

## **Parents' perspectives on managing risk in play for children with developmental disabilities**

### **Abstract**

Parents are often concerned about managing risks for their children, particularly in the context of disability. This paper reports qualitative findings from an intervention study and examines how parents of children with developmental disabilities (mainly autism) manage risks during play. Interviews (n=17) highlighted parents' fears about their child's safety, which were often exacerbated by concerns about the child's (lack of) cognitive and intellectual capabilities to 'appropriately' negotiate harms. Outdoor play and play that involved other children were reported as particularly challenging. In these contexts, parents described how they would intervene and redirect play activities to avoid any emergent physical, emotional and social harms. The social aspects of risk and disability gave way to adult-mediated and controlled forms of play. We conclude by considering opportunities to support the full inclusion of children with disabilities and their rights to play.

**Keywords:** Risk-taking, play, childhood, disability, children's rights, inclusion.

### **Points of Interest**

- Play is an important aspect of all children's health and development
- Children with disabilities often experience fewer opportunities to engage in play
- Parents responses to 'risk-taking' in their children's play help understand the barriers to play for children with a disability
- Social aspects of play are particularly challenging for parents of a child with disability

- Developing socially inclusive contexts is important to enhance all children's opportunities to play.

## **Introduction**

The United Nations (UN) Convention on the Rights of the Child (UN 1989) recognises the universal rights of all children to play; and the positive benefits of play to children's wellbeing and development are well documented (Brussoni et al. 2015, Sandseter and Seland 2016, Nijhof et al. 2018). Yet, children's rights to play are one of the least-recognised rights of childhood (International Play Association 2010, Rico and Janot 2018). Indeed, the Committee on the Rights of the Child (CRC 2013) has expressed concerns about all children's opportunities for enjoyment and highlights the difficulties some children can experience to realise their right to play. The Committee (2013) draws particular attention to children with disabilities as one group who are often denied opportunities to engage in play. In Western contexts (the focus of this study), concerns have been raised about the tendency to privilege protectionist approaches (rather than participation rights) for children with disabilities because of worries about (additional risks to) these children's health and wellbeing (Spencer et al. 2016, Sandland 2017). For children with disabilities, adult preferences for protecting children may well determine the range of available opportunities these children are afforded to shape and self-manage their own play activities (Stermann et al. 2016) – including the extent to which 'risks' are enabled or shut-down during play (Spencer et al. 2016).

The contribution of risk and risk-taking to children's play activities and their broader development and wellbeing has garnered attention in childhood research (Tovey 2010, Brussoni

et al. 2017, Sandseter et al. 2017, Wyver and Little 2018). Yet, research examining parents' responses to risk and play in the context of disability is relatively lacking and findings from the evidence base reflect varying, sometimes inconsistent, responses to risk. Concepts of risk are culturally defined and reflect varying socio-cultural meanings attached to harms. In Western cultures, risk is often equated with negative outcomes and evidence suggests that parents caring for children with disabilities experience greater levels of risk consciousness (Oulton and Heyman, 2009). Concerns about physical injuries and how these may exacerbate existing health difficulties, or affect children's cognitive and behavioural (dis)abilities have been reported (Brewin et al. 2008). Because of this, (adult-imposed) limits on play have been found to set the range of opportunities available for these children to independently manage their play activities, including the negotiation of any emergent risks (Heiman 2002, Oulton and Heyman 2009). Further evidence highlights that parents of children with intellectual and developmental disabilities are likely to consider a restricted range of recreational games and sport to be applicable to their child (Chien et al. 2017). Research with children with visual impairments, for example, has shown how these children often play alone (Porter et al. 2008), whereas children with autism are less likely to engage in reciprocal forms of play (Jahr et al. 2000).

Although 'restrictive' parental practices have been observed, it is increasingly apparent that parents can reframe their thinking about risk, either through self-initiated or supported change (Niehues et al. 2016). Research illustrates how some parents may deliberately encourage their child to engage in 'risky' activities out of concern that their child might 'miss out' on the opportunities available to other children. Indeed, some parents actively foster opportunities for

their child to self-manage risks in an effort to minimise any future harms when parents are less able to intercede or protect them (Niehues et al. 2015, 2016).

