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Play and Leisure

Practice Guide for Occupational Therapists who Support People with Disability

Document approval

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Disclaimer

This resource was developed by the Clinical Innovation and Governance Directorate of Ageing, Disability and Home Care in the Department of Family and Community Services, New South Wales, Australia (FACS).

This practice guide has been developed to support practitioners[1] who are working with people with disability. It has been designed to promote consistent and efficient good practice. It forms part of the supporting resource material for the Core Standards Program developed by FACS.

This resource has references to FACS guidelines, procedures and links, which may not be appropriate for practitioners working in other settings. Practitioners in other workplaces should be guided by the terms and conditions of their employment and current workplace.

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The guide is not considered to be the sole source of information on this topic and as such practitioners should read this document in the context of one of many possible resources to assist them in their work.

Practitioners should always refer to relevant professional practice standards. The information is not intended to replace the application of clinical judgment to each individual person with disability. Each recommendation should be considered within the context of each individual person's circumstances. When using this information, it is strongly recommended practitioners seek input from appropriate senior practitioners and experts before any adaption or use.

The information contained in this practice guide is current as at September 2015 and may be subject to change. Whilst the information contained in this practice guide has been compiled and presented with all due care, FACS

[1] The term practitioner as used here includes dieticians, speech pathologists, occupational therapists, physiotherapists, psychologists, behaviour support practitioners and nurses.

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1 Background

1.1 FACS occupational therapy core standards

The core standards program outlines the current evidence on topics, and guides practitioners in their application of this research evidence into practice. The core standards program materials can be found at: http://www.adhc.nsw.gov.au/sp/delivering_disability_services/core_standards.

Lead occupational therapists in Family and Community Services (FACS), at senior, consultant, and practice leader levels, selected core standard topics by consensus. Practitioners within and outside of FACS have provided significant content and consultation in developing the core standards.

This practice guide is part of the Play and Leisure Core Standard. Other FACS occupational therapy core standards include:

- Activities of daily living
- Sensory processing
- Mealtime management
- Transport
- Seating and positioning
- Environmental modifications.

The occupational therapy core standards, and the foundation common core standards (see below), represent some of the more significant core knowledge for occupational therapists supporting people with disabilities of all ages. Although they cannot cover all the knowledge required, they aim to enhance the capacity of occupational therapy practitioners by providing a convenient and up to date summary of information. The core standards are intended to form part of a practitioner's learning plan as developed with a professional supervisor (see Supervision Core Standards).

This practice guide provides a starting point for practitioners in accessing knowledge about current evidence. Good practice integrates practice wisdom (the proficiency and judgment gained from experience) with best available evidence, and knowledge of local and individual circumstances (Straus, Richardson, Glasziou, & Haynes, 2010). While there is commitment towards evidence-based practice, the reality is that there is still very little evidence for use by professionals when working with people with disability. Reasons for this include the vast resources required to produce high level evidence, the rapidly changing environment, and the complexity of the research required. Novak et al. (2013) estimate that 30-40% of healthcare interventions are not guided by evidence. This does not mean that these interventions cannot be used, but that practitioners should use their clinical reasoning to determine the applicability to their client when there are not evidence-based interventions

available and monitor the intervention closely using with person-centred outcome measures. Of much greater concern is the fact that approximately 20% of interventions provided are ineffectual, unnecessary, or harmful (Novak et al., 2013) and these should be ceased. For more information on this, see the Philosophies, Values and Beliefs Core Standards Program.

The information contained in the occupational therapy practice guides may be useful to others (e.g. carers, educators, other practitioners, and managers). The core standards aim to support role and resource sharing, transdisciplinary work and best practice to support person-centred outcomes. A professional other than an occupational therapist may choose to access an occupational therapy core standard and be appraised in the content area if there is relevance and opportunity in developing these skills, as well as, adequate support and supervision by someone with an extensive background in occupational therapy related to that core standard. Be mindful that the core standards should always be used in the context of the practitioner's scope of practice, their organisational policies and procedures, and their professional obligations.

Occupational therapy core standards are designed to be flexible in meeting professional development needs for occupational therapists. FACS practice guides can be used alone as resources or can form part of an induction program for someone who is new to the area of practice. More comprehensively, the practice guides can be used to extend professional learning, by formal appraisal of knowledge and application of knowledge into practice. On completion, within FACS, this is formally recognised with a certificate of achievement. It is highly recommended that the program be incorporated into your existing supervision, professional development and work goals, regardless of whether certification takes place.

1.2 Common core standards

The occupational therapy practice guides are enhanced when used with the four common core standards developed for cross-discipline use. The common core standards include practice guides, appraisals, as well as video footage of practitioners and family members discussing the relevance of the topic area. Use of the core standards to develop knowledge, skill and recognition is outlined in the Frequently Asked Questions document.

The four common core standards are:

1. Professional Supervision
2. The Working Alliance
3. Philosophy, Values and Beliefs
4. Service Delivery Approaches

All these resources can be found at:
http://www.adhc.nsw.gov.au/sp/delivering_disability_services/core_standards

1.3 Professional standards for occupational therapy

Occupational therapists must be registered and meet occupational therapy registration standards set by the Occupational Therapy Board of Australia, in terms of need for continuing professional development and regency of practice. The Australian Minimum Competency Standards for New Graduate Occupational therapists set out required competencies for registration as an occupational therapist.

For the entry-level occupational therapist, (or practitioner new to a practice area), supervision, ongoing professional development and support is required to translate knowledge into practice and develop clinical expertise. This package is one method of developing knowledge and skill in the areas of play and leisure.

2 Context of the Play and Leisure guide

"We must take play seriously"

(Bundy, 1993, p.221)

This section provides the context for this practice guide. It is important that occupational therapists understand that despite the value of play and leisure, people with disability have reduced play and leisure participation and opportunities. This section also examines the underlying principles of rights, the International Classification of Functioning, Disability and Health, and occupational therapy perspectives that support this practice guide.

2.1 Play and leisure for people with disabilities

Children with disability are at risk of having reduced opportunities for participation in all areas of their life. When considering play and leisure we need to look more broadly at research on participation. International evidence has shown that when compared to typically developing peers, children with disability are more likely to experience restrictions in participation in their activities (e.g. Australia: Imms, Reilly, Carlin, & Dodd, 2008; Imms, Reilly, Carlin, & Dodd, 2009; Canada: King et al., 2006; King, Petrenchik, Law, & Hurley, 2009; Law et al., 2006; USA: Majnemer et al., 2008; Europe: Michelsen et al., 2009). Despite enjoying the same activities as other children (Heah, Case, McGuire, & Law, 2007), children with disability often have less diversity in their activities, they participate with less intensity or frequency and these activities are more likely to be restricted to the home environment (Imms, 2008). They are also more likely to engage in leisure activities by themselves or with their parents as they are reliant on assistance from a parent rather than peers and that this may account for reduced participation in activities (Shikako-Thomas, Majnemer, Law, & Lach, 2008).

For children with physical disabilities, reduced participation in leisure activities is more likely as a child gets older or has greater motor limitations, and restricted mobility (Welsh, Jarvis, Hammal, & Colver, 2006).

Choices in activities are likely to be determined by gender, interests and preferences (Shikako-Thomas et al., 2008). Children with disability may be prevented from realising their right to play and leisure, due to barriers such as exclusion from social arenas where play and leisure take place, policies that perpetuate exclusion, negative social and cultural attitudes, inaccessibility of places and transport, communication barriers, and lack of technology to reduce these barriers (United Nations & Committee on the Rights of the Child, 2013). Children who have physical, sensory or cognitive impairment are at risk of play deprivation and their right to play may be overlooked due to their other needs (Missiuna & Pollock 1991, cited in McDonald & Brown, 2009).

