficit hyperactivity disorder. *Australian Occupational Therapy Journal, 61*(5), 299–307. <http://doi.org/10.1111/1440-1630.12124>
- Williams, K., MacDermott, S., Ridley, G., Glasson, E. J., & Wray, J. A. (2008). The prevalence of autism in Australia. Can it be established from existing data? *Journal of Paediatrics and Child Health, 44*(9), 504–510. <http://doi.org/10.1111/j.1440-1754.2008.01331.x>
- Wilson, D. (2014). Incorporating group selection into the adaptionist program: A case study involving human decision making. In J. Simpson & D. Kenrick (Eds.), *Evolutionary social psychology* (pp. 345–387). Mahawah, NJ: Psychology Press.
- Wolff, J., & De-Shalit, A. (2013). On fertile functionings: A response to Martha Nussbaum. *Journal of Human Development and Capabilities, 14*(1), 161–165. <http://doi.org/10.1080/19452829.2013.762177>
- Woolley, H. (2008). Watch this space! Designing for children's play in public open spaces. *Geography Compass, 2*(2), 495–512. <http://doi.org/10.1111/j.1749-8198.2008.00077.x>
- Woolley, H., Armitage, M., Bishop, J., Curtis, M., & Ginsborg, J. (2006). Going outside

OUTDOOR PLAY DECISION-MAKING

together: Good practice with respect to the inclusion of disabled children in primary school playgrounds. *Children's Geographies*, 4(3), 303–318.

<http://doi.org/10.1080/14733280601005666>

Woolley, H., & Lowe, A. (2013). Exploring the relationship between design approach and play value of outdoor play spaces. *Landscape Research*, 38(1), 53–74.

<http://doi.org/10.1080/01426397.2011.640432>

World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva: World Health Organization.

Wyver, S., Little, H., Tranter, P., Bundy, A., Naughton, G., & Sandsetter, E. (2010). Ten ways to restrict children's freedom to play: The problem of surplus safety.

Contemporary Issues in Early Childhood, 11(3), 263.

<http://doi.org/10.2304/ciec.2010.11.3.263>

Yin, R. K. (2012). *Applications of case study research* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, California: Sage Publications Inc.

Young, A., Kyzar, K., Tolbert, M., & Huckaby, M. F. (2016). After-school recreation and families of children with Down syndrome: A qualitative study. *Palaestra*, 30(4), 9–19.

Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=sph&AN=120591174&site=ehost-live&scope=site>

Young, B., Rice, H., Dixon-Woods, M., Colver, A. F., & Parkinson, K. N. (2007). A qualitative study of the health-related quality of life of disabled children.

OUTDOOR PLAY DECISION-MAKING

Developmental Medicine & Child Neurology, 49(9), 660–665.

<http://doi.org/10.1111/j.1469-8749.2007.00660.x>

Yuill, N., Strieth, S., Roake, C., Aspden, R., & Todd, B. (2007). Brief report: Designing a playground for children with autistic spectrum disorders—Effects on playful peer interactions. *Journal of Autism and Developmental Disorders*, 37(6), 1192–1196.
<http://doi.org/10.1007/s10803-006-0241-8>

Zechella, A. N., & Raval, V. V. (2016). Parenting children with intellectual and developmental disabilities in Asian Indian families in the United States. *Journal of Child and Family Studies*, 25(4), 1295–1309. <http://doi.org/10.1007/s10826-015-0285-5>

APPENDIX A

Ways to Conceptualise Outdoor Play

OUTDOOR PLAY DECISION-MAKING

Desirable characteristics of outdoor play	Populations who might support this characteristic	Populations who might be challenged by this characteristic	Misinterpretations of this characteristic	Benefits of this characteristic
Unstructured	<ul style="list-style-type: none"> • Children who can initiate and sustain their own play 	<ul style="list-style-type: none"> • Children with limited experience with child-led play (Stagnitti, 2004) • Children previously and predominately exposed to structured or adult-led play 	<ul style="list-style-type: none"> • Unsafe (Chelvakumar et al., 2010; Karsten, 2005; Milteer et al., 2012; O'Brien & Smith, 2002; Tandy, 1999) • Not enough academic content for school (Ayvazoglu et al., 2015; Copeland et al., 2012; Maynard, 2007; O'Brien & Smith, 2002) • With less supervision caregivers may be perceived as not fulfilling their role (Jago et al., 2009; Niehues et al., 2013) • Children with disabilities cannot initiate their own play 	<ul style="list-style-type: none"> • Increased decision-making, mastery, autonomy, and choice (Brussoni et al., 2012; Burdette & Whitaker, 2005; Children's Play Council, 1998; Little, 2010; Missiuna & Pollock, 1991; Stagnitti, 2004) • Time to enjoy play and being a child (Ginsburg et al., 2007; Mactavish & Schleien, 1998, 2004; Ramstetter et al., 2010; Sutton-Smith, 1997; von Benzon, 2010; B. Young et al., 2007) • Greater opportunities for social

OUTDOOR PLAY DECISION-MAKING

			<p>(Stagnitti & Unsworth, 2000; Theodorou & Nind, 2010)</p> <ul style="list-style-type: none"> • Increased autonomy may challenge caregiver and child relationship (Missiuna & Pollock, 1991) • Children’s play is seen as disorganised (Bishop, 2013; Sutton-Smith, 1997) 	<p>skills (Burdette & Whitaker, 2005)</p> <ul style="list-style-type: none"> • Increased physical activity (Brussoni et al., 2015; Maynard, 2007; Raustorp et al., 2012) • A way for caregivers to view the world through the child’s perspective (Milteer et al., 2012)
<p>Loose materials</p>	<ul style="list-style-type: none"> • Globally attractive, especially for those with few resources (Bundy et al., 2008; Engelen et al., 2013; Woolley & Lowe, 2013) 	<ul style="list-style-type: none"> • Children with limited previous exposure to non-directional play materials 	<ul style="list-style-type: none"> • Messy (Herrington, Lesmeister, Nicholls, & Stefiuk, 2007) • Unsafe (Brussoni et al., 2015; Olsen et al., 2016) 	<ul style="list-style-type: none"> • Increased constructive, active, playful, imaginative, social, purposeful and cooperative play (Barbour, 1999; Bundy et al., 2008; Engelen et al., 2013; Hannon & Brown, 2008; Herrington et al., 2007; Woolley, 2008; Woolley & Lowe, 2013) • Greater variability in play (Barbour, 1999)

OUTDOOR PLAY DECISION-MAKING

<p>Physically active</p>	<ul style="list-style-type: none"> • Children typically exposed to physical activity through adult role modelling (Obrusnikova & Cavalier, 2011) • Children who have an interest in being active (Stanish et al., 2016) 	<ul style="list-style-type: none"> • Children who prefer sedentary play or are unaware of opportunities for active play (Oates et al., 2011; Obrusnikova & Cavalier, 2011; Schranz et al., 2014; Tandy, 1999; Tremblay et al., 2014) • Families without the time or motivation for physical activity (Ayvazoglu et al., 2015) • Perceptions of no safe place be active outside (Sallis & Glanz, 2006) 	<ul style="list-style-type: none"> • Unsafe (N. Holt et al., 2015) • Children these days are too drawn to sedentary play to participate (Oates et al., 2011; Obrusnikova & Cavalier, 2011; Schranz et al., 2014; Tremblay et al., 2014) • Will negatively affect children with health challenges (D. Lang, Butz, Duggan, & Serwint, 2004) • It may be too challenging for children with decreased cardiovascular endurance or motor challenges (Stanish et al., 2016) 	<ul style="list-style-type: none"> • Health, mood, and sleep benefits (Brand et al., 2015; Burdette & Whitaker, 2005; Verschuren, Wiart, Hermans, & Ketelaar, 2012) • Opportunities for social interaction (Downs et al., 2013)
<p>Opportunities to participate with other children (peers or vertical</p>	<ul style="list-style-type: none"> • Children who are motivated by peers • Children who can initiate play with peers 	<ul style="list-style-type: none"> • Children with limited friends (Oates et al., 2011; Robinson & Notara, 2015) • Children who do not have 	<ul style="list-style-type: none"> • Aggressive [rough and tumble] (Leff, Costigan, & Power, 2004) • Older or typically developing 	<ul style="list-style-type: none"> • Increased social skills and engagement (Downs et al., 2014; Mactavish & Schleien, 1998, 2004; Ökcün & Akçin, 2012;

OUTDOOR PLAY DECISION-MAKING

<p>groups)</p>		<p>nearby peers (Baker & Donnelly, 2001; N. Holt et al., 2015; Hüttenmoser, 1995; Jago et al., 2009)</p> <ul style="list-style-type: none"> • Children with limited social skills (Ayvazoglu et al., 2015) • Communities where children with disabilities are stigmatised (Ayvazoglu et al., 2015; de Boer & Munde, 2015) • Children who get overwhelmed by the presence of many other children (Schaaf et al., 2011) • Children who are accustomed to only playing with adults (Richardson, 2002; Tamm & Skär, 2000) • Children who are 	<p>children dominate (Meyers & Vipond, 2005; Tamm & Skär, 2000)</p> <ul style="list-style-type: none"> • Opportunities may not be equal (Tamm & Skär, 2000) 	<p>Ripat & Becker, 2012; Talay et al., 2010; von Benzon, 2010)</p> <ul style="list-style-type: none"> • Opportunities to lead, initiate, take turns, share, follow, make decisions, and negotiate (Hoogsteen & Woodgate, 2010; Missiuna & Pollock, 1991) • Increased spontaneity (Tamm & Skär, 2000) • Motivator for participation (Mayer & Anderson, 2014) • Increased children in the play environment leading to increased perceived safety (N. Holt et al., 2015; Karsten, 2005)
-----------------------	--	---	--	--

OUTDOOR PLAY DECISION-MAKING

		immunosuppressed (Ray, 2002)		
Taking risks in play	<ul style="list-style-type: none"> Children who can learn from challenges (Play Safety Forum, 2002) 	<ul style="list-style-type: none"> Safety concerns related to developmentally immature impulse control (Olsen et al., 2016) 	<ul style="list-style-type: none"> Unsafe (Brussoni et al., 2012) Children are not skilled enough to take appropriate risks (Ayvazoglu et al., 2015; Olsen et al., 2016) 	<ul style="list-style-type: none"> Joy, self-confidence, resilience, and learning about boundaries (Play Safety Forum, 2002; Sandseter, 2009b, 2012) Skill development, confidence, and learning about injury prevention (Herrington et al., 2007; Jambor, 1995; Little, 2010) Leads to greater physical activity (Gray et al., 2015)
Natural environment	<ul style="list-style-type: none"> Globally accessible, affordable, and local (Louv, 2005) 	<ul style="list-style-type: none"> Children in urban areas without perceived access to nature or safe parks (Davison et al., 2013; Karsten, 2005; MacDougall, Schiller, & Darbyshire, 2009; Veitch et al., 2006) 	<ul style="list-style-type: none"> Dangerous or wild (Louv, 2005) 	<ul style="list-style-type: none"> Increased motor skills (Fjørtoft & Sageie, 2000) Decreased attention deficit disorder symptoms (Taylor, Kuo, & Sullivan, 2001) Increase affordances of movement and physical activity