Risk is clearly an important but difficult component of adult-led decision-making in the context of children's play and disability in Western cultures and settings. Yet the evidence to date provides only a partial account of how parents of children with disabilities understand, and respond to, risk within the context of play, including how these perspectives come to shape the opportunities for children's agency and 'risk-taking' during play. Drawing on qualitative interviews with parents (n=17) of children with a disability, in this paper we aim to advance knowledge of parents' understandings of, and responses to, risk and how these perspectives influence opportunities for children with disabilities to take and self-manage risks during play. The study was conducted as part of a larger playground project in Australia examining children's play and risk-taking (reference removed for blind review). The analysis presented here reveals important clues about the different (sometimes inconsistent) ways parents respond to (physical, emotional and social) risks and how these responses shape the types of play made possible for children with a disability.

### **Childhood, risk, disability and play**

Contributions to scholarship within the sociology of childhood have illustrated how children, and childhood, reflect a social category that often attracts concerns about risks and vulnerability (Jackson and Scott 1999, Mayall 2002, James and Prout 2014). Assumptions about children's perceived vulnerabilities and evolving capabilities often trigger (adult-led) responses that aim to safeguard and protect children from a range of harms or dangers (Jackson and Scott 1999,

Christensen and Mikkelsen 2008). Indeed, there is now a well-established evidence base that demonstrates how fears about potential dangers or hazards can prompt a range of risk aversion strategies, often resulting in increased (adult) surveillance and management of children and their practices (Furedi 2002, Christensen and Mikkelsen 2008). In relation to play, the dominant tendency to foreground risks and children's vulnerability has been heavily criticised for limiting children's everyday activities, and in particular their opportunities to engage in free, outdoor and more 'risky' types of play (Niehues et al. 2015, 2016, Ball et al. 2019).

Disability likewise arouses strong concerns about risks and vulnerability – often originating from traditional biomedical frameworks and definitions of disability that foreground functional deficits and (individual) limitations (Darcy and Dowse 2013). Research from the Global North suggests that parental anxieties surrounding children's (in)abilities to 'successfully' self-manage risk are particularly heightened in the context of disability (Heiman 2002), with evidence of even greater adult involvement and control over play for children with disabilities (Oulton and Heyman 2009, Must et al. 2015). A recent systematic review on the play decisions of caregivers (e.g. parents, teachers) highlights how children with disabilities often experience less opportunity for outdoor play (Stermann et al. 2016), despite evidence of the important benefits of (outdoor) play to the development of children's autonomy, competency and resilience – including their capacity to take age-appropriate risks (Brussoni et al. 2015).

The importance of play for children's physical, social and emotional development and overall wellbeing has a well-established evidence base (Goldstein 2012, White 2012, Moyles 2013). Research further extols the positive benefits of enabling children's engagement in 'risky' forms

of play, including enabling opportunities to challenge themselves and make decisions (Tovey 2010). Evidence reflects the pleasure, excitement and joy experienced by children when engaging in ‘risky’ activities such as climbing, jumping from heights, or travelling at fast speeds down steep slides (Kaarby 2004, Little and Eager 2010, Sandseter 2009, 2010). This body of research points to some of the more positive aspects of risk and risk-taking (Lupton and Tulloch 2002); as well as children’s own capacities to successfully negotiate ‘tricky’ play activities – thereby countering dominant developmental perspectives that tend to suggest children lack particular capacities or skills to safely navigate risk. Indeed, some research has highlighted how some children actively seek out play activities that contain an element of ‘risk’ (Davidsson 2006, Sandseter 2010).

Despite these positive views of children effectively engaging with risk, research with parents suggests a less optimistic view (Jenkins 2006, Allin et al. 2014). Allin et al. (2014) reported that whilst children had a greater tendency to understand risk in terms of ‘taking a chance’, parents often associated risk with negative outcomes, such as harms and danger. Research with children with autism in China (Zhang et al. 2015) and Israel (Waizbard-Bartov et al. 2019), however, reveals important cultural differences in parents’ understandings of disability and their child’s development (Young et al. 2019) – highlighting how differing cultural constructs can shape parents’ responses to their child’s disability. While some studies suggest that parents are aware of the many benefits of providing opportunities for risk-taking (Jenkins 2006, Little 2010), anxieties about harms and injuries continue to dominate, often resulting in enhanced control over children and their activities. Jenkins (2006), for example, highlighted how parents typically reported being fearful of the risks associated with ‘stranger danger’ and physical injuries.

However, some parents have expressed concerns about the possibilities for ‘over-protection’ and how this might adversely hinder children’s activities and related development (Niehues et al. 2013). At times, parents’ desires for their children’s ‘happiness, good health, confidence and resilience’ (Ibid, p. 230) have been found to be at odds with their fears about uncertainty and related risk avoidance strategies – reflecting some of the difficult tensions parents must work through when making decisions about their child’s play, but also how parents can shift from wishing to support their child’s independence, whilst all the while protecting them from harms (O’Byrne and Muldoon 2019).