Leisure allows people with disabilities to develop self determination and make decisions that influence their quality of life (Kreiner & Flexer, 2009). Often people with intellectual disabilities may have difficulty making choices, as they

have not had previous experiences which might help them choose and this in turn also reduces opportunities for participation.

2.2 Importance of play and leisure

Play and playfulness are important in every child's life as they not only assist in the development of important life skills but are also a vehicle for the promotion of relationships between the child and their parent, carer and/or significant others (Rigby & Rodger, 2006). It is important for all children – with and without disability, to have the chance to play and be playful as it contributes to their overall sense of well being.

Of particular importance is children's participation in outside of school activities, such as recreation, leisure and social activities. Research indicates that childhood participation in home, school and community occupations leads to ongoing benefits. For example, active leisure correlates to positive well-being (Holder, Coleman, & Sehn, 2009), while participation in sports and formal adult structured activities is associated with higher ratings of social competence and more positive attitudes to learning and psychosocial maturity (Fletcher, Nickerson, & Wright, 2003).

Neumayer and Wilding (2004) identify many health benefits to engaging in leisure as it provides time away from responsibilities and pressures of time, and reduces stress. Leisure provides opportunity for a sense of belonging, meaningful interaction with others and to be able to prove oneself. Holidays also assist health and wellbeing. Csikszentmihalyi (1996, cited in, Neumayer & Wilding, 2004) applied the concept of flow to illustrate how people became engaged in leisure activities; where they are totally absorbed in their chosen activity. In this way they are completely absorbed in mastering the experience, and were intrinsically motivated by their engagement. Stebbins (1996, cited in, Neumayer & Wilding, 2004) proposed that serious leisure activities such as sport or hobbies enhance wellbeing through self actualising, self enriching and re-creative experiences.

2.3 Threats to play and leisure opportunities

Despite an international understanding of the importance of play and leisure, these occupations are not always seen as valuable. Often the time available for play and leisure is reduced due to increased pressures to use this time for work or study. Other threats to the development of children's play and leisure include: lack of outdoor space; increased parental supervision and direction; increased use of technology and virtual spaces; and changes within play and leisure environment that cater to the safety conscious and risk adverse communities (Rigby & Rodger, 2006; Sturgess, 2003).

Even though individualised funding has meant more of a focus on person centred planning for people with disability, the need to prioritise goals means that it may be difficult to balance the use of resources with play and leisure support needs when there may be more pressing health needs. It is therefore

important that practitioners advocate for people's rights to play and leisure opportunities and to promote professonal services that enable participation.

2.4 Rights to play and leisure for people with disabilities

Play and leisure are universal human rights for all people, identified within international treaties that continue to be in force and guide current legislation and policies within Australia. Leisure was identified as a right within the *Declaration of Human Rights* (Article 24, United Nations, 1948).

The Convention on the Rights of the Child (United Nations, 1989) recognises that children have a right to play and leisure that is appropriate to their age, and be provided with equal opportunities to engage in cultural, artistic, recreational and leisure activity. The video This Is Me: Article 31 and a Child's Right to Play highlights the importance of a child's right to play.

The Convention on the Rights of Persons with Disabilities (United Nations, 2006) identifies the right to full and effective participation and inclusion in cultural life, recreation, leisure and sport. There is a focus on the provision of opportunities for participation within mainstream sporting activities for people with disability; opportunities for disability specific sporting and recreational activities including appropriate instruction, training and resources; and accessibility of venues and services for recreation tourism, leisure and sporting activities. There is also an emphasis for children with disability to have equal access with other children to participation in play, recreation, sporting and leisure activities. (For more information, see the Philosophies, Values and Beliefs Core Standards Program).

Recent changes in legislation commit service providers to the principles and rights set by the Convention on the Rights of Persons with Disabilities. The National Standards for Disability Services (2013) were endorsed by all state and territory governments and outline how service providers will focus on rights, participation and inclusion, individual outcomes, feedback and complaints, service access and service management. The Disability Inclusion Act 2014 (NSW) has a focus on the provision of individualised supports to enable participation and disability planning within government and organisations to ensure access to community facilities and services for people with disability.

Occupational therapists have an important role in upholding the rights of people with disability to play and leisure. This core standard aims to support this role.

2.5 Play and leisure within the International Classification of Functioning, Disability and Health (ICF)

The World Health Organisation International Classification of Functioning, Disability and Health (ICF) describes three levels of functioning- functioning at

the level of the body or body part (body structure and function), functioning at the level of the whole person (activity), and functioning at the level of the whole person in a social context (participation) (World Health Organisation, 2001). For information visit ICF Australian user guide (AIHW, 2003). A child and youth version (ICF-CY) of the ICF was also developed to account for differences in children's participation in activities and developmental changes. The ICF- CY uses the same classification and framework as the ICF.

The ICF is a conceptual framework and classification system to understand, measure and classify all aspects of health and disability; with universal application to all people rather than just people with disability (World Health Organisation, 2001). The ICF defines the following:

- Body functions are the physiological functions of body systems (including sensory and psychological functions).
- Body structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in body function and structure such as significant deviation or loss.
- Activity is the execution of a task or action by an individual.
- Participation is involvement in a life situation.
- Activity limitations are difficulties an individual may have in executing activities.
- Participation restrictions are problems an individual may experience with involvement in life situations.
- Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.
- Personal factors, such as gender, age, social background, influence how the individual experiences disability.

(World Health Organisation, 2001)

Play and leisure are classified within the activity and participation domains. When supporting a person with disability in play and leisure, we need to understand how all components of their functioning can impact on their ability to engage in play and leisure. For example a person with cerebral palsy (impairment) has differences in their body structures and functions as a result of the impairment, that impact on their play or leisure activities but that with appropriate support and equipment (environmental factors) this person may still participate in play and leisure opportunities in their community.

This play and leisure guide is intended to reflect the spirit of the ICF framework through the following two primary principles:

1) When addressing play and leisure issues for people with disability, the primary focus of assessment and intervention must always be on meeting the needs of the individual and their family within their environment. It needs to focus on many levels of functioning.
2) Assessment and intervention must always occur in the context of an ecological model, considering clinical, educational, social, vocational, and community needs.

2.6 Occupational therapy theoretical perspectives

> "Occupational therapy is the art and science of enabling of engagement in everyday living through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life" (Polatajko et al., 2007, p. 27)

The above definition of occupational therapy encompasses much more than a view of improving occupational performance, and captures the role occupational therapy has in enabling skills. This guide uses the enabling skills from the Canadian Model of Client Centred Enablement: adapt, advocate, coach, collaborate; consult, coordinate, design / build, educate, engage and specialise (Polatajko et al., 2007).

Occupational therapy as a profession has a long history of using play and leisure with the people they work with (Primeau, 2014). Early in the development of the profession, occupational therapists used leisure activities such as craft as part of moral treatment for people living in institutions and within rehabilitation of injured soldiers (Christiansen & Haertl, 2014). Play was seen as a critical occupation and a focus for working with children. As the profession changed focus toward more scientific and technical aspects of interventions, play was predominantly used as a medium for eliciting skills in other goals rather than an outcome itself (Kuhaneck, Tanta, Coombs, & Pannone, 2013). However, there has been a renewed recognition of the importance of play and leisure (Primeau, 2014).

Many contemporary occupational therapy theoretical models include play or leisure within their classifications of occupation. Occupational therapists are advised to consider which occupational therapy model fits with the organisation they work with, the people they work with, focus of work and their personal preference. This guide does not cover the different occupational therapy models but practitioners who would like to refresh their knowledge in this area may find this site of use: Occupation focused conceptual frameworks.