OUTDOOR PLAY DECISION-MAKING

				<p>(Kytta, 2004; Raustorp et al., 2012; Waters & Begley, 2007; Woolley & Lowe, 2013)</p> <ul style="list-style-type: none"> • More opportunities for risk (Sandseter, 2009a) • Greater mental health (Wells & Evans, 2003) • Greater enjoyment of play (Pawlikowska-Piechotka, 2011) • Development of appreciation for natural environment and stewardess for the next generation (Louv, 2005)
--	--	--	--	--

APPENDIX B

Central Capabilities and Play as a Fertile Functioning

OUTDOOR PLAY DECISION-MAKING

Central Capabilities (Adapted from Nussbaum, 2011, p 33-34)	Connection to play
<p>“Life. Being able to live to the end of a human life of normal length; not dying prematurely, or before one’s life is so reduced as to be not worth living.”</p>	<p>Without life, there is no play. Without play, life may not be worth living (Nussbaum, 2011).</p>
<p>“Bodily Health. Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.”</p>	<p>Outdoor play supports health through physical and emotional health (Isenberg & Quisenberry, 2002). Inability to play can adversely affect health (Murray et al., 2013) .</p>
<p>“Bodily Integrity. Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction”</p>	<p>Children need to feel safe in their environment in order to play (Skard & Bundy, 2008)</p>
<p>“Senses, Imagination, and Thought. Being able to use the senses, to imagine, think, and reason – and to do these things in a ‘truly human’ way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training.”</p>	<p>Play, especially pretend or imaginary play is a time when children can develop their imagination, senses, and thought (Isenberg & Quisenberry, 2002; Terzi,</p>

OUTDOOR PLAY DECISION-MAKING

	2008).
<p>“Emotions. Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one’s emotional development blighted by fear and anxiety.”</p>	<p>Play can support awareness of player’s and other’s emotions, expression of the player’s emotions in a safe context, and attachments to others through meaningful engagement (Gleave & Cole-Hamilton, 2012).</p>
<p>“Practical Reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life. “</p>	<p>Play can support problem solving, decision-making, and exploration of roles and values (Kellock, 2015).</p>
<p>“Affiliation.</p> <ol style="list-style-type: none"> 1. Being able to live with and toward others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. 2. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non- 	<p>Play is one of the most important social interactions that children engage in (Gleave & Cole-Hamilton, 2012; Isenberg & Quisenberry, 2002).</p> <p>Discrimination around a child’s characteristics by peers or adults can impact</p>

OUTDOOR PLAY DECISION-MAKING

<p>discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.”</p>	<p>their play participation (Ayvazoglu et al., 2015; Blanche et al., 2015). Stigma can be a corrosive disadvantage (Nussbaum, 2011)</p>
<p>“Other Species. Being able to live with concern for and in relation to animals, plants, and the world of nature.”</p>	<p>Outdoor play is often a time when children engage in more natural activities (Fjørtoft & Sageie, 2000; Waters & Begley, 2007).</p>
<p>“Play. Being able to laugh, to play, to enjoy recreational activities.”</p>	<p>Play is a central capability</p>
<p>“Control Over One’s Environment</p> <ol style="list-style-type: none"> 1. Political. Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association. 2. Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted 	<p>Play is one of the first areas where children have opportunities to engage in decision-making and negotiation with others (Kellock, 2015). Without some control over their material environment (e.g., access to appropriate toys or similar objects),</p>

OUTDOOR PLAY DECISION-MAKING

<p>search and seizure. In work, being able to work as a human being, exercising practical reason, and entering into meaningful relationships of mutual recognition with other workers.”</p>	<p>children may not be able to engage in meaningful play (Skard & Bundy, 2008).</p>
---	---

APPENDIX C

Curriculum Ties to Play

OUTDOOR PLAY DECISION-MAKING

Playground relevant goals and objectives within the Australian Curriculum (Health and Physical Education learning area) (Australian Curriculum Assessment and Reporting Agency [ACARA], 2014)

Goals across the curriculum	Kindergarten objectives	Grade 1 & 2 objectives	Grade 3 & 4 objectives
Personal, social, and community health			
Being healthy, safe, and active	Identify people and demonstrate protective behaviours and other actions that help keep themselves safe and healthy	Practise strategies they can use when they feel uncomfortable, unsafe or need help with a task, problem or situation	Explore how success, challenge and failure strengthen identities Explore strategies to manage physical, social and emotional change Describe and apply strategies that can be used in situations that make them feel uncomfortable or unsafe Identify and practise strategies to promote health, safety and wellbeing
Communicating and interacting for health and wellbeing	Practise personal and social skills to interact positively with others	Describe ways to include others to make them feel they belong Identify and practise emotional responses that account for own and others' feelings	Describe strategies to make the classroom and playground healthy, safe and active spaces
Contributing to healthy and active communities	Participate in play that promotes engagement with outdoor settings and the natural environment	Identify and explore natural and built environments in the local community where physical activity can take place	Describe strategies to make the classroom and playground healthy, safe and active spaces Participate in outdoor games and activities to examine how participation promotes a connection between the community, natural and built environments, and health and wellbeing

OUTDOOR PLAY DECISION-MAKING

Movement and physical activity			
Moving our body	<p>Practise fundamental movement skills and movement sequences using different body parts</p> <p>Participate in games with and without equipment</p>	<p>Perform fundamental movement skills in a variety of movement sequences and situations</p> <p>Create and participate in games with and without equipment</p>	<p>Practise and refine fundamental movement skills in a variety of movement sequences and situations</p> <p>Practise and apply movement concepts and strategies with and without equipment</p>
Learning through movement	<p>Cooperate with others when participating in physical activities</p> <p>Follow rules when participating in physical activities</p>	<p>Use strategies to work in group situations when participating in physical activities</p> <p>Propose a range of alternatives and test their effectiveness when solving movement challenges</p> <p>Identify rules and fair play when participating in physical activities</p>	<p>Adopt inclusive practices when participating in physical activities</p> <p>Apply innovative and creative thinking in solving movement challenges</p> <p>Apply basic rules and scoring systems, and demonstrate fair play when participating in physical activities</p>

APPENDIX D

Data Displays

OUTDOOR PLAY DECISION-MAKING

Decision-Making Factors within Systematic Review

M= motivator, B=Barrier, F=factor

Factors	Year	Communication between family, community and school	Parents as role models	Child's motivation	Peers as role models	Transportation	Child's perception of skills	Perception of benefits of activity, health, and play
Author	Year							
Bloemen	2015			x (B)		x (B)		x
Downs	2014	x	x	x	x	x		
Mactavish	2004		x	x	x		x	x (F)
Okcun	2012							
Perellwitz	1999	x (B)		x			x (B)	
Ripat	2012							x
Scholl	2003							
Talay	2010							
von Benzon	2010			x (F) (M)				x (M)
Thompson	2011							x (M)
Mactavish	1998						x (M)	

OUTDOOR PLAY DECISION-MAKING

Factors	Family's attitudes	Other's perceptions of child's abilities/attitudes/inclusion	Unstructured activities	Self-confidence	Access to opportunities	Health Condition	Assistive devices	Information about opportunities	Weather/Seasons
Author									
Bloemen	x	x (B)		x (F)	x	x (B)	x	x	x
Downs			x (F)		x (B)				
Mactavish	x (F)		x (F)	x (M)	x (B)	x (B)		x	x
Okcun									
Perellwitz		x (B)			x (B)				
Ripat		x	x		x (B)				
Scholl		x (B)			x	x (B)		x (B)	
Talay		x (B)							
von Benzon					x (B)				x
Thompson		x (B)				x (B)		x (B)	
Mactavish				x (M)				x (B)	

Factors	Work and family responsibilities	Different interests and abilities within a family	Planning required	Interaction with other adults	Getting out of the house	Develop skills	Create closeness as a family	Fun/enjoyment/time to be a kid	Acceptance by others	Time	Common interests
Author											
Bloemen			x								
Downs											
Mactavish	x (B)	x (B)	x	x (M)	x (M)	x (M)	x (M)	x (M)	x (M) (F)	x (B)	x
Okcun						x (M)					x
Perellwitz											
Ripat				x	x				x (M)		
Scholl	x (B)	x(B)		x							x

OUTDOOR PLAY DECISION-MAKING

Talay										
von Benzon						x (M)		x (M)		x (B)
Thompson										
Mactavish						x (M)	x (M)			

Factors	Child's skills (including physical capabilities and ability to judge safety)	Other's knowledge of children's needs (including government)	Finances	Social experience for child	Knowledge of how child can participate in recreation in community	Recreation tailored to child/family	Academic benefits	Quality of life
Author								
Bloemen	x							
Downs	x			x (M)				
Mactavish	x (B)							
Okcun	x			x (M)				
Perellwitz	x (B)	x (B)	x(B)					
Ripat	x	x (B)		x (M)				
Scholl	x	x (B)	x (B)		x (B)	x (F)		
Talay	x (B)	x (B)		x (M)				
von Benzon	x (B)		x (B)	x (M)			x (M)	
Thompson	x (B)	x (B)			x (B)			
Mactavish	x (B)			x (M)	x (B)			x (M)

OUTDOOR PLAY DECISION-MAKING

Parents Overcoming Barriers

B = barrier, E = experience (neutral), A = action					
Barriers & strategies to overcome them	Melissa/Nathan	Aisha/Ibrahim	Sana/Ahmed	Salma/Mohamed	Yasmine/Hana
Council/larger environment					
Other's attitudes	<p>B: Other parents and children can be mean.</p> <p>A: Looks for welcoming environments, e.g., disability specific recreation. Does activities through the school.</p>	<p>B: Others have a negative view of disability</p> <p>A: She thinks of Ibrahim's future, and keeps him participating</p> <p>A: She will let providers know about his ASD and how to support him</p>	Not discussed	<p>B: Others are rude about Mohamed's disability</p> <p>A: Activities outside the community</p> <p>A: Let those running the activity know about his disability</p>	<p>B: Other parents and children can be mean.</p> <p>A: She tells them about Hana's disability or just lets it go if it doesn't seem like a big deal.</p>
Weather (Rain, cold, & darkness)	Not discussed	<p>B: Rain can make play dangerous on tiles</p> <p>A: They installed plastic grass so that play continues in rain</p> <p>E: In winter it gets dark earlier and colder</p> <p>A: None, less time playing outside in winter.</p>	<p>B: In winter it gets dark earlier and colder</p> <p>A: None, less time playing outside in winter.</p>	<p>B: In winter it gets dark earlier</p> <p>A: None, less time playing outside in winter.</p>	<p>B: In winter it gets colder</p> <p>A: None, less time playing outside in winter.</p> <p>B: Rain can stop play</p> <p>A: Rain not an issue with carpark</p>
Safety of environment	Only discussed related to child safety skills	<p>E: Perceived stranger danger</p> <p>A: Can only play in the backyard</p>	<p>E: Perceived stranger danger</p> <p>A: Always provides direct supervision</p>	Not discussed	<p>E: Cars under the carpark, cars on the road</p> <p>A: She is on alert during play</p>