A range of explanations have been put forward to understand parents’ differing responses to children’s play and risks – including an appreciation of differing cultural constructions of childhood, disability and risk. In Western settings, Kahneman (2011) highlights how parents are often required to make decisions ‘in the moment’, without adequate time to consider the outcomes. From this perspective, immediate concerns are prioritised over possible long-term benefits for children’s development. Other explanations point to the broader social pressures associated with being viewed as a ‘good parent’ (Jenkins 2006, Niehues et al. 2013) or more often, a ‘good mother’ (Valentine 2004, Allin et al. 2014, Tabatabai 2019). Other research has indicated the predictive effects of gender, differing parenting styles, family dynamics, education and socioeconomic background in determining parents’ level of risk tolerance (Cevher-Kalburan and Ivrendi 2016). Yet, to date, relatively little is known about the rationalities and responses to risk of parents of children with a disability. Against this background, in this paper we report findings from a study that sought to examine parents’ perspectives on risk and play in the context of disability, including how parents navigated and enabled (or not) risks to emerge during play.

## **Methods**

The study was conducted as part of a larger multi-site, multi-method playground project implemented across primary schools for children with a disability in Sydney, Australia. The full study protocol is reported elsewhere (removed for blind review). The project's main aim was to test the effectiveness of a simple playground intervention for encouraging children's self-management of risk on the school playground, and for (re)framing adults' (teachers and parents) understandings of, and responses to, risky play. The intervention included the introduction of loose play materials on the school playground and a series of 'risk reframing' workshops with parents and teachers. Quantitative and qualitative data were collected via multiple methods, e.g. structured observations, coping and risk inventories and surveys, and qualitative interviews (reference removed for blind review). This paper draws on the findings generated via in-depth interviews conducted with parents from three of the project's participating schools (perspectives of teachers and other school staff are reported elsewhere [removed for blind review]). The participating schools differed in terms of their student socio-economic profiles and funding (e.g. public/private) and education provision. For example, two schools provided education exclusively for children diagnosed with autism. The other mainstream school provided tailored support classes for children with autism and intellectual disabilities.

## ***Participants***

Participants included 17 parents (15 mothers and two fathers) of children (ages 5 – 13 years) with a disability, mainly autism and intellectual disabilities, attending one of the participating schools. To preserve anonymity, pseudonyms are used for the schools and we do not link



individual narratives to any potential identifiers, such as the child's characteristics (e.g. age, gender, disability, socio-economic status).

All parents who provided written consent for their child to participate in the intervention and who agreed to be contacted were invited for interview. To maximise parents' participation, no additional sampling or inclusion/exclusion criteria were applied. Verbal assent was confirmed before the interview, which included a discussion about what the interview would entail, and the procedures for confidential and anonymous storage of all data generated in line with ethical requirements. The study received approval from the University of [blinded]'s Human Research Ethics Committee and by the participating School Boards.

### ***Procedures***

17 semi-structured telephone interviews were conducted by [author]. Telephone interviews were deemed to be more convenient and less time consuming for busy parents, thus aiding recruitment. Interviews were conducted in a quiet office and were approximately 30-40 minutes in length and took place after the school-based intervention had been completed. An interview discussion guide was developed to encourage parents' perspectives on: the nature of their child's play; worries/concerns/considerations they have/make when their child is playing; and the strategies they employ in response to their child's play. The interview guide allowed for flexibility, enabling participants to develop ideas and speak freely about their perspectives and experiences. All interviews were audio-recorded and transcribed verbatim by a professional transcription service.

### ***Data Analysis***

Data were analysed using an inductive thematic approach (Denscombe 2014). First, transcripts were read and re-read by [authors] before descriptive codes were attached to each segment of the transcripts. Codes were generated via an emic approach to capture participants' meanings and to enable generation of topical categories. The next stage involved the grouping of similar descriptive codes, which enabled the exploration of connections and patterns across the data, as well as areas of departure, thus enabling further development of identified topical categories. These categories were then developed into core thematic areas to capture participants' understandings of risk, children and play. Regular discussions with the research team were held at each stage to compare consistency across coding and emergent categories and themes and to elicit alternative perspectives on the data. This peer-briefing further enabled the identification of varying forms of researcher reactivity on the co-construction of data and how these processes shape the analytical categories and the possibilities for privileging particular interpretations of the data (Denscombe 2014).