2.6.1 Person, Environment, Occupation Model

This guide uses the Person, Environment, Occupation Model. This model illustrates occupational performance as a transaction between the person, environment and occupation (Law et al, 1996, cited in Polatajko et al., 2007). This performance occurs in the environment and is influenced by cultural, socio-economic, social, physical and institutional factors. Successful performance is reliant on a fit or match between the person factors (e.g. personal competencies, motor performances, sensory capabilities, cognitive aptitude, self concept, health), the occupation and the environment. Thinking about occupational performance in this way helps the practitioner to decipher when play and leisure are not working due to this mismatch and to also consider that intervention can focus on any of these areas.

2.6.2 Occupational justice

Changes within occupational therapy theory have seen a renewed focus on the rights of people to meaningful occupations such as play and leisure (Hammell, 2008). Stadnyk, Townsend, and Wilcock (2010) assert that people have occupational rights to:

- Experience occupation as **meaningful**
- Develop through **participation**
- Exert individual or population autonomy through **choice** in occupations
- Benefit from fair privileges for diverse participation in occupations **(balance).**

Occupational justice is concerned with the "economic, political and social forces that create equitable opportunity and the means to choose, organise and perform occupations that people find useful or meaningful in their environment" (Townsend, 1999, p. 154). People with disability are at risk of experiencing the following types of occupational injustices:

- Occupational deprivation
- Occupational marginalisation
- Occupational alienation
- Occupational imbalance.

Enabling occupational justice focuses on "raising awareness of occupational justice as a concern for social inclusion in everyday life. The aims, issues of power and actions to address occupational injustice and the absence of occupational rights are about ***enablement of different participation*** in economic and social occupations regardless of ability, age, gender, race, sexual orientation, social class or other difference" (Whiteford & Townsend, 2011, p. 75).

Information about human rights and occupational justice is available from World Federation of Occupational therapists Resource Centre

2.6.3 Role of occupational therapy in play and leisure

Within the area of play and leisure, occupational therapists have:

- Unique knowledge and expertise in understanding how impairment and disability impact on performance and participation in play and leisure across the lifespan
- Unique knowledge and skills in identifying environmental factors that impact on people's ability to engage in play and leisure
- Understanding of the impact of participation in play and leisure occupations on overall health and well-being

Roles and responsibilities of an occupational therapist may include:

- Assessing the play and leisure of a person, group or population

- Assisting people with disability to identify interests, skills and opportunities for play and leisure
- Seeking information from the person, their family, and / or other key people about the person's play and leisure (remembering the practitioner is not an expert on the person with a disability)
- Collaboratively developing goals to facilitate play and leisure with the individual, family or relevant people
- Making recommendations in collaboration with the individual, and where relevant their family and/or other key people
- Developing and implementing intervention plans to increase participation in play and leisure
- Facilitating access to appropriate equipment and technology which enable play and leisure
- Designing programs or environments that facilitate play and leisure participation
- Measuring outcomes of relevance to the person, and making changes to recommendations and intervention as required
- Training, educating or coaching relevant others about the person's play and leisure, and techniques and strategies recommended to facilitate the person's play and / or leisure
- Advocating for change to an individual, group or population's environment to ensure equitable and inclusive access to play and/ or leisure experiences.

In addition, play and leisure can be used as tools to work towards other occupational goals, the practitioner may be:

- Using play and leisure as a medium to develop skills related to the person's goals
- Promoting an approach to tasks that encourage a playful attitude that facilitates flexible and creative problem solving for people seeking occupational therapy.

3 Defining play and leisure

"Leisure is often playful and play is often leisurely"
(Sellar & Stanley, 2010, p. 358).

Play and leisure differ from other occupations such as productivity and self-care: "without playfulness, all activities become work" (Bundy, 1993, p. 217). Characteristics common to play and leisure that distinguish them from other occupations include:

- people engage freely in leisure and play
- people are in control of the activity, and they become absorbed in the activity
- play and leisure are experienced as meaningful.

(Bundy, 1993; Rigby & Rodger, 2006; Sellar & Stanley, 2010)

Whether an activity is play or leisure is defined by the person engaged in that activity (Bundy, 1993; Sellar & Stanley, 2010; Sturgess, 2003). In other words, if a person is told to engage in play or leisure occupations, they may not experience it as play or leisure.

Play and leisure are often used interchangeably and often authors use age as a criterion to discriminate between the two. Play is predominant in young children but also lasts across the lifespan as a combination of playfulness and leisure, and in behaviour that might be labelled as games, jokes, and recreation (Sturgess, 2003).

3.1 Play

Play is the primary occupation of children (O'Brien & Shirley, 2001; Rigby & Gaik, 2007) and it is within this context that most childhood friendships and many important childhood roles develop (Bundy, 2012). Through play, a child learns about his or her world and develops motor, social, language, cognitive skills and emotional well being that takes a child into adulthood (O'Brien & Shirley, 2001; Okimoto, Bundy, & Hanzlik, 2000; Stagnitti & Unsworth, 2000). Play occurs when there is adequate developmental and prerequisite skills (Sturgess, 2003).

Many researchers have attempted to define play and there is no universal consensus – instead there is predominant focus on the critical characteristics that separate it from other occupations. These are that play is:

- more intrinsically than extrinsically motivated
- focused on the process rather than the product
- controlled by the player, that is they are not obligated to do it
- free from some constraints of reality, but may also reflect reality
- usually fun, spontaneous and pleasurable
- an interaction with the environment through movement, exploration or manipulation.

(Bundy, 1993, 2012; Parham & Fazio, 2008; Stagnitti, 2004)

3.1.1 Pretend play

The previous section discussed more holistic or global understandings of play, but it is also important to recognise pretend play when you see it. Pretend play is important to the development of literacy, language development and social competence (Stagnitti, 2009).

Pretend play has several unique features:

- object substitution (e.g. using a pencil as a spoon when playing with a tea set)
- attributing a property to action or object (the doll is asleep)
- reference to an absent place or object (indicating that a play area is the hospital when they are home).

(Stagnitti, 2009, p. 60).

3.2 Playfulness

In addition to focusing on what a person does when they play, it may be more useful to consider the style or trait that is inherent in play. Playfulness is therefore considered as one's attitude and approach to an activity and is therefore not just present when a person is playing. Playfulness is also present in general interactions and tasks, for example in activities of daily living or interactions. Playfulness may be a characteristic of the behaviour of the person or others around them. There are degrees of playfulness, when there are varying amounts of the following elements:

1. Framing

When engaged in play, the players give out cues and read cues of other that indicate to them that they are playing. They may use a different voice, the way they use their body or various props or toys (Bundy, 2012). For example, during play, a child who is pretending to be a cat, may be crawling, insist on being called 'Fluffy' instead of their own name and drink their milk from a saucer. Here they are giving cues that frame their behaviour. Play frames are not always sustained and in the example given the child may break the play frame when they need to direct or negotiate their play, such as when they direct someone not to call them by their name or to put their milk in a saucer and not a cup. The giving and understanding of cues which develops in play, are important and useful skills within other facets of a person's life for example, knowing how to behave in certain contexts by reading the cues such as eating in a restaurant or being in a classroom.

2. Internal control

Internal control is when the person playing "decides *wha*t they will play, who they will play with and some aspects of *how* the play will turn out" (Bundy, 2012, p. 31). When the player has control they feel safe, as they are choosing something that is motivating to them at the right level. They can also choose how close to reality the play is.

3. Intrinsic motivation

When a player is intrinsically motivated to engage in play, it is usually for the fun of it or because they want to. The doing (process) is more important than the outcome (product) (Skard & Bundy, 2008). When intrinsic motivation is present, the player is intensely engaged often for long periods and tends to ignore things not associated with the play they are engaged in. While extrinsic motivation may stem from such as a reward or winning the game, engaging in the process is still more important.