OUTDOOR PLAY DECISION-MAKING

Family					
Managing many children	<p>B: She doesn't want to have Nathan's needs overshadow her daughter's</p> <p>A: Has him play while daughter is at an orthodontist appointment.</p> <p>A: Does things as a whole family</p>	<p>B: It is hard to align with everyone's interests</p> <p>A: She sometimes has the older children watch the younger children so the middle children (including Ibrahim) can do things together and she can focus on Ibrahim</p>	Not an issue	<p>B: Hard to make sure everyone is available</p> <p>A: She has to make sure that his older sister's homework is done before outings.</p> <p>A: None, his sisters sometimes don't play with him because of too much work.</p>	<p>E: She worries if one is on the balcony and she shifts her attention they will jump</p> <p>A: None, not allowed on balcony</p>
Managing time, work, and parenting	<p>B: Feeling of having to do housework all the time</p> <p>A: With play at the park, everyone gets a break</p> <p>A: She can do weeding while he plays in the front yard. He even "helps" sometimes.</p>	<p>B: She needs to get housework done</p> <p>A: She sends the children outside to play</p>	<p>B: He wants to be around her all of the time.</p> <p>A: None, he is with her, or watching television</p> <p>C: Household work can impact time</p> <p>A: Her mum does all the cooking</p>	<p>B: She needs to get housework done</p> <p>A: She has his sisters play with Mohamed , then everyone helps to get dinner ready</p>	Not discussed
Adults in the household	<p>B: Dad works a lot</p> <p>A: They go to the parks on the weekend more than during the week.</p>	<p>B: Dad works late</p> <p>A: They go to the parks on the weekend more than during the week.</p>	Her parents do the cooking/cleaning	<p>B: Dad works late</p> <p>A: Plan activities around his work schedule or plan his time off.</p>	<p>B: Just Yasmine</p> <p>A: Plays with cousins, goes to her parent's house to have dinner/play</p>

OUTDOOR PLAY DECISION-MAKING

Parent					
Parent interests	<p>E: She likes getting out of the house and not thinking about housework</p> <p>A: More likely to go to parks</p>	<p>E: She likes kickboxing and jogging</p> <p>A: Ibrahim participates in kickboxing too.</p> <p>A: She brings him to the park when she goes jogging sometimes</p>	<p>E: She didn't like socializing as a child.</p> <p>A: None, child goes out little too</p>	<p>B: She feels stigmatised doing things in the community</p> <p>A: Recreation outside the community</p>	<p>E: She prefers doing things with family and friends</p> <p>A: Hana does not participate in community activities.</p>
Parent health	<p>B: Can't run after Nathan when she has a bad back</p> <p>A: Wait until her husband is home for parks</p>	Not discussed	Not discussed	<p>E: Being around others when they stigmatise Mohamed is stressful</p> <p>A: Recreation outside the community for less stress</p>	Not discussed
Preparation for play	<p>B: He used to have meltdowns</p> <p>A: Drive to the parks</p> <p>B: He used to have a hard time transitioning to parks</p> <p>A: Took pictures, and then showed him.</p> <p>B: Equipment can get boring/ need something to fall back on</p> <p>A: Will bring balls and a net and his</p>	<p>B: Equipment can get boring/ need something to fall back on</p> <p>A: Will bring balls, scooters, and a tennis racket</p> <p>B: Need food to make a day of it</p> <p>A: Will bring a picnic or Ibrahim will go to the ice cream man</p>	Goes to the park down the road because it is there.	<p>B: During the weekend or school holidays parks are too busy</p> <p>A: Dad will take off work and sisters have to get work done so they can all go together when it is more quiet and/or they will go early in the morning</p>	<p>B: Equipment can get boring/ need something to fall back on</p> <p>A: Will bring balls, scooters, and/or bikes to the park</p>

OUTDOOR PLAY DECISION-MAKING

	trains/cars to the park				
Awareness of opportunities	B: Hard to know what is available A: Calls places, follows school advice	B: Hard to know what is available A: Looks for notice boards, social media, newspaper, word of mouth, and the school	B: Hard to know what is available A: None , does not know of opportunities	B: Hard to know what is available A: Online searches, called places to make sure they accepted him	B: Hard to know what is available A: None , does not know of opportunities
Child					
Child's skills/behaviour	B: Nathan runs which is a safety concern A: Finds parks with fences. B: Nathan has difficulty waiting in lines A: She chooses parks that are not too busy, but have some children there to scaffold his play	B: His interests are mechanical, and sometimes dangerous A: He can only do mechanical play with direct supervision A: She has taught him to be mindful of the safety of his younger siblings.	B: Perceives he doesn't have enough [communication] skills for going to activities at the mosque A: None , wait until he has more skills B: He cannot play by himself A: She is right there whenever he plays outside.	B: Challenged by waiting in line A: She will bribe him with sweets B: He wants to do his preference first A: Use of "First, then" statements to help him know what is happening	B: Safety in activities A: They can only scooter if they are behaving. A: Not allowed on balcony
Other					
Technology affecting play	B: No kids on the street due in part to tech A: Play in the family instead of neighbourhood	B: Games a distraction A: She tells Ibrahim when family comes over he has to put down the Xbox	B: Television a distraction A: None , if he wants to watch tv, she doesn't push him	Not discussed	Not discussed

OUTDOOR PLAY DECISION-MAKING

School Staff Consideration of Families

Staff	Linda- Teaching assistant	Mary- Teaching assistant	Janet- Teaching assistant	Laura- Teaching assistant	Naila- teacher	Kavita-teacher	Miya-teacher	Suzanne- VP/teacher
Perception of community	Poor discipline at home Girls being treated differently than boys	Don't consider background	<i>"I think we've got to look before we jump in because it's what sort of morning they might have had at home. The last thing they want to do is come here and hear it all."</i>		These kids don't come from the best home environments.	<i>"behaviour management is an area where this community sort of lacks a little bit, like you need to have boundaries"</i>		Many resources available in the community. CALD makes it challenging but more rich
Interaction with families	Little	Little	Little	Little	Hard to communicate with families. Tries multiple times, doesn't get things back.	Some parents don't appreciate school's efforts— Families don't accept disability, so hard to be proactive	Tell about opportunities.	Takes a long time to develop. Challenges with language and accepting disability. But ultimately great relationships
IEPs and outdoor play	No direct participation	No direct participation	No direct participation	No direct participation	No	Yes, some- Teaching rules in each playground area- visuals in her classroom, teaching emotions	Yes, regarding integration , 1)initiating play with mainstream peers, 2)having a friend outside the classroom	Yes, if there is an area of need she actively promotes it
Outdoor play communicat ion with families	None direct	None direct, sometimes fun anecdotes <i>"I like giving them something a</i>	None direct	None direct	None discussed	None discussed --Her parents described her relaying negative behaviours that	Community: Regarding after school sport – she participates, so it is an incentive.	Community: Through P&C and workshops- PCYC new, Showing

OUTDOOR PLAY DECISION-MAKING

		<i>little, 'Oh, you know so-and-so did the funniest thing with me today.' I like that sort of thing, but we're not allowed to say, 'Oh, he belted a kid in the playground' Or- you know, we're not allowed to say that sort of thing to parents."</i>				the children did on the playground	Only discusses negatives on the playground	community options with parents
How outdoor play is communicated with families					None discussed	School: Awards, photos	School: misbehaving on the playground – communication books or direct to parents	School: awards, tokens, misbehaviour through slips

OUTDOOR PLAY DECISION-MAKING

School Staff Perceptions of Role and Children

Staff	Linda- Teaching assistant	Mary- Teaching assistant	Janet- Teaching assistant	Laura- Teaching assistant	Naila- teacher	Kavita- teacher	Miya-teacher	Suzanne- VP/teacher
Motive for playground	Interacting with others, choice, time to work through challenges	Run free, be “feral”, fresh air, unstructured/choice <i>Julia:</i> <i>Do you think at all sort of the skill development that's happening on the playground for these kids?</i> <i>Mary:</i> <i>I don't have time to think of it like that.</i>	Learning social rules (sharing), interacting with other kids, learning interdependence watching, learning by mistakes, fresh air, running around	Running, burning off energy Not always beneficial for younger kids in the support unit	Learn skills (taking turns), “bit of freedom just- just to be a kid.”	Being active, going to the toilets, integration, taking a break, getting fresh air	Support unit children learning to interact with mainstream kids, and mainstream kids learning about the support unit children (integration), social and physical skills	Time to explore, cooperative skills, independence, choice, social skills, experiencing natural consequences, negotiating risk
Supervision philosophy	<i>“I'm assertive. They aren't used to that. I'm dragon lady. I can give her a look and she knows (fieldnotes)”.</i> <i>“sometimes I feel like a babysitter. God it's hard (fieldnotes).”</i>	<i>“I just do what's necessary at the time and trust my motherly instincts.”</i> <i>“keeping them safe, keeping them happy, helping them socialise really.”</i>	Supervising from a distance Keeping children out of trouble, need to stay positive – if already had a bad morning, let them be <i>“aides, we can discipline them differently than a teacher.”</i>	Give them independence <i>“If I was to be in their face, are they playing? No they're not, so if you step back and leave them alone, you see them run around with each other.”</i> Tension <i>“knowing them [focal kids], like, keep an eye on them and keep right beside them, and we don't want that, because then she'll [Rowida] miss out on her play, and she's</i>	Only if harming themselves or others or need medical attention <i>“The way I like to be with those kids in particular is I just, just let kinda let them be free, um, but at the same time, keeping an eye on them and supervising them but just letting them walk around and just whatever they want to do they</i>	Attend to everything or it will escalate <i>“No, I don't let anything go”</i>	Make sure kids are following Positive Behaviour Learning (safe, active learners, respectful), <i>“Behaving appropriately”</i> <i>”to play an active role on the playground, making sure that everyone is doing the right thing.”</i>	Allowing for greater independence is important, allowing for risk, allowing children to make choices even if they aren't good ones because then they will learn