### **Findings**

Interviews with parents revealed some of the difficult decisions they made in relation to their child's play activities, including the differing ways they think about and respond to risk. In our analysis, we reveal three distinct ways parents described and located (perceived or actual) risks that emerged during play and as follows: *risky play*, *risky children*, and *risky social contexts*. These different risk categories revealed shifting, sometimes contradictory, perspectives on, and responses to, risk.

### ***Risky play***

Overwhelmingly, participants reported their concerns about harms or dangers to their child's physical and emotional safety during play activities. During discussions, parents underscored a preference for 'safe' play, which was contrasted with activities that placed their child in immediate danger, such as falling from play equipment. Identified dangers included fears about their child getting hurt, 'stranger danger' and the consequences of their child absconding. Participants described how they would counter such fears through actively supervising their child's play or 'stepping-in' when they believed harms could emerge.

As long as I know it's [play] going to be safe I'm fine. Activities where she won't be in danger, or she won't simply run away, or I am comfortable with the person that she's with (Parent 7, Greenvale School).

Anything he plays on I have to make sure it's safe (Parent 2, Greenvale School).

I let him do whatever he wants. Obviously, not to hurt himself, but I'm there all the time to supervise him (Parent 3, Redvale School).

Play activities that took place in open outdoor spaces, at heights, close to water, or near roads were reported as being particularly problematic. Unenclosed play spaces, such as areas with no gating or fencing, were tied to participants' concerns about their child absconding. Because of this, enclosed spaces were typically viewed as being synonymous with 'safer' play.

If you took him to the park and it's not fully fenced, you've got to follow him on that playground equipment [...] we just can't trust him to run free (Parent 8, Greenvale School).

There are places we just won't go because they're too close to a main road or we think we can't be on top of [child's name] when he's there. Anything that's gated with a proper pull for the fence is suitable (Parent 1, Greenvale School).

Whilst concerns about physical harms were frequently voiced during interviews, anxieties about possibilities for emotional harms also featured strongly in participants' accounts. Parents were particularly concerned about the psychological impacts of their child 'being left out,' 'getting picked on' or bullied by other children during playtimes. Participants appeared to be particularly worried about how their child may be treated by others – often referring to the lack of understanding of other children with respect to their child's disability.

[I worry] if he's going to be bullied. If he's going to get picked on or hurt. Kids on the [autistic] spectrum tend to get bullied because they don't understand what's happening (Parent 1, Redvale School).

However, at other times, parents described the possible harms to other children as a result of their own child's behaviour or actions. In these examples, other children were positioned as being most at risk.

Just the safety of others, because you know [child's name] sometimes doesn't know any better (Parent 8, Greenvale School).

She needs constant supervision [...] so she doesn't hurt other children (Parent 6, Greenvale School).

I looked like the crazy mother [...] following him around the play centre just to make sure he doesn't hurt anyone else (Parent 3, Greenvale School).

These short extracts reveal how concerns about a range of physical and emotional harms to their child, and other children, triggered a felt need for parents to engage in constant supervision – thereby shaping the range and type of available play opportunities. These opportunities were closely tied to the idea of (not) trusting their child to play independently without harming themselves and others. Trust was often described with reference to the characteristics and behaviours of their child – thereby serving to locate risk within the particular qualities and actions of the child, rather than the nature of the play activity itself as the following theme reveals.

### ***Risky children***

Parents' preoccupation with 'staying in control' appeared to be less about the nature of the play activity being viewed as inherently 'risky', but rather in response to their child's temperament and/or behaviour. While some parents described their children as being adventurous,

experimental and curious in their play ventures, others underscored their child's tendency to be aggressive, impulsive and impatient. These latter characteristics created particular challenges for some parents as they continued to echo the 'threats' to both their child's safety and the safety of others.

He just can't wait. Very impatient. Anything that involves waiting we just need to avoid those situations (Parent 4, Redvale School).

He was into pushing little babies and thinking it's funny and that's not funny if he hurts somebody else's child (Parent 8, Greenvale School).

As part of these discussions, participants often drew attention to their child's disability to highlight deficits in social interaction skills. Children with autism were described with reference to their 'anti-social' behaviours, or poor self-management skills. These behaviours included not being able to wait their turn in playground queues, share toys, physically hurting others, or disrupting the play of other children.

I'm just always concerned about his aggression towards other children (Parent 4, Redvale School).