4. Freedom to suspend some constraints of reality
Skard and Bundy (2008) identify that when a player has this freedom to suspend reality, they choose how close to reality the play will be. Pretending is one way that this occurs such as pretending to be someone else, using actions or using objects in ways they are not intended. Bending the rules, teasing, clowning about and telling jokes are other ways of suspending reality (Bundy, 2012).

Guitard, Ferland, and Dutil (2005) linked playfulness in adults to a state of mind that involves creativity, curiosity, a sense of humour and spontaneity. Like child's play, they identify playfulness as a process, where the end is anticipated but not always known. "With playfulness, difficult situations are perceived as challenges to be raised, occasions to learn, and possibilities to increase one's competence and skills. Furthermore, mistakes are no longer considered failure but rather a possibility to learn and to grow" (Guitard et al., 2005, p. 19).

3.3 Leisure

As previously discussed (in section 3.1), there is no universal definition of leisure. Parham and Fazio (2008) describe it as "nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (p.447). Sellar and Stanley (2010) suggest three main approaches to identifying leisure:

- leisure as residual time (time away from other occupations)
- leisure as activity (observable behaviours or activities)
- leisure as experience to the individual (importance and meaning subjectively defined by the individual).

Sellar and Stanley (2010) highlight the importance of the experience:

> "The form of the activity and the time in which it is done are relatively meaningless, with the primary concern instead placed on the meaning that the individual attributes to the experience of engagement. Leisure can, therefore, be experienced anywhere, at any time, during any occupation so long as the individual subjectively defines the experience as leisure" (p. 359).

They suggest that the leisure experience is therefore characterised by:

- perceived freedom
- motivated by a sense of intrinsic reward
- enjoyment or pleasure

- relaxation
- temporality and flow.

4 Play and leisure across the lifespan

“Play is a lifetime concept” (Sturgess, 2003, p. 105).

Play is seen often as the predominant occupation of early and middle childhood, and allows youth to develop their leisure interests and skills. In adults, play manifests later in life as behaviour such as jokes, games and recreation (Sturgess, 2003). Despite most adults enjoying leisure, their engagement will vary according to their resources, time available, motivation and the meaning of leisure and other occupations (Sellar & Stanley, 2010). When adults are retired or don’t prioritise work as their primary occupation, they may have more time to devote to their leisure activities. What people engage in is very unique and personally meaningful and this will vary between people. While there are changes in play and leisure across the lifespan, it is important for practitioners to provide person centred, individualised support.

4.1 Development of play occupations in children

Much of the focus on play and leisure across the lifespan is related to the development of play occupations in children. In young children, play provides a window into the development of the child; it is how they learn skills for later in life (Rigby & Rodger, 2006). During this time, there are many play transitions; from early exploratory play, sensorimotor and onto more social and complex play. The following table is a guide of expected development of play occupations. More information about assessing the development of play occupations is identified in Section 6 of this guide. Practitioners should recognise that children do develop at different rates and a child’s focus within a particular stage may also be indicative of their own play style (Sturgess, 2003).

Table 1: Development of play occupations

Age	Play occupations
0-6 months	Exploratory- Sensorimotor play predominates Social- focused on attachment and bonding
6-12 months	Exploratory- Sensorimotor play evolves into functional play Functional- use toys according to their functional purpose Social- attachment, relating to parents or caregivers
12-18 months	Relational and Functional- engages in simple pretend play directed toward self (pretend eating, sleeping) Social- begins peer interactions & parallel play
18-24 months	Functional- performs multiple related actions together Pretend play- makes inanimate objects perform actions (dolls dancing, eating, etc.) Gross motor- enjoys sensory input of gross motor play Social- parallel play (alongside another child), imitates others in play, participates in groups, takes turns
2-3 years	Symbolic play- links multiple combinations into sequences of pretend play, uses objects for multiple pretend ideas or representations, plays house or drama with others, toys or imaginary friends, taking on specific roles Constructive play - drawing and puzzles, imitates adults using toys Gross motor play – jumping, rough and tumble, messy play Social play – some associative play, parallel play
3-4 years	Complex imaginary play – creates complex scripts for play with pretend objects that reflect roles in real or imaginary life. Characters portray feelings Construction play – puzzles, blocks, art (adult assistance) Rough & Tumble play – enjoys physical play, swings, playground, jumping, running Social play – associative, plays with other children, playing and sharing play goal, plays in groups in singing, dancing
4-5 years	Games with simple rules, organised gross motor games, play with prescribed roles Construction play- building complex structures Dramatic play- pretend play involving scripts, role play with other children, dress ups, telling stories
5-6 years	Games with rules -computer, board games Dramatic play reconstructs real world, elaborate imaginary play, role plays stories and themes Sport- ball games Social play- group activities, focus on winning
6-10 years	Games with rules– computer, card and board games May have collections and hobbies Sport- organised or informal, focus on winning and skills, may be competitive or cooperative in groups or teams Social- peer focused, may involve consistent friends,

	include jokes and talking
7-12	Refinement of speed, dexterity, strength and endurance in sport and gross motor play Games with rules and competition
12 + years	Developing independence in play and leisure Participation with peers Discovering talents

Based on Case-Smith (2015)

4.2 The impact of disability on play development

The following section outlines how disability, and specific disabilities, impact on a person's play and leisure occupational goals.

4.2.1 Impact of disability on pretend play

Some children with disability may have difficulty with pretend play because of the nature of their impairments. Children with autism often have significant problems with pretend and symbolic play which is thought to be linked to the language and social difficulties associated with autism (Jung & Sainato, 2013). This results in a lack of flexibility in their play and contributes to difficulties in playing with peers. Their functional play with ordinary objects is also simple compared to peers without disability.

In their study of Brazilian children with cerebral palsy, Pfeifer, Pacciulio, Santos, Santos, and Stagnitti (2011) identified that not all children had difficulties with pretend play. Those with more severe motor limitations were more likely to experience difficulties with pretend play particularly in the use of elaborate actions and initiation of play. These children with more severe motor limitations could not initiate spontaneous play nor could they imitate the examiners actions. This small study highlights potential pretend play difficulties for children with cerebral palsy and the need for further studies to evaluate the relationship between the cognitive and fine motor abilities and pretend play.

4.2.2 Disruptions to playfulness

Playfulness is disrupted when the environment is not safe or sufficiently challenging or the environment does not support the child's motivations (Cordier, Bundy, Hocking, & Einfeld, 2009, 2010). Within the environment, caregivers, playmates, objects and space all affect playfulness (Skard & Bundy, 2008). Rigby and Gaik (2007) found that playfulness is not a stable state and that it varied between play settings. Their analysis identified that the goodness of fit between the child's interests and abilities, the play activity and the environment affected the child's playfulness.

For some people, playfulness may be impacted by the affects of their disability. Children with attention deficit hyperactivity disorder have strengths in using mischief and difficulty with all features of internal control (sharing, transition between activities and the intensity they engage in social play), pretend play and framing (Cordier et al., 2009). Similarly children with autism

also experience difficulty with framing and suspension of reality but to a much greater extent (Cordier & Bundy, 2009).

In two studies, children with cerebral palsy and developmental disabilities have been shown to be less playful (Hamm, 2006; Okimoto et al., 2000). However, a third study did not find a difference in playfulness (Harkness & Bundy, 2001). Research conditions may explain these different results as parents were able to choose the play environment for their child, That is, children with disabilities were observed in familiar environments with few barriers, while children without disability were in novel and less familiar environments (Harkness & Bundy).

Benjamin showing his playfulness

Benjamin's story illustrates how the use of technology can facilitate playfulness. It was not the intended outcome of the occupational therapy involvement but one that made the teacher and occupational therapist consider how to incorporate more opportunities in the classroom.

Benjamin an eight year old boy, attended a school for specific purposes. He had quadriplegic cerebral palsy, vision impairment and mild hearing loss. He was non-verbal but communicated displeasure and pleasure using vocalisations.