OUTDOOR PLAY DECISION-MAKING

				<i>just having one of those days, “</i>	<i>can.”</i>			
Perception of children on the playground	Need more structure Special needs kids wander, they are loners. Overwhelmed, not coping “ <i>The kids are coming from destructional, um, dysfunctional households, but you can only work with them and encourage them.</i> ”	Many lose in interest too quickly, too many kids with high needs	Huge that they are on a mainstream playground “ <i>They're not hitting anybody, they're not kicking anyone, Like, I don't see what you need to teach out there, when they've already got it.</i> ”	Need more things to do “ <i>they don't really do anything out there for us to be on their case... I don't see what you need to teach out there, when they've already got it.</i> ”	“lost interest”, Need more things to do “ <i>they [the kindergarteners] were breaking the rules and building all these sorts of things and I-I-I kinda said to, um, I was kinda saying to everyone, ‘We've put these kids out into this playground. They don't know what to do.’ So they break the rules, um, because they don't know how to interact, um, with other kids. Um, they don't know how to play and they're bored out there, you know.</i> ”	Need more things to do, Have come a long way	Making progress, integrating	Have come a long way
Skill concerns	Communication, social, functional play skills, behaviours because not	Attention span, interests, functional play skills (Mohamed thinks he is playing)	Cognitive and social (understanding games)	Not being able to follow the rules, socializing	Academic/cognitive, communication, social, functional play skills	Cognitive	Social	Following rules, social skills

OUTDOOR PLAY DECISION-MAKING

	<p>coping</p> <p>Medical: Epilepsy or allergies</p>	<p>e</p> <p>Medical: epilepsy <i>"you would might not call it play to see someone standing there twirling in circles, but that's their play."</i></p>			<p><i>"You teach these skills and for those low students like Nathan and Ibrahim, it doesn't matter."</i></p>			
<p>Promoting play?</p>	<p>Encouraging positive behavior, can't make mainstream kids play with children from the SU- but encourage them to scaffold play, kids need to bring their own toys</p> <p><i>"I think a lot of kids, particularly kids with behaviour they don't know how to play."</i> <i>"Go and have a play"</i></p>	<p>Have tried activities with kids (SU/mainstream but children lose interest) -thinks no time for this</p>	<p>Have tried activities with kids, doesn't last long, Would like more organised games in class time, but thinks some children with disabilities would not understand</p>	<p>Yes, Part of role- e.g., engaging with Mohamed who has no friends (pushing him on the swing when the sensory playground was operational)</p>	<p>Have tried pairing her children with lower functioning mainstream kids, or just trying to have her kids eat lunch together</p> <p>Tension She thinks they should have games or more activities in the library</p>	<p>Yes, but it seems more like negotiating friendships</p>	<p>Directing SU kids to find a peer to play with</p>	<p>Yes, teaching skills in the classroom, and having the playground be the testing ground for those skills</p>
<p>Children with disabilities, whose responsibility?</p>	<p>Children with disabilities are the SLSOs priority, teachers as backup</p>	<p><i>"They [mainstream teachers] will often say to us, "What do you want me to do?" Because they don't understand the children. We could say, like, I don't know."</i></p>	<p><i>"First part is to supervise our children across the support unit. Um, not to be on top of them, but to just be around."</i></p>	<p>Teachers and SLSOs, Supervising children in and out of the support unit- they need to learn to listen to the teachers (like</p>	<p>Everyone's responsibility, but the children with disabilities tend to hang around her. SLSOs know a lot of kids better than</p>	<p>SLSOs</p>	<p>Everyone's but the mainstream teachers defer to SLSOs <i>"If there is a problem with a support unit student, they'll [mainstream</i></p>	<p>Everyone's, trying to help mainstream teachers know how to interact with children with disabilities</p>

OUTDOOR PLAY DECISION-MAKING

				mainstream) "we could be separating fights or sorting out issues, only because we know the kids, you know, a lot better than the teachers"	many teachers		<i>teachers] go straight to the SLSO... instead of them sorting it out themselves."</i>	
Supervising mainstream children, whose responsibility?	Everyone, "I look at all kids, because I'm an extra pair of eyes"		keeping them safe "Honestly and truly, a lot of the time out there, it's not our kids who we're intervening with. It's mainstream."		Teachers	Teachers "I'm not particularly out there to look after the support unit kids. I'm-I'm on duty to look after all the kids."	Teachers	Teachers' duty is all children
When the SLSO should talk to teacher	When she cannot deal with the issue by herself gets a teacher on duty	Should tell the teacher on duty everything -, but they make judgement calls, don't worry about minor things that they can manage. "So we often look around: "Oh, who's on duty? Ah, yep, yep. She's up there. We'll go to her. You know like- And then you pretend it happened in their area. But, yeah. A lot of mainstream teachers just don't get special ed, and it's not that they don't want to, they just don't".	Communicate everything to a classroom teacher because something similar might be happening in the classroom	Not asked	Not asked	Not asked	Want things communicated to the teacher on duty . Will be communicated to her if something big. "If it happened at lunch time then we don't have to talk about it"	Not asked
When to	If language or	Have to stop	Enforcing major	Common	Only if	Don't let	Walk over,	Not asked

OUTDOOR PLAY DECISION-MAKING

<p>intervene</p>	<p>physical elements intervene. Prefers older children work it out themselves. With sticks depends on the size or what they are doing with it.</p>	<p>things against the rules, even for children with disabilities</p> <p><i>“there are things where you go, “Oh, that’s only minor; I’ll pick my battles.” And that’s how I look at it. Is that going to hurt him? Is that gonna hurt someone else? You know- Is that going to escalate? Can I see the signs in that child that it’s going to get worse? Sometimes I just go, ‘Ah, it’s only little.’ Worry about someone else, you know, priorities.”</i></p>	<p>rules like out of bounds (field notes), supporting kids (giving hats, field notes)</p>	<p>sense, try to as little as possible</p>	<p>harming themselves or others or need medical attention</p>	<p>anything go or it will escalate.</p>	<p>talk to children, remind them of the rules, observe, and intervene if necessary</p>	
<p>Bringing kids to the bathroom</p>	<p>Frequently asking kids if they need to go to the toilet. Want to get them toileted before the bell</p>	<p>Part of duty, should be done before class</p> <p><i>“You know like, they’ll say, ‘Oh, we’ve changed Alex’s nappy,’ or, ‘We’ve taken James to the toilet’ whatever it might be. So that then we know what’s left to do during 2nd half. Cause quite often it’s toileting, because it takes so long to do that we try to get it done so</i></p>	<p><i>“Myself and Janet, if we were to do it, we’d wait til the bell goes so they’ve had the same opportunity out there as everyone else, and then we’d bring him in to go to the toilet.”</i></p> <p><i>“It’s part of what they do-, it’s-, it is not part our duty, it’s the role they’ve taken on. Um, we’d do it after the bell, not in between lunch. Um, just to give him that time out there. Um, but if they choose to bring him in at lunchtime, they chose to bring him in at lunchtime”.</i></p>	<p>Not asked</p>	<p>Part of what they should be doing on the playground</p>	<p>Not asked</p>	<p>Not asked</p>	

OUTDOOR PLAY DECISION-MAKING

		<i>we're not cutting into class time"</i>					
--	--	---	--	--	--	--	--

OUTDOOR PLAY DECISION-MAKING

Motivation for Play

Motivation for play	Parents	School	Local government
Social Skills	X	X	X
Change/fresh air	X	X	
Physical skills/Activity	X	X	X
Learning/academic	X		
Fun/Calming	X		X
A break	X	X	
Independence	X	X	
Shared experience	X		
Choice/natural consequences		X	X
Negotiate risk and challenges		X	X
Integration		X	X

Motivation for play (School staff)	Linda- Teaching assistant	Mary- Teaching assistant	Janet- Teaching assistant	Laura- Teaching assistant	Naila- teacher	Kavita-teacher	Miya- teacher	Suzanne- VP/teacher
Social Skills	X		X (sharing)		X (taking turns)		X	X
Change/fresh air		X	X			X		
Physical skills/Activity		X	X	X		X	X	
A break		X		X	X	X		
Independence			X	X				X
Choice/natural consequences		X	X	X	X			X
Negotiate risk and challenges	X							X
Integration			X			X	X	

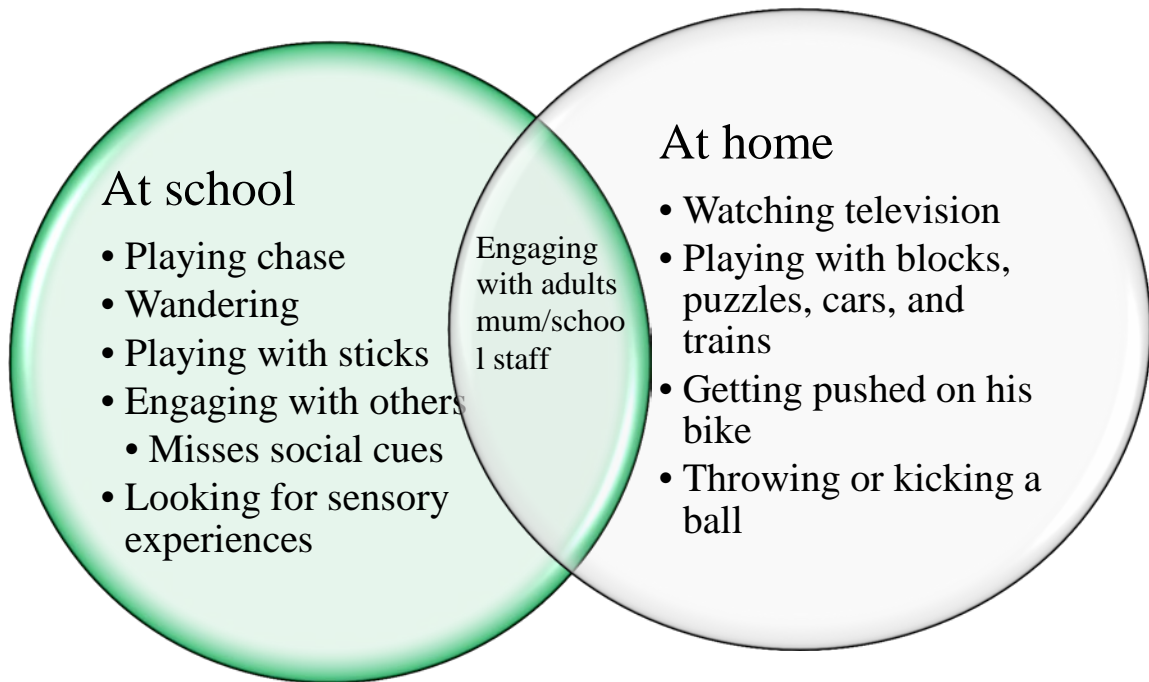
OUTDOOR PLAY DECISION-MAKING

Motivation for play (Parents)	Melissa/Nathan	Aisha/Ibrahim	Sana/Ahmed	Salma/Mohamed	Yasmine/Hana
Social Skills	X	X		X	X
Change/fresh air	X	X			X
Physical skills/Activity	X			X	X
Learning/academic	X				X
Fun/Calming	X			X	
Break for mum	X	X			
Independence		X			
Shared experience				X	