He can sometimes be a little bit pushy in situations where he gets a bit impatient, maybe waiting for someone to climb a ladder, or take turns on the swing (Parent 1, Greenvale School).

Other parents cited their child's (lack of) understanding about the dangers of their own actions and the consequences. For example, one parent commented, 'I keep a closer eye on them than I would if they were neuro-typical' (Parent 6, Redvale School).

We have to tell him because he doesn't know what's dangerous (Parent 3, Redvale School).

They're [autistic children] not really able to understand consequences (Parent 5, Redvale School).

Because of this, many parents again provided examples of times when they needed to intervene and take control of the play activity as a result of their child's (lack of) understanding about the implications of their behaviours. This intervention included redirecting or distracting children's behaviours to more 'appropriate' forms of play, which were often defined as unobtrusive to others. In these examples, parents chose the range of 'right' play activities for children.

He just loves throwing sand and seeing it fly in front of his face, so that can be quite dangerous for him and for other people around him. A lot of the time we avoid the situation or redirect by giving him something else to do. So, getting a bucket with a spade for him to play with, or giving him ideas of, 'let's collect rocks, let's collect shells, let's go play with the water, let's go have a walk on the beach' (Parent 5, Redvale School).

Other participants reported how they had made the decision to actively disclose their child's disability to others to enable other adults to anticipate or identify potential dangers – and thus further help with keeping the child and play context 'under control'. By foregrounding children's disabilities, participants suggested that they (as a responsible adult) should 'know better' and thus take the primary responsibility for supervising and managing risks for their child.

We usually get quite friendly with the lifeguards and we say to them, 'Our son has autism, but he absolutely loves the ocean. Can you just keep an eye on him, even though we are going to be here with him?' As long as you make people aware, situations can be kept under control (Parent 1, Greenvale School).

As much as he is the way that he is, that's our responsibility because we should know better (Parent 8, Greenvale School).

Yet despite suggesting their individual responsibilities, parents in this study also identified a range of strategies they employed to support their child to (independently) manage 'difficult' situations. For example, some participants spoke about using visual cues, such as reward charts and social stories, to prepare their child for a new or challenging context.

I made my own visual board and on one side it was everything he likes. [I]t was like, 'If you ride the horse, yes we will do these things, but if you don't ride the horse then you will not do any of these things' (Parent 3, Greenvale School).



Participants' efforts to maintain control by their ongoing supervision of their child's behaviours were further extended to the social context in which play took place. The socially located nature of risks to their child thus commanded further surveillance and control by parents.

### ***Risky (social) contexts***

Whilst participants often drew attention to the individual behavioural characteristics and competencies of their child, interviews also revealed parents' worries about the more social aspects of their child's play – including how well they felt their child negotiated (or not) the social rules of play. Some parents talked about how their child may struggle with the social conventions of turn-taking during play, or how to initiate play interactions with others.

Anticipating difficult social contexts and interactions featured strongly in these discussions. Concerns about the difficulties of 'appropriate' social interaction were viewed as contributing to their anxieties about the socially-inclusive elements of play – and how their child may be denied such opportunities because of their disability.

With adults, we can tell her 'your turn, my turn, your turn, my turn,' but other kids just push her away and then she'll probably just never get a turn (Parent 7, Greenvale School).

A normal child would be like, 'Hey guys, can I join in?' He'll actually go up and grab the soccer ball. And the other kids will be like, 'Hey, go away. We don't want you to play with us' (Parent 1, Bluevale School).

Worries about social exclusion and how other children may (mis)treat or misunderstand their child heavily guided parents' responses to play. Once again, parents made frequent reference to the idea that their child lacked 'appropriate' social skills to successfully navigate play. At other times, some parents suggested that their child simply 'didn't play' or 'couldn't play' with other children. To compensate, these participants described examples of adult-mediated play and how they would try to actively facilitate interaction with other children, or how they would simply do everything *with* their child. Adult-mediated play was described positively as one way to ensure 'appropriate' social interactions and minimise any possible risks from 'anti-social' behaviours.

There's another little boy that we go over to his house, I will try and get them to interact and do stuff together (Parent 4, Greenvale School).

When we do take him out to certain events, an adult will take another ball, approach what the other kids are doing and kick it to him (Parent 5, Greenvale School).