I was working with Benjamin and his class teacher to identify placement of a single switch communication device which the teacher could pre-record greetings or requests. We had just found the optimum place on the tray of his wheelchair to place the switch. As it was close to morning tea and Benjamin loved to have a cup of tea at this time of the day, we thought we would try it out. The teacher recorded his request. Benjamin hit the switch "Can I have a cup of tea please?" His teacher gave him a cup of tea. He smiled and quickly drank the cup of tea his teacher held for him. After he finished, the teacher turned her back on him so that she could put the cup on the nearby sink. Immediately he hit the switch. She replied, "Are you sure you want a cup of tea as you have just had one!" She turned the kettle on and started getting the tea ready. As she turned her back again, he hit the switch again and again- "Can I have a cup of tea please? Can I have a cup of tea please?" The teacher said again "surely you don't want another cup of tea?" – to which Benjamin had started to laugh, a big belly laugh to show that he could play a joke on his teacher.

5 Environmental factors

All aspects of the environment influence successful participation in play and leisure. (For information on the issues with participation for people with disabilities, refer to section 2). Promoting play and leisure is often reliant on changing environmental factors. This section considers the physical, cultural, social and institutional factors that influence play and leisure occupations.

Where children with disabilities live has been shown to influence their participation (Fauconnier et al., 2009; Hammal, Jarvis, & Colver, 2004). For example, children with disabilities do not always have the same opportunities for participation due to factors in the social or attitudinal environment (Law et al., 1999; Law, Petrenchik, King, & Hurley, 2007; Lawlor, Mihaylov, Welsh, Jarvis, & Colver, 2006; Michelsen et al., 2009). The local neighbourhood they engage in has been shown to have an impact on what children are able to do, even after accounting for the type and severity of disability (Eriksson, Asplund, & Sellstom, 2010; Fauconnier et al., 2009; Hammal et al., 2004; Law et al., 2007).

In particular, residing in rural communities can present additional challenges for children with disabilities. For example, parents of children with spinal cord injury living in small towns or rural areas in the United States of America reported more obstacles to their child's participation compared to those living in metropolitan areas (Gorzkowski, Kelly, Klaas, & Vogel, 2011). In Australia, despite more boys playing team sports in rural areas, children's overall developmental outcomes were better in major cities than regional areas. This is thought to be due to socio-economic disadvantage, distance to community facilities or having a smaller number of available activity options which changes the type and intensity of participation (Baxter, Gray, & Hayes, 2011; Brown, O'Keefe, & Stagnitti, 2011). However, a study of children with cerebral palsy in Victoria, Australia indicated that while children experienced less intensity in their participation, living in a regional area was not an additional influence (Imms et al., 2009). For some, despite the social connectedness and sense of belonging associated with rural living, they experienced difficulty with anonymity, stigma and social exclusion (Jones & Curtin, 2010; McPhedran, 2011).

The environment is therefore critical to what opportunities are available for play and leisure and what presents as a barrier or facilitator to engagement for people with disabilities. It is important to acknowledge that play and leisure occupations can happen anywhere, anytime and in conjunction with other activities (e.g. a child playing in the bathtub, while engaged in self care; an adult listening to music while commuting to work). The fit between the person, their environment and what they do for play or leisure, is critical to successful experiences. While some aspects of the environment are observable, it is important to consider the person's subjective experience of what the setting offers them (King, Rigby, & Batorowicz, 2013). All aspects of the environment

are interconnected but it is also important to consider these individually to understand their influence.

5.1 Physical environment

The physical features of the environment are important, as they can be facilitators or barriers to engagement in play and leisure. These activities occur in many different environments so it is important to consider environments that encompass universal design. Accessibility is an important consideration for people with disability, to ensure that people have sufficient space and can use this safely, free from physical barriers such as uneven surfaces and stairs, accessible transport and appropriate equipment (Locke, 2009; Shikako-Thomas et al., 2008). Structural barriers and lack of equipment often affect participation in formal leisure activities.

Several authors identify environmental influences that facilitate inclusive play experiences for children with disabilities:

- type of play setting e.g. dramatic play area in a childcare setting will facilitate pretend play between children with disability and their peers
- types and availability of toys or objects available influence play skills – those that are social or cooperative toys (e.g. dress-up clothes, blocks, dolls) will encourage cooperative play
- type of play activity – adapting the activities to reduce motor demands enables all children to play together
- playgrounds that permit movement and exploration and have diverse types of equipment that support challenges and novelty
- adjustable heights of tables to facilitate wheelchair use and access to table top activities
- arranging rooms in a constant way to support people with poor vision or cognitive disabilities
- types of sensory stimulation in the room that meets the needs of the individual child as well as the group
- availability and use of technology, e.g. switches, computers, augmentative communication
- specialised equipment or modified equipment.

(Crawford, Stafford, Phillips, Scott, & Tucker, 2014; McDonald & Brown, 2009; Rigby & Rodger, 2006).

5.2 Culture, play and leisure

“Culture refers to the learned, shared patterns of perceiving and adapting to the world. Culture is reflected in the beliefs, values, attitudes, and behaviours of a society or population” (Fitzgerald, 2010, p. 196). “Children learn the ‘rules’ of their culture through instruction, imitation, and trial and error. Much of the development of cultural competence occurs through play” (Fitzgerald, 2010, p. 197). This is seen in how children play and the objects they use in play and the social rules that dictate how, where and what they play. For example in Mayan children, their play was influenced by parental values around work and their parents did not encourage play but children still found ways to integrate

play into their daily activities (Bazyk, Stalnaker, Llerena, Ekelman, & Bazyk, 2003).

Much of the research done in regards to play has been based on middle-class western families (Bazyk et al., 2003). Little is known for example, about the play activities of Australian Indigenous people (Dender & Stagnitti, 2011). This is problematic when practitioners need to assess children's play and they do not have specific cultural knowledge about play within a particular culture and are using tools that have been developed from a Western perspective. It is therefore important for practitioners to be aware of parents' and teachers' and / or carers' cultural beliefs to understand the influence this has on the child's environment, their play and the opportunities available.

Incorporating the child's culture into their play opportunities and therapy sessions ensures that it is respectful to the child and their family and increases familiarity and motivation to continue (Hinman, 2003). Some suggestions are to: use both culturally specific and culturally neutral toys or objects; positively acknowledge uniqueness in their culture; and to use family support systems to help the person grow within their community and strengthen their cultural identity (Hinman, 2003; O'Connor, 2005).

5.2.1 Attitudes towards play and leisure

The Western notion that work is of more value perpetuates the "persistent general view that real personal worth develops through work, rather than leisure occupations" (Stebbins, 2008 cited in Mackenzie & O'Toole, 2011p.116). While leisure is part of many models of occupational therapy, leisure is not always taken seriously (Turner, Chapman, McSherry, Krishnagiri, & Watts, 2000). Economic, societal and political constraints on occupational therapy service provision, may dictate that the focus be on other occupations rather than restoring or developing leisure even though this may be what the person wants to focus on (Neumayer & Wilding, 2004).

Risk aversion is an attitude that particularly affects children and youth and people with disability. Bundy et al. (2011) suggest that people's fears of children hurting themselves during outdoor play are more than the actual risk but these fears often result in restricting age- appropriate risk taking. This attitude doesn't just occur on an individual level, but perpetuates social and institutional barriers that restrict play opportunities due to health and safety concerns (Goodley & Runswick- Cole, 2010). John & Wheyway (2004, cited in Goodley & Runswick- Cole, 2010) suggest that polite discrimination restricted play as it prevented children with disability from getting dirty or getting bumped. Finding a balance between safety and taking risks through encouraging independence is important as play and leisure provide opportunities for positive risk taking experiences.