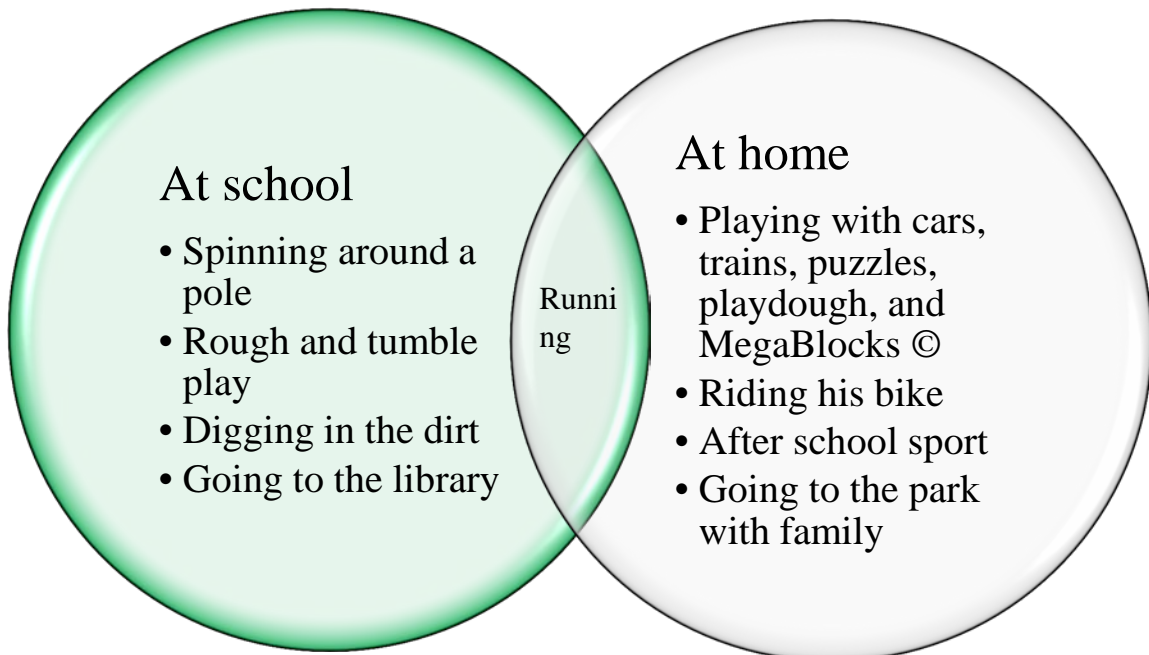
OUTDOOR PLAY DECISION-MAKING

Child Interest Intersections

Ahmed

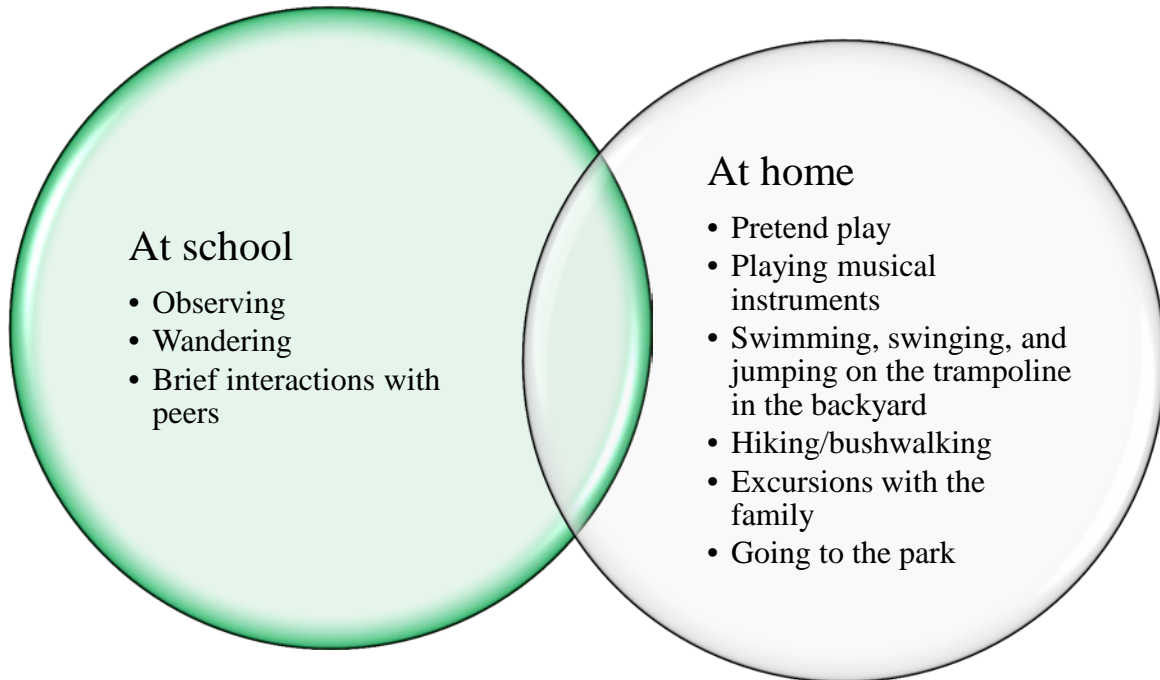


Nathan

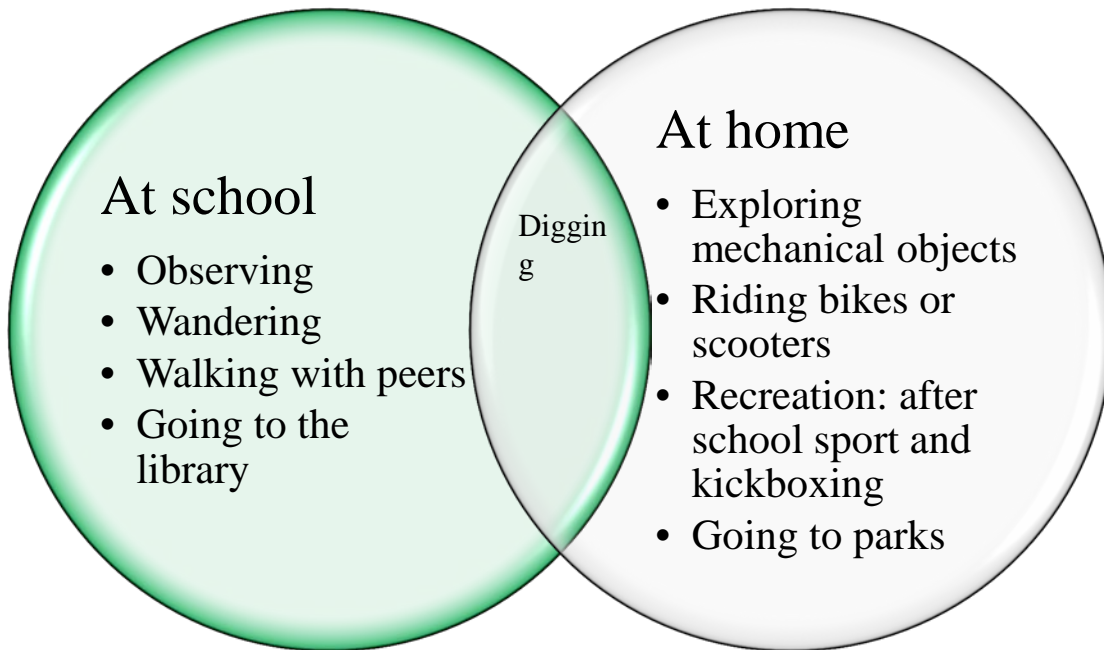


Mohamed

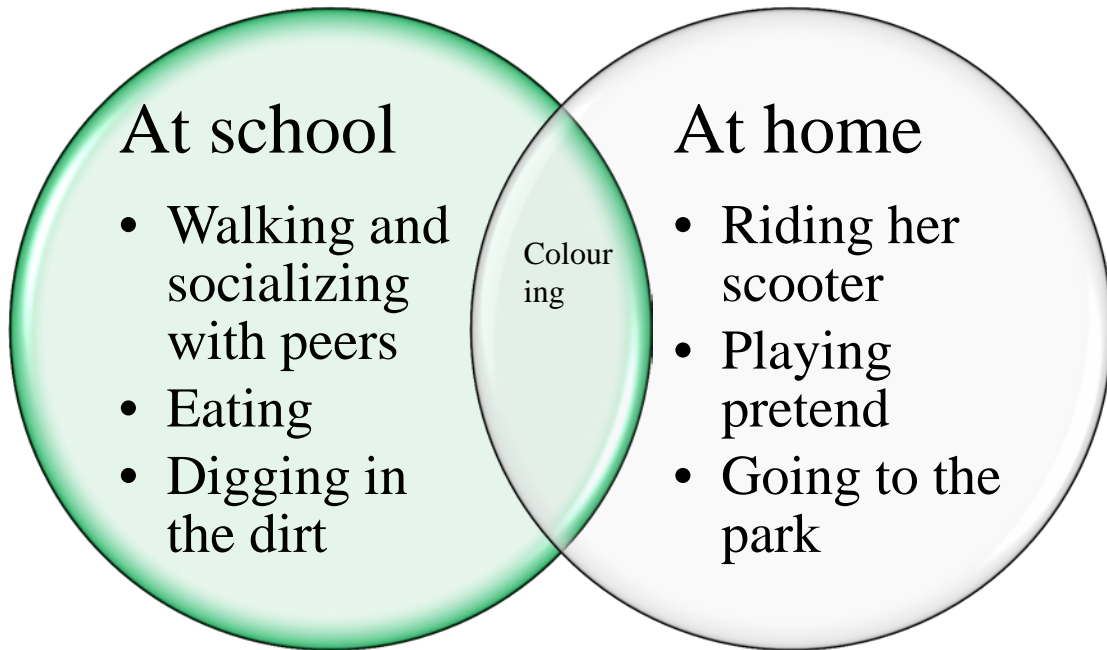
OUTDOOR PLAY DECISION-MAKING



Ibrahim



Hana



OUTDOOR PLAY DECISION-MAKING

Council Versus Family Ecocultural Grid

Coherence	Considerations	Council	Families
Child			
Disconnect	Skills	-Only physical disabilities -Disability group not discussing play -Parks and open space not discussing or including disability.	-Difficulties with transitions -social skills -motor and play skills -communication skills
Disconnect	Interests	-Plastic playgrounds are boring -(some) disability specific playgrounds are boring -Focus on younger children	- Children’s specific interests Doing things as a family, sand, balls, equipment, places with a variety of activities
Caregiver			
Disconnect	Health	Not discussed	Need emotional and physical health to support play
Disconnect	Interests	-Socializing with other parents -Think about around basic needs rather than play	Following parental interests including fun in play, family time, getting out of the house, and being active
Disconnect	Preparation for play	Not discussed	-Bringing items -Scouting out opportunities -Supporting children’s transitions
Known concern	Awareness of opportunities	Difficulty promoting activities	Difficulty finding opportunities
Some match	Expectations	-If it’s better than where they come things seem fine -Might not know to ask for more -Don’t know rights	- Support should be given to someone worse off than me. -Examples from parks within the LGA -Many not advocating for needs -No one expecting council to actively serve their needs
Family			
Some match	Time	Families are time poor	Balancing work, play, and parenting
Known concern	Many children	-Can’t volunteer or participate in recreation because many children	-Negotiating interests and needs of many children -Having older children interact with younger ones