Another strategy used by parents to avoid unwanted social consequences was to either avoid play contexts altogether, or suitably 'prepare' their child for the social context. By once again anticipating the possible outcomes for their child, parents avoided contexts they described as making them feel 'uneasy' such as large crowds or during busy times of the day. Whilst such strategies may enable children to play at differing times, they also signal the ways in which parents acted as the effective 'gatekeepers' over the types of play opportunities and contexts made possible (or not).

Usually I take him to the beach either early morning or afternoon, they're the best times. I find that those are the times that you don't have as much crowds. He's less likely to take other people's spades or buckets (Parent 5, Redvale School).

There's a bit of preparation. You book your tickets online, and you do sit away from people (Parent 5, Greenvale School).

We don't do it [go to the park] anymore. It's too dangerous. If he attacks other children, that's an issue. So we can't do it (Parent 4, Redvale School).

In some ways the above examples can be understood as enabling strategies that encouraged play to take place and through parents anticipating the possible risks from (and adapting to) the social context in which play takes place. Indeed, some participants did speak of moments when they allowed their child to have greater autonomy over their play ventures, and through ensuring play took place in (pre-determined appropriate) contexts that (safely) enabled their child the freedom to play.

We lock the front door. We have shutters on all the windows, so he can't escape through a window either. So, in our home environment he can run as free as he wants. We've set the place up, so that he's got that freedom and I don't need to know where he is every second of the day (Parent 8, Greenvale School).

If I know he's safe, I let him go, I don't want to be like an umbilical cord, that I have to hold onto him. I watch him from a distance to make sure he's safe. Because he even needs a little bit of independence as well (Parent 3, Redvale School).

The above responses reveal some of the difficulties parents face when seeking to reconcile their desires to protect their child from possible harms, while simultaneously providing them with opportunities to play freely and independently. One parent described the tensions she experienced as she reflected on the desire for her to child 'to be part of society, to have fun and to grow and to play like the other kids. But then you also can't put them in dangerous situations' (Parent 5, Redvale School). Such tensions revealed the affective responses and tricky decisions parents frequently took when anticipating and managing possible risks to their child. Ultimately, children's 'freedom' to play was made possible only when 'risky' social contexts were avoided, or when play took place in a contained space under adult supervision. Here, the crucial interplay between the social context and perceived (dis)abilities of the child combined to shape parents' responses and gave way to a form of (adult-defined and mediated) 'bounded freedom' in which their child's play was made possible.

## **Discussion**

Findings from this study provide important insights into how parents of children with disabilities understand, anticipate and respond to perceived risks during play. Anticipating risks that emerge from different types of play, and in different contexts, highlighted the ways parents constantly grappled with managing the interplay between their child's own (dis)abilities and the nature of the social context in which play took place. Advancing understanding of the child-social nexus

is thus crucial for helping to explain why, at times, play was either limited or confined to particular practices or contexts. Crucially, our analysis illustrated how parents' responses were largely informed by concerns about physical, emotional and social harms to their child (and to other children) – and in many ways reflect Western cultural constructions of risk as negative (Beck 1992, Zinn 2008). Indeed, the tendency to equate risk with harms often prompted responses that shaped the opportunities for children to play – and most usually through shifting play to another (adult-mediated) activity or a 'safer' (adult-controlled) context.

Other related research similarly describes how parents are often preoccupied with anticipating and managing the adverse aspects of risks (Jenkins 2006, Allin et al. 2014). Yet, crucially our analysis reveals that such negative framings and responses to risk were not solely informed by the possible harmful outcomes but were deeply rooted within dominant discourses of childhood and disability that foreground children's deficits and vulnerabilities (Christensen and Mikkelsen 2008, James and Prout 2014). Through a focus on children's (dis)abilities, emergent risks were effectively located within the child and their (in)ability to 'successfully' manage the (social) consequences of their actions. Because of this, parents in this study adopted the primary responsibilities of managing both the anticipated risks to their child (and other children) and the social context in which play took place, with implications for (limiting) children's agency to self-manage any emergent risks.

Understanding these responses can be advanced by drawing on contributions to the sociology of childhood, which reflect the ways dominant developmental perspectives can (over)emphasise children's deficits and vulnerabilities (James and Prout, 2014). Our analysis reveals how these

discourses of childhood (and their effects) may be particularly heightened in the context of disability (see also Oulton and Heyman 2009) and effectively serve to justify the ongoing (adult) surveillance and control of children and their play activities. This deficit- or impairment-oriented perspective is widely echoed in other childhood research (Furedi 2002, Christensen and Mikkelsen 2008) and has been found to trigger a range of risk avoidance and management strategies under the auspices of protecting children and keeping them ‘safe’ (Heiman 2002). Yet, our findings extend this research by exposing how underlying assumptions about childhood *and* disability work together to inform parents’ risk-related decision-making – including how children with disabilities are often viewed as being non-playing (Goodley and Runswick-Cole 2010, Mitchell and Lashewicz 2018).