5.3 Social factors

Play and leisure can be solitary activities, however many people prefer to engage in social activities. Social factors with the environment can be facilitators (e.g. support, inclusion, positive attitudes) and barriers (unsupportive, negative attitudes) for people with disability to participate in play and leisure. The social environment includes families, people, caregivers, playmates and others who might be engaged in play or leisure activities.

5.3.1 Families facilitating participation in play and leisure

The family is one of the key factors in shaping a child's participation in play and leisure (Imms et al., 2009; King et al., 2006; Palisano, Chiarello, Orlin, et al., 2011; Shikako-Thomas et al., 2008). Along with the child's functional ability, the family's participation in and values surrounding social and recreational activities and the child's preferences for activities were key predictors of participation (King et al., 2006). Other indirect predictors identified were parents' perceptions of environmental barriers, family income, family cohesion and supportive relationships for the child. Lower family income and education was associated with lower rates of participation (Shikako-Thomas et al., 2008). Family functioning was also seen to influence leisure preferences and level of social support.

Families and caregivers provide the first social environment that supports a child's play and practitioners need to assist them in understanding their child's play. With preschool aged children, parents facilitate play using strategies of segregation which separate the play activity from parental household work (for example, the parent is washing up while the child is playing in the kitchen nearby with a doll); and strategies of inclusion where the child is engaged in play embedded in the parent's work either the parent participates in both household work and the child's play or when the parent allows the child to participate in the adult work task (Primeau et al. 1998, cited in, Parham, 2008). The child perceived this as play. The parent provides structure and support so the child could complete as much as possible of the task. This "occupational scaffolding" (p.26) is an important part of developing future competence. It is therefore important to understand how parents fit play and leisure into their daily routine.

Parents and caregivers provide ongoing support and assistance to their children with disabilities to participate in play and leisure activities (Chiarello, Huntington, & Bundy, 2006). Therefore it is important to understand the interaction between a caregiver and a child jointly participating in play or leisure occupation and the amount of assistance required (Bourke-Taylor, Howie, & Law, 2010). Parental stress can also create a barrier to participation with decreased engagement and involvement with community groups (Tonkin, Ogilvie, Greenwood, Law, & Anaby, 2014).

Parents of children who experience an acquired brain injury develop strategies over time that fit their family routines to support their child in social participation at home, school and community (Bedell, Cohn, & Dumas, 2005).

These parents engaged in anticipatory planning to prepare for future events. They also used strategies to facilitate participation such as:

- creating opportunities through encouraging choices about preferred activities and educating others about their child's needs and strengths
- organising or modifying activity or physical and social environments, such as selecting appropriate peers to play with, or finding appropriate places to go
- teaching skills or using coaching and joint problem solving
- providing extra help or support
- regulating cognitive and behavioural function to ensure positive experiences and minimise negative experiences
- providing practice and emotional support, showing interest, asking questions and coordinating schedules
- providing encouragement, rewards and praise.

(Bedell et al., 2005; Bedell, Khetani, Cousins, Coster, & Law, 2011).

Social attitudes and negative responses from others restricted parents of children with disability from accessing community play and leisure environments with their children (Fallon & MacCobb, 2013). As a result, parents acknowledged they were over-protective of their child while they were participating in leisure activities (Heah et al., 2007). This may in turn affect the ability of children and youth with disability to engage in activities away from adult support, and develop their own strategies and sense of responsibility.

5.3.2 Social inclusion, play and leisure

In childhood, "environments that encourage interactive peer play are developmentally important" (Rigby & Rodger, 2006, p. 194). Children learn from each other and those who have delayed play skills benefit from playing with or alongside children who are at a higher play level to develop their play and social skills (Tanta, 2005). Many children with disability do leisure activities by themself or with their parents rather than their peers and therefore are at risk of missing out on meaningful experiences and opportunities for skill development, social skills and the development of friendships (Shikako-Thomas et al., 2008).

The use of shared facilities and the pursuit of common interests in play and leisure occupations connect people with disability with other members of their community and allow for the development of meaningful relationships and friendships. "Leisure is a forum where relationships develop between people and a sense of community is produced. It is the quality of these relationships, no matter how small, that leisure can contribute in a positive and healthy way, helping to create conditions for the good life" (Neumayer & Wilding, 2004, p. 319).

5.3.3 People: barriers or facilitators of play and leisure

"When a child has a disability, the people who work with them often see them as someone whom things are done to, in order to 'fix' their problems. In so doing, we deny the child the ability and the richness of play opportunities that

most other children take for granted" (McDonald & Brown, 2009, p. 215). The people who support people with disabilities and those in the social environment can have a big impact on the experience of play and leisure.

Attitudes toward people with disability are important barriers to participation with bullying, staring, needing assistance and the impact of segregation negatively impacting on participation (Shikako-Thomas et al., 2008). Concerns about vulnerability, fear of exploitation, behavioural issues and limited skills of people with disability present as social barriers that prevent people from having opportunities (Locke, 2009). Finding the balance in the provision of support is challenging; lack of support limits people from participating in leisure but too much support can contribute to exclusion.

People and the provision of support can ensure success in play and leisure and the development of skills. For example, adult facilitators within inclusive childcare settings provide individualised strategies for each child's needs or preferences; awareness of the need to allow children to play, prompting and encouraging children in their play and promoting equity and fairness within play activities for all children (Crawford et al., 2014).

In adults with disability, person centred planning identifies current relationships, formal and informal supports within the community could facilitate engagement in leisure and where possible involves natural occurring supports (Nankervis, 2006). The provision of active support means that support is graded to enable the person with disability to participate at their level and maximise choice and control (Mansell, 2012). For further information on active support: Every moment has potential.

5.4 Institutional environment

The institutional environment is the recommended practices, policies and procedures that determine how play and leisure are seen within a specific society, population or community. Section 2.4 of this guide, outlined the international recommendations that exist, that seek to inform practice in a positive inclusive way.

However, it is not only these documents that affect play and leisure - other government or community policy initiatives can impact on access to play and leisure. For example, the provision of safe and accessible spaces, increased traffic and perceptions of increased crime rates may affect how someone with a disability can access that leisure facility within the community (Rigby & Rodger, 2006). At other times discriminatory policies, institutions or community values that marginalise individuals on the basis of disability may also impose constraints on play and leisure participation (Sellar & Stanley, 2010).

6 Assessment of play and leisure

This section outlines the assessment process, considerations in choosing assessment procedures and information about specific play and leisure assessments.

6.1 Assessment process

Evaluation of play and leisure needs to consider the needs and wants of the person who is seeking assistance. Practitioners develop an understanding of the person's perspective on what is important by:

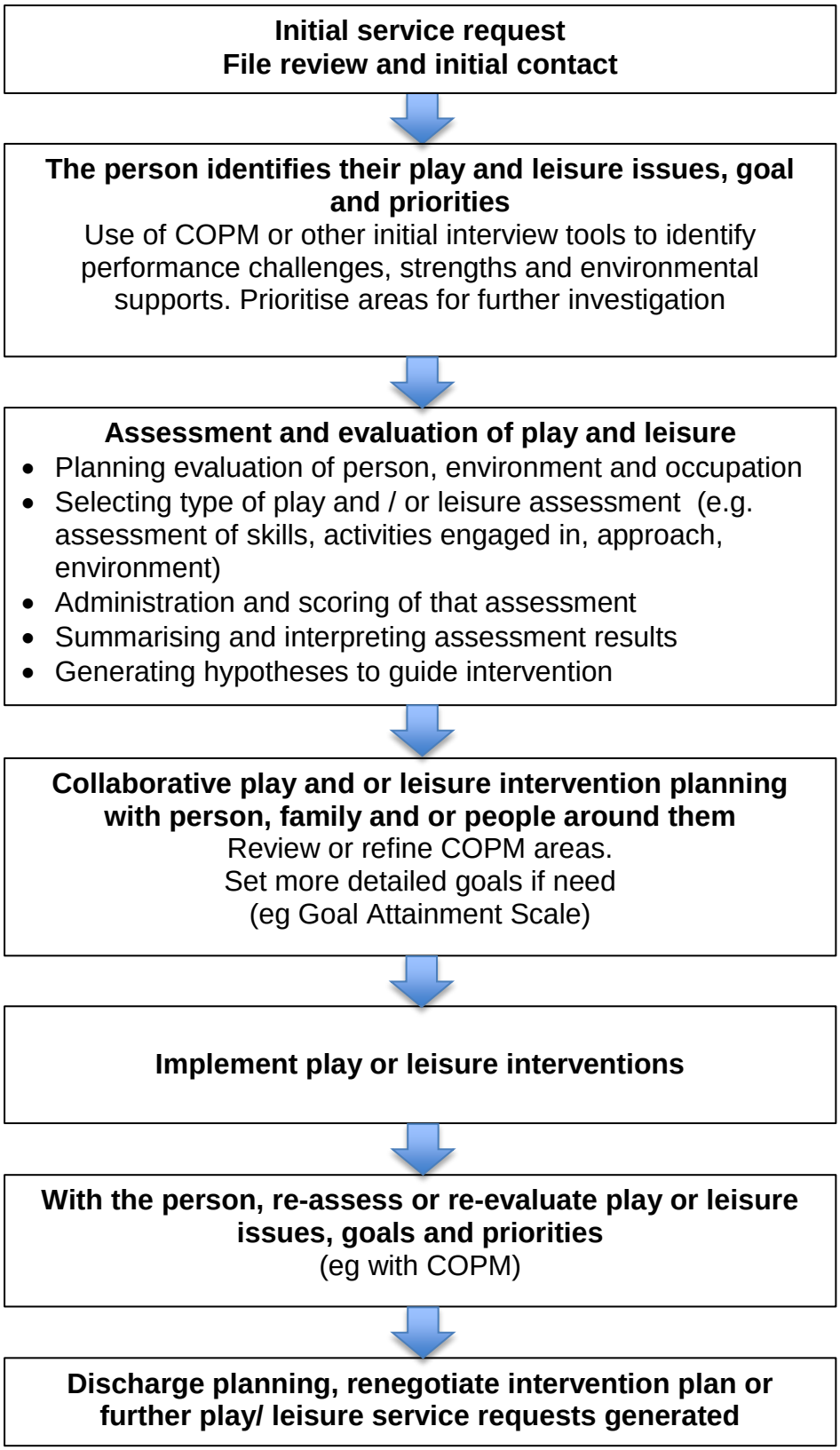
- getting to know the person
- using person centred approaches to lifestyle planning (section 11 of this guide has links to person centred planning templates)
- asking questions about what they like to do on holidays or what a good day or a bad day looks like to determine what might be important to the person as they may not label these experiences as play or leisure
- using their usual communication method including any augmentative communication, assistive technology, pictures or cameras to assist in gaining information (Germain, 2004)
- using the Canadian Occupational Performance Measure (COPM) to assist in prioritising and determining what is important.

Using tools such as a checklist or assessment may provide more information and further the conversation with the person or their family/ carers/ support people to understand what the person wishes to do within play and leisure. Doing this allows the practitioner to identify the following:

- What do they currently do and is it working?
- What activities do that they like best, or want to do?
- Who do they like to do these activities with? Alone or with others?
- Do they feel confident in doing those activities?
- What strengths and resources are available to facilitate these activities?
- What supports might they need to do these activities?
- What motivates them to continue to participate in that activity?

This more global approach focuses on the person's participation and determine where there is a misfit between the occupation of play or leisure, the environment or personal factors (Brown & McDonald, 2009). This is consistent with the International Classification of Functioning, Disability and Health (ICF) where a focus on activities and participation is required. Consideration of the environment is critical to understanding the interaction between the person's skills, the play and leisure activities they prefer and the support provided by the environment. Figure 1 highlights the assessment process for play and leisure in relation to overall occupational therapy involvement.

Figure 1: Assessment process. Adapted from (Brown & McDonald, 2009)



6.2 Choosing a suitable assessment for play and leisure

In addition to an initial interview assessment and use of the Canadian Occupational Performance Measure, more specific information about a person's play or leisure might be required. There is a wide range of informal and formal assessments and checklists that specifically assess play or leisure and each measures different aspects of play or leisure. It is therefore important for occupational therapists to know what aspect of play or leisure they are assessing and what information they require about the person's play or leisure. The occupational therapist needs to determine whether they require an assessment of the skills (e.g. pretend play), the activities that the person engages in (e.g. leisure interests, preferences and levels of enjoyment), their approach to play (e.g. playfulness) or the environment that play or leisure occurs.

Occupational therapists may already understand the person's cognitive, behavioural and physical development and skills, but this may not give the practitioner a true reflection or prediction of the person's engagement in play and leisure, as it does not take into account the interaction between their skills, the play and leisure activities they prefer and the support provided by the environment in which it occurs. Therefore specific play or leisure assessments might be required.

Occupational therapists may decide once they have hypothesised what is impacting on a person's play or leisure that they require further information about other performance components to formulate an intervention plan. For example, a child with hemiplegic cerebral palsy may have difficulty with playing – and the practitioner uses assessments such as the *Test of Playfulness* (Skard & Bundy, 2008) and the *Test of Environmental Supportiveness* (Skard & Bundy, 2008) during observations to gather information about the child's approach to play and how it is supported. The practitioner may also need information about their fine motor skills and uses the *Peabody Developmental Motor Scales II* (Folio & Fewell, 2000*)*, as well as the *Assisting Hand Assessment* (Krumlinde-Sundholm, Holmefur, & Eliasson, 2007) to determine how the child uses their hemiplegic arm. Practitioners are encouraged to consider what other information they might require from an assessment of performance components. It is not the focus of this guide to focus on the performance components (e.g. physical, cognitive, psychosocial).

Choosing a suitable assessment tool requires the occupational therapist to become familiar with the features of available tools, then select and use the most suitable tool available for the person with disability. Non-standardised checklists/instruments with consistent and repeatable recording methods may also be useful. Some of these are detailed in Section 6.2.5 (Table 2 & 3).

Occupational therapists should consider the following questions when selecting the most appropriate assessment tool:

- What kind of information is required about the person's play or leisure?
- Does the assessment tool assess the particular aspect of play or leisure that is required?

- Does the assessment tool provide information about the person's environmental context?
- How will you obtain information about the environmental context?
- Who do you want to get the information from? (i.e. self report or proxy)
- What assessments have been administered in the past and what were the results?
- Can this assessment be used to measure outcomes?
- Are the administration procedures suited to the person/family/carer or situation that the information is required about?
- How reliable and valid is the assessment tool for use in the specific situation?
- What is the competency level required for administering the test e.g. is the user required to be an occupational therapist, and is specialised training needed in the tool?

6.2.1 Assessment of skills

For children, the evaluation of play is important as it provides a guide to their development and their age-expected play. For example, the *Child Initiated Pretend Play Assessment* (Stagnitti, 2007) focuses on child initiated pretend play, while the *Symbolic and Imaginative Play Developmental Checklist* (Stagnitti, 1998) provides a guide for when to expect specific types of pretend play. This enables the practitioner to understand from a developmental perspective what the next steps are in developing a program around that play.

At other times, play becomes the medium a practitioner can use to identify needs in specific functional areas, for example, using the *Transdiscplinary Play Based Assessment* (Linder et al., 2008) to observe and assess cognitive, social-emotional communication, language and sensorimotor domains during play. It is important to be aware of what skills you are assessing and whether this information will contribute to further information about the child's play.