OUTDOOR PLAY DECISION-MAKING

		-Parks must need to meet the needs of many children	
Some match	Language	-Difficulty for interacting with council -Difficulty for knowing opportunities	-Not an issue for these families -Acknowledged as a challenge with others
Some match	Who is home	-Discussed challenges around who is looking after child: grandparent, limited childcare	-Can only do activities if there is enough parental supervision -Childcare discussed by some -Can't work without someone taking care of children
Some match	Values around play	-Fun -Physical skill development -Choice -Natural consequences -Integration -EI: going to the playground is a big deal	-Some value learning through play: physical, social, cognitive, and communication skills. - Want it to be fun. - Independence -Shared experience
Some match	Money	-Families have little money -Council has limited budget for children and playgrounds -Maintenance costs of council a concern	Not directly discussed, although time may be proxy
Environment			
Some match	Who uses environment	-No children on a playground is boring	-Some children but not too many -Avoid the busy playgrounds
Some match	Stigma	-Acknowledge it is a challenge -Not focused on in current council disability plan, but some think it is really important -Addressing through working with cultural groups and support groups -Not discussed regarding playgrounds or play	-Difficulty doing activities in the community -Seek out places that are more accepting -Might prefer disability specific activities
Some match	Physical environment	-Accessible for physical disabilities -PA surprised people wanted fences	Fences for children that run
Disconnec	Distances	If it's good enough they will find a way	-Prefer to walk or scooter/bike to parks

OUTDOOR PLAY DECISION-MAKING

t			<ul style="list-style-type: none"> -The one down the road is easiest. -Tend not to drive -LGA is poorly served by public transport
Disconnec t	Weather	Consider shade	<ul style="list-style-type: none"> -Difficulty with cold, rain, and darkness. -Don't discuss sun/shade.
Some match	Programming	<ul style="list-style-type: none"> -Little provided recreation -Worry that provision does not match community interests -Nothing for children with disabilities 	<ul style="list-style-type: none"> - Not discussed –maybe because none support children with disabilities

OUTDOOR PLAY DECISION-MAKING

APPENDIX E

Ethics Approval

OUTDOOR PLAY DECISION-MAKING

2/26/2018

2015-320R Registration of External Ethics Approval - Julia Sterman

2015-320R Registration of External Ethics Approval

Kylie Pashley <Kylie.Pashley@acu.edu.au> on behalf of Res Ethics <Res.Ethics@acu.edu.au>

Thu 21/01/2016 13:41

To: Geraldine Naughton <Geraldine.Naughton@acu.edu.au>; Julia Sterman <julia.sterman@myacu.edu.au>;

Cc: Res Ethics <Res.Ethics@acu.edu.au>;

Dear Geraldine,

Principal Investigator: Prof Geraldine Naughton

Student Researcher: Julia Sterman (HDR student)

Ethics Register Number: 2015-320R

Project Title: Decision making of caregivers for children with disabilities about outdoor play

Risk Level: Multi Site

Date Approved: 21/01/2016

Ethics Clearance End Date: 17/12/2016

The Australian Catholic University Human Research Ethics Committee has considered your application for registration of an externally approved ethics protocol and notes that this application has received ethics approval from the University of Sydney [Reference: 2014/155].

The ACU HREC accepts the ethics approval with no additional requirements, save that ACU HREC is informed of any modifications of the research proposal and that copies of all progress reports and any other documents be forwarded to it. Any complaints involving ACU staff must also be notified to ACU HREC (National Statement 5.3.3)

We wish you well in this research project.

Regards,

Kylie Pashley
on behalf of ACU HREC Chair, Dr Nadia Crittenden
Ethics Officer | Research Services
Office of the Deputy Vice Chancellor (Research)
res.ethics@acu.edu.au

OUTDOOR PLAY DECISION-MAKING



Research Integrity
Human Research Ethics Committee

Thursday, 19 November 2015

Prof Anita Bundy
Health Systems and Global Populations; Faculty of Health Sciences
Email: anita.bundy@sydney.edu.au

Dear Anita

Your request to modify the above project submitted on 09 November 2015 was considered by the Executive of the Human Research Ethics Committee at its meeting on 19 November 2015.

The Committee had no ethical objections to the modifications and has approved the project to proceed.

Details of the approval are as follows:

Project No.: 2014/155

Project Title: Levelling the Playing Field: Starting with the School Playground

Approved Documents:

Date	Type	Document
09/11/2015	Interview Questions	Administrator interview guide
09/11/2015	Questionnaires/Surveys	Demographic survey for parents
09/11/2015	Questionnaires/Surveys	Demographic survey for teachers
09/11/2015	Interview Questions	Parent interview
09/11/2015	Questionnaires/Surveys	Parent survey
09/11/2015	Participant Consent Form	PIS/Consent form for administrators_Clean copy
09/11/2015	Participant Consent Form	PIS/Consent form for parents for video_Clean copy
09/11/2015	Participant Consent Form	PIS/Consent form for parents_Clean copy
09/11/2015	Participant Consent Form	PIS/Consent form for teachers_Clean copy
09/11/2015	Interview Questions	Teacher interview
09/11/2015	Interview Questions	Teacher interview with video recall

Special Conditions:

- Please correct typo in PISs 'leant' should be 'lent' to you.

Research Integrity
Research Portfolio
Level 2, Margaret Telfer
The University of Sydney
NSW 2006 Australia

T +61 2 8627 8111
F +61 2 8627 8177
E ro.humanethics@sydney.edu.au
sydney.edu.au

ABN 15 211 513 464
CRICOS00026A

OUTDOOR PLAY DECISION-MAKING



Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely

Helen Mitchell

Dr Helen Mitchell
Chair
Human Research Ethics Committee

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.

OUTDOOR PLAY DECISION-MAKING

OUTDOOR PLAY DECISION-MAKING



Dr Michelle Villeneuve
Discipline of Occupational Therapy
Faculty of Health Sciences
The University Of Sydney J106
Cumberland Campus C42
LIDCOMBE NSW 2006

CORP15/12932
DOC15/886264
SERAP 2015295

Dear Dr Villeneuve

I refer to your application for variation to the research project being conducted in NSW government schools entitled *Levelling the Playing Field: Starting with the School Playground*. I am pleased to inform you that your application has been approved.

This approval will remain valid until 14-Aug-2016.

The following researchers or research assistants have fulfilled the Working with Children screening requirements to interact with or observe children for the purposes of this research for the period indicated:

Researcher name	WWCC	WWCC expires
Anita Bundy	WWC0261007E	10-Feb-2019
Julia Sterman	WWC0703177V	06-May-2020
Kassia (Weston) Beetham	WWC0408020E	17-Jun-2019

When your study is completed please email your report to serap@det.nsw.edu.au.

Yours sincerely

A handwritten signature in black ink, appearing to read "R. Stevens".

Dr Robert Stevens
Manager, Research
30 November 2015



School Policy and Information Management
NSW Department of Education
Level 1, 1 Oxford Street, Darlinghurst NSW 2010 – Locked Bag 53, Darlinghurst NSW 1300
Telephone: 02 9244 5060 – Email: serap@det.nsw.edu.au

OUTDOOR PLAY DECISION-MAKING

APPENDIX F

Consent and Information Sheets

OUTDOOR PLAY DECISION-MAKING



PARTICIPANT INFORMATION SHEET (INTERVIEWS and SURVEY WITH PARENTS)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregivers around outdoor play for children with disabilities

You are invited to participate in an interview and survey about your decision making around outdoor play for your child through the above named study being conducted at: Auburn Public School. Earlier, you expressed willingness to participate in an interview with the study investigators.

This sub-study aims to:

- Understand how parents and teachers make decisions around outdoor play for children with disabilities.

What you will be asked to do:

You are invited to participate in two interviews (of approximately 1 hour in duration) about your decision making around play for your child. The interviews will be audio recorded for accuracy and transcribed verbatim. All identifying information will be removed from the transcribed interview so that your participation remains anonymous. The interviews will be scheduled at a time and location that is convenient for you.

You will also be invited to take part in a survey (approximately 5 minutes in duration) twice a week for a month about decision making around play for your child. This survey will take place either on your phone or an iPod that will be lent to you. One of the interviews will take place before the survey, and one afterwards.

Before participating in the interview and survey you will be invited to complete a short demographic questionnaire. Information will be stored separately from your survey and interview. No identifying information will be tied to your survey or interview responses.

Are there any risks to participation in this study?

There are no serious risks associated with your participation in the research. Occasionally adults participating in the interview sessions become mildly uncomfortable as they reflect on the activities they do (or do not) allow children to do. Should you wish to speak to someone following the session, we will provide the contact details for a licensed psychologist.

Since this study is aimed at understanding parent and teacher decision making, no direct benefits from the study for the participants are anticipated.

How will information about me be used?

We plan to publish the results where they will be most useful for informing future policy in schools. However, in any publication, information will be presented in such a way that you will not be able to be identified. De-identified research data will be stored in a database for possible use in future research. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission.

Audio recordings of the interview will only be available to the research team. They will always be stored in a secure location. All identifying names and information will be replaced with pseudonyms to protect your confidentiality.

Your consent to participate is voluntary:

Your decision whether or not to participate in an interview is voluntary and will not prejudice you or your future relations with the University of Sydney or your child's school.

You are free to withdraw your consent and to discontinue your/ participation at any time without prejudice. If you wish to discontinue participation, please use the slip at the bottom of the consent form.

Version 1, 9 Nov 15

OUTDOOR PLAY DECISION-MAKING

If you have any questions, Dr. Michelle Villeneuve (9356 7438) or Prof Anita Bundy (9351 9857) will be happy to answer them.

What if I have a complaint or any concerns about this study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney (Protocol # 2014/155). As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

OUTDOOR PLAY DECISION-MAKING

PARTICIPANT CONSENT FORM (INVITED INTERVIEW and SURVEY WITH PARENTS)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

Please complete and sign this form: (You will be given a copy of this form to keep.)

Areas of Consent (Please check either yes or no for each)	Yes	No
I agree to participate in a survey about my decision making around outdoor play for my child.		
I agree to participate an interview about my decision making around outdoor play for my child.		
I agree to provide demographic information about me and my family.		

1. I acknowledge that I have read the Information Sheet, which explains the aims and the nature of the study and the possible risks, and the statement has been explained to me to my satisfaction.
3. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm my child might suffer as a result of participation and I have received satisfactory answers.
4. I understand that I can send withdraw my consent to participate in an interview at any time without prejudice to my relationship to the University or School. I understand that I can use the withdrawal of consent form to withdraw my participation at any time.
5. I agree that research data gathered from the results of the study may be published provided that I cannot be identified.
6. I agree that de-identified research data will be stored in a database for possible use in future research.
7. I understand that if I have any questions relating to my participation in this research, I may contact Dr. Michelle Villeneuve on telephone 02 9356 7438, or Professor Anita Bundy on 02 9351 9857. They will be happy to answer your questions.
8. I acknowledge receipt of a copy of this Consent Form and the Information Sheet.