However, such decisions were not always made with recourse to the idea of ‘protecting’ children, but often reflected parents’ concerns about (and responsibilities for) avoiding undesirable social consequences. Indeed, the frequent reference to children’s (lack of) cognitive and developmental competencies enabled parents to not only exercise their individual responsibility to their child but to demonstrate an outward social responsibility. In other research, parents’ uptake of individual responsibility for safeguarding children has been underpinned by dominant ideas and felt pressures linked to what constitutes ‘good parenting’ (Allin et al. 2014, Niehues et al. 2013, Tabatabai 2019) and the idea that a good parent is ever ‘present’ to take control of, and responsibility for, their child. In this study, parents often justified their decisions to avoid ‘risky’ situations with reference to ‘what was good for their child,’ reflecting ideas that parents know their children’s capacities and thus are best placed to manage risk-taking (Allin et al. 2014, Wyver et al. 2010). Yet as evidenced and rather ironically,

exercising such individual-level responsibility for managing risks was done with reference to the socially-located nature of many of the anticipated risks.

Risk theory (Beck 1992, Zinn 2008) illustrates the centrality of individual responsibility in guiding responses to risk in Western cultures, and indeed helps to explain how and why parents may come to decisions about what constitutes an ‘appropriate’ level of risk – and in particular contexts. Notably, participants seem to reflect the idea that adult responsibility is best exercised when adults are present (Allin et al. 2014) – or when the environment has been sufficiently contained or controlled by adults. Indeed, ongoing surveillance and control of children and play contexts offered one way in which parents could manage anticipated risks emerging from social interactions, whilst simultaneously seeking ways to enable their child to play ‘freely’ and ‘independently’. Evidence of parents’ willingness to relinquish control and to trust their child was only found in highly controlled and adult-supervised environments (e.g. enclosed spaces with minimal interaction).

Within our analysis, we introduced the notion of ‘bounded freedom’ to reflect these adult-mediated contexts that enabled ‘free’ play to take place, yet perversely through limiting children’s broader social interactions and engagement. Restricting opportunities for children to play freely (especially in outdoor, public spaces) has been frequently reported in research (Woolley et al. 2006, Brussoni et al. 2012, Wyver et al. 2010). In this study, social play contexts seemed to heighten parents’ concerns about their child’s safety and possibilities for social exclusion. Yet concerns about social exclusion seemed to limit opportunities for social play further. By controlling the context in which play took place, parents could go some way towards

reconciling these tensions and the felt desire to protect their child, whilst simultaneously supporting their freedom to play in the ways their child desired. The notion of bounded freedom can be also seen to reflect the tricky tensions emerging from the different, shifting risk positions parents seemed to adopt and grapple with (e.g. risky children versus children at risk) (Spencer et al. 2016). Crucially, through controlling (and defining the limits to) the social context of play, parents could effectively manage their child being both risky and at risk.

By drawing on risk theory and theories from the sociology of childhood, we can better understand these parents' shifting, sometimes contradictory, perspectives and responses to risk – and in particular, why parents seemed to respond in 'protective' ways and as they privileged negative harms (physical, emotional and social). Encouraging parents to reflect on their own responses (and the implications of these for supporting/hindering children's play) may help to uncover some new, alternative strategies to enhance their children's play and challenge assumptions about children's (dis)abilities and negative risk discourses.

However, findings from this study also suggest that the development of more inclusive approaches to children's play may depend on an advanced appreciation of the three core elements that seem to influence parents' responses to risk, namely: risky play, risky child and risky (social) contexts – and crucially attending to physical, emotional and social harms. By supporting parents to extend the range of play activities available to children (especially free play activities), opportunities for minimising concerns about 'risky play' may be developed and children might be encouraged to shape the nature of their own play endeavours. Furthermore, enabling children to come together through their free play activities may help to foster children's



joint problem-solving and decision-making with other children – thereby reducing concerns about some children being seen as particularly ‘risky’. These opportunities may be especially beneficial for children with disabilities who are often excluded from group-based play and miss out on important social aspects of play.