Signature of Participant:

Please PRINT name:

Date:

OUTDOOR PLAY DECISION-MAKING

Withdrawal of Consent Form

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

I,, would like to withdraw my participation from the study named above. I understand that all interview data relating to me will be destroyed.

Signed: **Date:**

Please Print Name:

OUTDOOR PLAY DECISION-MAKING



PARTICIPANT INFORMATION SHEET (INTERVIEWS WITH TEACHERS and SLSOs)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregivers around outdoor play for children with disabilities

You are invited to participate in two interviews about your experience supervising children on the playground. The research will occur through the above named study being conducted at: [] Public School. Earlier, you expressed willingness to participate in an interview with the study investigators.

This sub-study aims to:

- Understand how parents and teachers make decisions around outdoor play for children with disabilities.

What you will be asked to do:

You are invited to participate in two interviews (of approximately 30-60 minutes duration) about your decision making around outdoor play.

During an agreed upon time after the first interview, you will be invited to wear a GoPro (head mounted video camera) during a supervision session on the playground. You will not be recorded, and only what you see while on the playground will be visible. Within the week of the supervision session, you will be invited to engage in the second interview (approximately 30 minutes) while watching the video tape about what you were thinking in the moment on the playground.

Before participating in the interview you will be invited to complete a short demographic questionnaire. Information will be stored separately from your interview. No identifying information will be tied to your interview response. The interviews will be audio recorded for accuracy and transcribed verbatim. All identifying information will be removed from the transcribed interviews so that your participation remains anonymous. The interviews will be scheduled at a time and location that is convenient for you.

Are there any risks to participation in this study?

There are no serious risks associated with your participation in the research. Occasionally adults participating in the interview sessions become mildly uncomfortable as they reflect on the activities they do (or do not) allow children to do. Should you wish to speak to someone following the session, we will provide the contact details for a licensed psychologist.

Since this study is aimed at understanding parent and teacher decision making, no direct benefits from the study for the participants are anticipated.

How will information about me be used?

We plan to publish the results where they will be most useful for informing future policy in schools. However, in any publication, information will be presented in such a way that you will not be able to be identified. De-identified research data will be stored in a database for possible use in future research. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission.

Audio and video recordings of the interview will only be available to the research team. They will always be stored in a secure location. All identifying names and information will be replaced with pseudonyms to protect your confidentiality.

Your consent to participate is voluntary:

Your decision whether or not to participate in an interview is voluntary and will not prejudice you or your future relations with the University of Sydney or your child's school.

OUTDOOR PLAY DECISION-MAKING

You are free to withdraw your consent and to discontinue your/ participation at any time without prejudice. If you wish to discontinue participation, please use the slip at the bottom of the consent form.

If you have any questions, Dr. Michelle Villeneuve (9356 7438) or Prof Anita Bundy (9351 9857) will be happy to answer them.

What if I have a complaint or any concerns about this study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney (Protocol # 2014/155). As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

OUTDOOR PLAY DECISION-MAKING

PARTICIPANT CONSENT FORM (INVITED INTERVIEWS WITH TEACHERS)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

Please complete and sign this form: (You will be given a copy of this form to keep.)

Areas of Consent (Please check either yes or no for each)	Yes	No
I agree to participate in a head mounted video recording during supervision on the playground.		
I agree to participate in an interview about my supervision and decision making on the playground.		
I agree to provide demographic information about myself.		

1. I acknowledge that I have read the Information Sheet, which explains the aims and the nature of the study and the possible risks, and the statement has been explained to me to my satisfaction.
3. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm my child might suffer as a result of participation and I have received satisfactory answers.
4. I understand that I can send withdraw my consent to participate in an interview at any time without prejudice to my relationship to the University or School. I understand that I can use the withdrawal of consent form to withdraw my participation at any time.
5. I agree that research data gathered from the results of the study may be published provided that I cannot be identified.
6. I agree that de-identified research data will be stored in a database for possible use in future research.
7. I understand that if I have any questions relating to my participation in this research, I may contact Dr. Michelle Villeneuve on telephone 02 9356 7438, or Professor Anita Bundy on 02 9351 9857. They will be happy to answer your questions.
8. I acknowledge receipt of a copy of this Consent Form and the Information Sheet.

Signature of Participant:

Please PRINT name:

Date:

OUTDOOR PLAY DECISION-MAKING

Withdrawal of Consent Form

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

I,, would like to withdraw my participation from the study named above. I understand that all interview data relating to me will be destroyed.

Signed: **Date:**

Please Print Name:

OUTDOOR PLAY DECISION-MAKING



PARTICIPANT INFORMATION SHEET (INVITED INTERVIEWS WITH ADMINISTRATORS and OTHER STAKEHOLDERS)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregivers around outdoor play for children with disabilities

You are invited to participate in an interview about outdoor play through the above named study being conducted at:
 Public School/ council

This sub-study aims to:

- Understand how parents and teachers make decisions around outdoor play for children with disabilities.

What you will be asked to do:

You are invited to participate in an interview (of approximately 1 hour in duration) about decision making around play for the children at Public School/ council.

The interview will be audio recorded for accuracy and transcribed verbatim. All identifying information will be removed from the transcribed interview so that your participation remains anonymous. The interview will be scheduled at a time and location that is convenient for you.

Are there any risks to participation in this study?

There are no serious risks associated with your participation in the research. Occasionally adults participating in the interview sessions become mildly uncomfortable as they reflect on the activities they do (or do not) allow children to do. Should you wish to speak to someone following the session, we will provide the contact details for a licensed psychologist.

Since this study is aimed at understanding parent and teacher decision making, no direct benefits from the study for the participants are anticipated.

How will information about me be used?

We plan to publish the results where they will be most useful for informing future policy in schools. However, in any publication, information will be presented in such a way that you will not be able to be identified. De-identified research data will be stored in a database for possible use in future research. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission.

Audio recordings of the interview will only be available to the research team. They will always be stored in a secure location. All identifying names and information will be replaced with pseudonyms to protect your confidentiality.

Your consent to participate is voluntary:

Your decision whether or not to participate in an interview is voluntary and will not prejudice you or your future relations with the University of Sydney or your child's school.

You are free to withdraw your consent and to discontinue your/ participation at any time without prejudice. If you wish to discontinue participation, please use the slip at the bottom of the consent form.

If you have any questions, Dr. Michelle Villeneuve (9356 7438) or Prof Anita Bundy (9351 9857) will be happy to answer them.

What if I have a complaint or any concerns about this study?

OUTDOOR PLAY DECISION-MAKING

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney (Protocol # 2014/155). As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

OUTDOOR PLAY DECISION-MAKING

PARTICIPANT CONSENT FORM (INVITED INTERVIEWS WITH OTHER STAKEHOLDERS)

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

Please complete and sign this form: (You will be given a copy of this form to keep.)

Areas of Consent (Please check either yes or no for each)	Yes	No
I agree to participate in an interview about outdoor play for children with disabilities.		

1. I acknowledge that I have read the Information Sheet, which explains the aims and the nature of the study and the possible risks, and the statement has been explained to me to my satisfaction.
3. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm my child might suffer as a result of participation and I have received satisfactory answers.
4. I understand that I can send withdraw my consent to participate in an interview at any time without prejudice to my relationship to the University or School. I understand that I can use the withdrawal of consent form to withdraw my participation at any time.
5. I agree that research data gathered from the results of the study may be published provided that I cannot be identified.
6. I agree that de-identified research data will be stored in a database for possible use in future research.
7. I understand that if I have any questions relating to my participation in this research, I may contact Dr. Michelle Villeneuve on telephone 02 9356 7438, or Professor Anita Bundy on 02 9351 9857. They will be happy to answer your questions.
8. I acknowledge receipt of a copy of this Consent Form and the Information Sheet.

Signature of Participant:

Please PRINT name:

Date:

OUTDOOR PLAY DECISION-MAKING

Withdrawal of Consent Form

Title of overall project: Levelling the playing field: Starting with the school playground
Title of sub-study: Decision making of caregiver around outdoor play for children with disabilities

I,, would like to withdraw my participation from the study named above. I understand that all interview data relating to me will be destroyed.

Signed: **Date:**

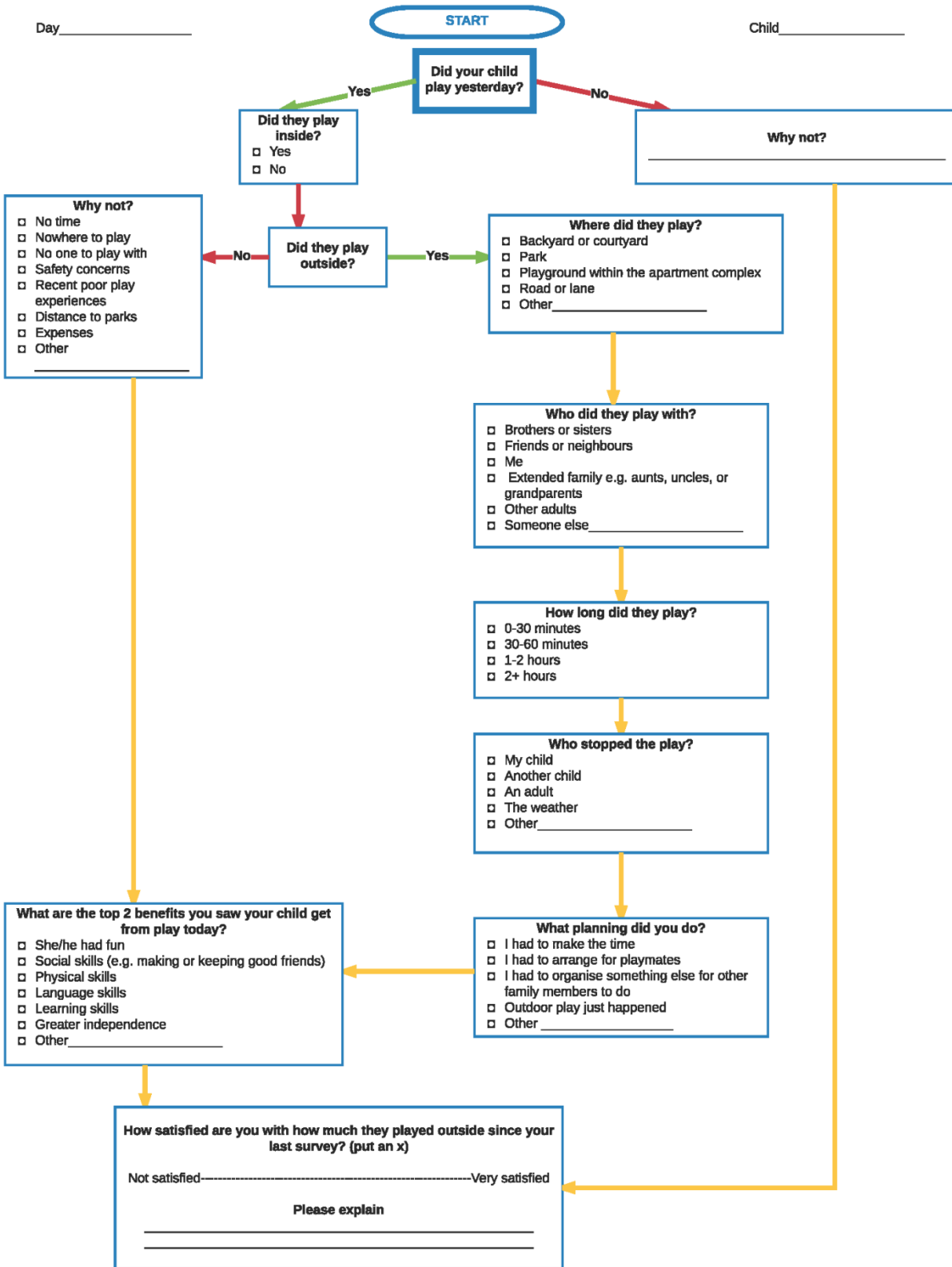
Please Print Name:

OUTDOOR PLAY DECISION-MAKING

APPENDIX G

Parent Survey

OUTDOOR PLAY DECISION-MAKING



APPENDIX H

Interview Guides

OUTDOOR PLAY DECISION-MAKING

Administrator Interview Guide

1. What allows [your school] to offer quality experiences for your children with special needs?
 - a. Staff? Space? Children? Families? Resources? School environment?
2. Tell me about the outdoor play opportunities for the children at your school at home, and in the community. (Some think school is good enough for amount of outdoor play).
 - a. Do you take this in consideration when thinking about what is provided at school?
3. **Can you tell me about your role in making decision for kids around special needs on the playground?**
 - a. **What do you do well**
4. **What do you think are the roles of staff (teachers, SLSOs) supervising children on the playground?**
 - a. Do policies differ for children with special needs?
 - b. What is your policy about communication of what happens on the playground to others?
 - c. What do you tell new SLSOs and teachers in induction about the playground and supervision?
 - d. When is play discussed- teacher free days?
5. When you specifically think about the recess time for children with special needs, what do you take into consideration?
 - a. Staff? Space? Children? Families? Resources? School environment? Time?
 - b. How do you know when to intervene? What do you tell your staff about intervening on the playground?
 - c. What trumps other things?
 - d. Do kids with special needs get injured more?
 - e. How do you know if you were successful?
 - f. Do kids know how to come up with something else if you stop them?
6. What do you see as the benefits of playground time?
 - a. Is this different for mainstream kids and kids with additional needs?
 - b. What are the disadvantages/challenges?
7. What do you consider about them going to the library?
 - i. Why provide the library as an option?
8. How do you see playground time as fitting into Australian Curriculum standards and Individualised Education Plan goals?
9. How do you think outdoor play fits into the school day? (Ideally would you have more or less? Balance of outdoor play?)
10. Do you have a weather/supervision/safety policy about outdoor play?
 - a. e.g., how is wet weather decided? Is there any gross motor movement on those days?
11. I want you to dream a little bit. Imagine that [your school] worked really hard and created an ideal environment for children with special needs playing outside. It has become the model of all of Sydney. The newspaper has come to interview you to ask about how it came to be. What would you tell them? What has changed? What did you do to make it happen?

OUTDOOR PLAY DECISION-MAKING

Teacher Interview Guide

1. What are [the children's] favourite things to do on the playground? Why?
2. Tell me about the outdoor play opportunities for the children at your school either at home, school, or in the community.
 - a. Do the demographics at [your school] affect your decisions on the playground?
3. Do you communicate with parents about what happens at recess/lunch?
 - a. Do you want SLSOs or teachers on duty communicating to you about what the children in your classroom do on the playground (positive or negative)?
4. Do you see playground activities as supporting Individualised Education Plan and Australian Curriculum goals/benchmarks?
 - a. Do you make **goals** for the playground?
 - b. How do children's skills affect what they do on the playground?
5. **What do you think is your role in supervision outside?**
 - a. Is part of your role creating play opportunities?
6. **How do you know when to intervene?**
 - a. If a child is having fun, how much are you willing to let that continue – loud, noisy, messy, too close, or new?
 - b. What trumps other things?
 - c. Within your professional experience, tell me about what you think helps you and your colleagues to give the children **just the right** support on the playground?
7. What do you see as the **benefits** of recess?
 - a. What **motivates** you to **support** outdoor play
8. What are the **disadvantages**?
 - a. What do you think about when sending kids to the **library**?
9. What advice would you give to a new teacher or SLSO around supervision on the playground?
10. Do you think about any **policies** when making decisions on the playground?
11. What **enhances** outside play at your school?
 - a. ****If they respond that they and their school supports outdoor play: What about [your school] allows that to happen? ****

I want you to dream a little bit. Imagine that [your school] worked really hard and created an ideal environment for children with special needs playing outside. It has become the model for all of Sydney. The newspaper has come to interview teachers/SLSOs at Auburn Public School to ask about how it came to be. What would you tell them? What has changed? What did you do to make it happen?

APPENDIX I

Evidence of Peer Review



Outdoor Play Decisions by Caregivers of Children with Disabilities: a Systematic Review of Qualitative Studies

Julia Sterman^{1,2} · Geraldine Naughton³ ·
Elspeth Froude¹ · Michelle Villeneuve² ·
Kassia Beetham² · Shirley Wyver⁴ · Anita Bundy²

© Springer Science+Business Media New York 2016

Abstract Outdoor play offers children vast benefits for development and well-being. However, children with developmental disabilities participate less in outdoor play than their typical peers. Typically, adults make decisions about children's play routines, especially for children with developmental disabilities. The purpose of this systematic review was to synthesize the results from qualitative studies on decision making

Electronic supplementary material The online version of this article (doi:10.1007/s10882-016-9517-x) contains supplementary material, which is available to authorized users.

✉ Julia Sterman
Julia.Sterman@myacu.edu.au

Geraldine Naughton
Geraldine.Naughton@acu.edu.au

Elspeth Froude
Elspeth.froude@acu.edu.au

Michelle Villeneuve
Michelle.villeneuve@sydney.edu.au

Kassia Beetham
Kassia.beetham@sydney.edu.au

Shirley Wyver
Shirley.wyver@mq.edu.au


Anita Bundy
Anita.bundy@sydney.edu.au

¹ Australian Catholic University, Level 9, 33 Berry Street, North Sydney, NSW 2060, Australia

² Faculty of Health Sciences, University of Sydney, PO Box 170, Lidcombe, NSW 1825, Australia



Planning for outdoor play: Government and family decision-making

Julia J. Sterman^a , Geraldine A. Naughton^b, Anita C. Bundy^{c,d}, Elspeth Froude^a and Michelle A. Villeneuve^c

^aSchool of Allied Health, Australian Catholic University, North Sydney, NSW, Australia; ^bSchool of Exercise Science, Australian Catholic University, Fitzroy, VIC, Australia; ^cFaculty of Health Science, The University of Sydney, Lidcombe, NSW, Australia; ^dFaculty of Occupational Therapy, Colorado State University, Fort Collins, CO, USA

ABSTRACT

Background: Despite indisputable developmental benefits of outdoor play, children with disabilities can experience play inequity. Play decisions are multifactorial; influenced by children's skills and their familial and community environments. Government agencies have responsibilities for equity and inclusion of people with disabilities; including in play.

Aim: This multiple-perspective case study aimed to understand outdoor play decision-making for children with disabilities from the perspectives and interactions of: local government and families of primary school-aged children with disabilities.

Material and method: Five mothers, four local government employees, and two not-for-profit organization representatives participated in semi-structured interviews. Inductive and iterative analyses involved first understanding perspectives of individuals, then stakeholders (local government and families), and finally similarities and differences through cross-case analysis.

Findings: Local government focused more on physical access, than social inclusion. Local government met only minimal requirements and had little engagement with families. This resulted in poor understanding and action around family needs and preferences when designing public outdoor play spaces.

Conclusion and significance: To increase meaningful choice and participation in outdoor play, government understanding of family values and agency around engagement with local government needs to improve. Supporting familial collective capabilities requires understanding interactions between individuals, play, disability, and outdoor play environments.

ARTICLE HISTORY

Received 17 May 2017
 Revised 14 February 2018
 Accepted 26 February 2018

KEYWORDS

Playground; children; community; inclusion; disability; capabilities approach

Introduction

Play has a universally accepted role in the well-being and development of all children [1]. Play is an internationally recognized right of children; strongly shaped by the location in which it takes place [1–5]. Despite this right, children with disabilities frequently participate less in outdoor play than their typically developing peers [6], resulting in inequity [7]. Within the community, many children with disabilities and their families experience difficulty accessing and participating in outdoor play due to challenges that are complex and inter-related: the children's skills, parental awareness of opportunities, competing family demands, and unsupportive social and built environments [8]. Specific community challenges include availability of services, programs, and information [8,9]. Subsequently, local communities also impact the play and recreation opportunities for children with disabilities and their families [10].

Local government often has direct control over the location and design of playgrounds and other play spaces within their local government area (LGA) [11]. Within Australia, local government is administered by elected councilors with traditional responsibilities for land use and basic services; however, this level of government now includes greater human services support [12]. As such, local government is expected to embrace the rights of people with disability and promote diversity and inclusion within the community [11]. Policies can support community members with disabilities in a many ways through charity, needs fulfillment, compensation, welfare maximization, and equity [7]. This paper focused on equity as an important policy outcome in the context of play and outdoor spaces. Local government has an obligation to support people with disabilities to participate within the community through disability inclusion action plans (DIAPs) [11]. To ensure plans are responsive to

CONTACT Julia J. Sterman  Julia.Sterman@myacu.edu.au School of Allied Health, Australian Catholic University, North Sydney, NSW, Australia
 © 2018 Informa UK Limited, trading as Taylor & Francis Group

OUTDOOR PLAY DECISION-MAKING

From: [International Journal of Inclusive Education](#)
To: [Julia Sterman; julia.sterman@sydney.edu.au](mailto:julia.sterman@sydney.edu.au)
Subject: International Journal of Inclusive Education - Decision on Manuscript ID TIED-2017-0185.R2
Date: Tuesday, 1 May 2018 12:40:42 PM

30-Apr-2018

Dear Miss Sterman:

Ref: Is play a choice? Application of the capabilities approach to children with disabilities on the school playground

I am delighted to inform you that your paper has been accepted for publication in International Journal of Inclusive Education.

We will forward to the publisher for copy editing and typesetting. You will receive proofs for checking, and instructions for transfer of copyright in due course. The publisher also requests that proofs are checked and returned within 48 hours of receipt.

Thank you for your contribution to International Journal of Inclusive Education and we look forward to receiving further submissions from you.

Sincerely,
Dr Marnie Best
On behalf of the Editor, Professor Roger Slee