Finally, the importance of the social context, and the risks associated with this, came through strongly in this study. Developing opportunities for mitigating concerns about ‘risky play’ and ‘risky children’ are thus likely to be dependent upon the inclusivity (or lack) of the practices and contexts in which children play. Inevitably, children with disabilities should have access to contexts and settings that enable them full opportunity to exercise their participation rights. Yet, as evidenced here and in other research (Oulton and Heyman 2009, Sterman et al. 2016, Chien 2017), children with disabilities are often denied such opportunities. The development of school- and community-based play spaces should therefore aim to enable children to come together and determine the types of play they wish to engage in – and with minimal adult intervention in determining what that play should ‘look like’. Redefining play, and what it means to all children, may offer a valuable opportunity to identify a broader range of activities that children enjoy – including possibilities for play to include risk-taking. Such an approach inevitably requires parents and other adults (e.g. teachers) to ‘step back’ and foster children’s own creativity and experiential learning through play.

Despite these important contributions, our study and its findings are not without limitations. Inevitably, data generated from interviews reflects reports of behaviours, rather than observed actions, which may differ. Findings from this study are largely drawn from the perspectives of

mothers, with only two fathers participating in interviews. The study was conducted in a Western context and findings can be seen to reflect neo-liberalist, individualist orientations to risk aversion and deficit constructs of disability and childhood. Research in other country and cultural contexts may reveal different constructions of childhood, risk and disability. Research continues to highlight the significant effects of gender on both risk perspectives and parenting styles (Cevher-Kalburan and Ivrendi 2016). Developing a deeper understanding of fathers' perspectives is thus very much needed. The tendency for participants to align with developmental and deficit understandings of childhood and disability may reflect the sampling strategy, which purposively recruited parents of children with developmental disabilities, most commonly autism. These parents have chosen, or have been actively encouraged, to have their child educated in a segregated school or classroom and may have different characteristics and reasonings to parents with children in inclusive educational settings. It is quite possible that these parents have been notified of their child's difficulties in interacting with peers, and this may account for the tendency of parents to report these difficulties during interviews and focus more readily on harms, rather than the more positive aspects of risk and risk-taking. What is particularly notable from our findings is the idea that segregation for these children may well continue outside of educational settings, which may leave little room for their opportunities to develop their social skills – and with other children.

Despite these limitations, this study provides new insights into how parents (mostly mothers) understand, anticipate, and respond to risk, in the context of their child's play activities – including the difficult emotional and affective responses (Mitchell and Lashewicz 2018). Of significance is how a reported need to stay in control can deny children opportunities to engage

in more social forms of play, as well as experiment with positive risk-taking as part of their play activities. Also important is the level of individual responsibility parents felt to manage both their child and the social context in which play took place. Findings of this kind reflect the value of developing broader social and community responsibility for children with disabilities and to better help support parents who constantly grapple with managing the tensions between their desires to protect their children, whilst offering them the full range of opportunities and rights to play. For example, building supportive parental networks (Muir and Strnadová 2014) that enable parents to discuss and share their felt worries about risk, play and disability may help to foster a deeper understanding of how social norms and practices can inadvertently exclude some children from inclusive play environments. Opportunities to collectively identify strategies to support all children's play and foster inclusion are needed, along with broader understanding of disability and in particular, autism.

Research underpinned by social models of disability can help to expose some of the disabling effects of the social contexts and structures that inhibit opportunities for children with disabilities to play 'freely'. Further understanding the complexities of the child-social nexus is thus crucial for ensuring attention is directed towards the development of enabling and inclusive social contexts for all children, rather than a focus on 'fixing' the individual child.

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There are no conflicts of interest to report.

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**Table one: Themes and sub-themes**

<b>Main theme</b>	<b>Sub-themes</b>
Risky play	<ul style="list-style-type: none"><li>○ Harms, safety – physical (falling, injury); emotional (being bullied, left out)</li><li>○ Adult intervention/surveillance/ supervision</li><li>○ Control/avoid certain situations altogether</li><li>○ Harms to other children</li></ul>
Risky children	<ul style="list-style-type: none"><li>○ Child's behaviour/temperament – adventurous/aggressive/slow/meltdowns</li><li>○ Lack of cognitive/social skills/deficits</li><li>○ Unable to keep pace with other children in structured play situations</li><li>○ Parent knows child's ability and limits, what they can/can't do</li></ul>
Risky social contexts	<ul style="list-style-type: none"><li>○ Interactions and reactions from/with others</li><li>○ Restricting play contexts/limiting freedom – adult-medicated/controlled</li><li>○ Social exclusion</li><li>○ Child can't play with others</li></ul>