Observation of play and leisure skills assists the practitioner's understanding of the person's current performance and any aspect of the activity they are not able to do. This along with task analysis will identify where skill development, teaching strategies or adaptations might be required.

For further information about assessments, see the Assessment chapter of the Core Standards Program (to be published later in 2015).

6.2.2 Assessment of interests / preferences / activities

Assessments that identify interests and preferences are useful for practitioners where they want to get information about what a person is engaged in or have preferences for. Some assessments classify information about type of activity, the type of setting, the intensity or whether it is solitary or group based, so that the occupational therapist can identify patterns in the person's engagement (e.g. *Paediatric Interest Profiles* (Henry, 2008*)*, *Activity Card Sort (Baum & Edwards, 2008)*. However just knowing what someone does or how much they do is not enough, as enjoyment and meaning are also important. Some assessments also provide information about levels of

enjoyment and satisfaction. For example, C*hildren's Assessment of Participation and Enjoyment*, *Leisure Satisfaction Scale* (King et al., 2004).

Analysis of assessments of participation in play or leisure, including opportunities for engagement, will support planning and activity choices. Some of these assessments are list based and can be challenging for people with disability particularly cognitive or communication difficulties, who might have limited leisure experiences and opportunities to base their choices on (Kreiner & Flexer, 2009). Finding suitable ways to find out more about leisure interests and preferences from the perspective of the person with intellectual disability can be challenging. For example, people with intellectual disability may have difficulties in understanding multiple choice formats and open ended questions, as well as a tendency to answer questions in the way that they think will suit the person asking the questions. Communication boards or augmentative communication devices may not have enough flexibility to communicate choices and needs in leisure (Locke, 2009). The language that is used will also be important, as even the use of the word leisure is jargon. The use of proxy assessment (i.e. getting support people to complete assessments), does not always agree with what the person would answer and does not allow for an understanding of the experience of leisure. Careful choice of proxy or using a range of proxies may reduce this risk.

Sellar and Stanley (2010) suggest that there are also other issues with using checklists for identifying leisure interests and preferences. Checklists that are used to identify what people do in leisure may not be comprehensive as it is not feasible to have all possible choices on a checklist for a specific age group or gender. These checklists are often developed for a particular environment and therefore may be culturally biased, designed for a particular climate or have specific social and cultural expectations of what leisure is. Therefore, careful choice of an appropriate checklist for the person will reduce these issues.

6.2.3 Assessment of approach or experience

Playfulness is an approach to play and when assessing this, the practitioner is particularly interested in what motivates the child to continue. It is particularly useful to measure playfulness where there is a not a requirement to measure skill per se but rather the approach that a child uses. *The Test of Playfulness* (Skard & Bundy, 2008) measures playfulness through observations in the child's natural play environment.

Assessment of leisure might need to focus on the subjective and personal meaning or satisfaction with the leisure experience. This may be done as part of collecting data on the play and leisure skills or separately.

6.2.4 Assessment of play or leisure environments

Where possible interviewing and observing should occur in natural contexts, making it easier to identify the environmental features in the person's setting that hinder or support participation in play and leisure (Primeau, 2014).

Recent research in participation has highlighted the need for combining information about the environment with measures of participation. For example, the *Participation Environment Measure – Child and Youth* (Coster, Law, & Bendell, 2012) measures participation in home, school and community and examines barriers and facilitators within those settings. As play and leisure can occur across those settings, this measure can be particularly useful in considering policy or understanding engagement across settings.

Other measures have looked at qualities in a specific setting, rather than a more global perspective of the many settings participation occurs in. For example the *Test of Environmental Supportiveness* (Skard & Bundy, 2008) examines how aspects of the environment support playfulness and can be used alongside the *Test of Playfulness* (Skard & Bundy, 2008). New research has also looked at analysing activity settings to demonstrate links between the environmental qualities and participation experiences (King et al., 2013) and youths' self reported experiences of particular settings (King, Batorowicz, et al., 2014).

The *Assistance to Participate Scale* helps the practitioner to understand what support a child might need to enable participation in leisure as understanding a child's capabilities alone is not enough (Bourke-Taylor, Law, Howie, & Pallant, 2009).

6.2.5 Selected assessments for play and leisure

This section provides summary information about specific play and leisure assessments that are available. It is recommended that these be used in addition to generic person centred tools (such as the Canadian Occupational Performance Measure and Goal Attainment Scale) and where possible includes observation in the environment in which play or leisure occurs. Assessments detailed here focus on the many aspects of play or leisure and for ease of use are divided into assessments for adults and children.

For further information about assessments, see the Assessment chapter of the Core Standards Program (to be published later in 2015).

Table 2: Summary of play and leisure assessments

Assessment	Area of play or leisure assessed	Purpose	Client group	Clinical utility			Psychometric qualities	Sources
				Format / Type	Procedures	Usefulness for children with disability		
Revised Knox Preschool Play Scale (PPS-R) (See also Section 6.2.1)	**Skills** (play behaviour)	Provides developmental description of capacities for play. Observations centred around: Space management Material management Pretense / symbolic Participation	0-6 years	Rated observation	60 min (30 min indoors and 30 min outdoors in familiar environments to the child. Materials used are those in the child's environment	Provides qualitative information about underlying capacities to play and developmental play age, with limited information about a child's play interests	Validity done on original version. Not correlated with measures of developmental skill. Good to excellent reliability	Knox (2008)
Transdisciplinary Play Based Assessment (TPBA) (See also Section 6.2.1)	**Skills** (developmental aspects)	Uses a team of early childhood professionals to assess cognitive, social-emotional, communication and language, sensori-motor domains during play	0-6 years	Arena assessment, home or centred based Criterion referenced	60- 90 minute play session (6 phases including structured and unstructured play) based on pre-report from parents	Used to identify developmental skills within a play and transdisciplinary format.	None presented	(Linder et al., 2008)

Child Initiated Pretend Play Assessment (ChiPPA) (See also Section 6.2.1)	**Skills**	Measures spontaneous pretend play - symbolic and conventional imaginative play	3 yrs -7 yrs 11 mnths	Norm referenced standardised assessment	Using specified gender-neutral play materials within a play space, children play for a set time with each set of materials. In total: 18 minutes for 3 year olds, 30 minutes for 4 -7 year olds Scoring of each action within the child's play: elaborate pretend play actions, object substitutions, imitated actions	Can differentiate children with problems with pretend play	Validity and reliability	Stagnitti (2007)

Paediatric Interest profiles (See also Section 6.2.2)	**Activities** Sports Outside Exercise Relaxation Intellectual Creative Socializing Club/ community orgs	Gather information about play and interests (what activities, feelings about activities and with whom they play)	Kid play profile (6-9) Preteen play profile (9-12) Adolescent leisure interest profile (12-21)	Self report – survey style	Responses use graphics and line drawings for 50 items Rated for interest, how well they do it, enjoyment and who they do it with	Easy to use with minimal training, develops a profile of play interests	Psychometric data available for Adolescent version in a mental health context. Some evidence of test – retest reliability and No validity data	Henry (2008)
Paediatric Activity card sort (PACS) (See also Section 6.2.2)	**Activities**	Gathers information about engagement in a range of activities including play	5-14 with and without disabilities Suitable for child with developmental age of 4 years	Interview (can use proxy) Uses pictures and responses to questions	Child is asked if engaged in activity and if so how frequently. Used to identify 5 important and 5 desirable activities	Adaptation of the Activity card sort.	Good evidence of content validity, and some construct validity no reliability data available	Madich, Polatajko, Miller, and Baum (2004)
Children's assessment of	**Activities & participa-**	Participation, enjoyment and	6-21 years,	Child report	Takes 30 -45	Easy to use. Does not give	Used for many international	King et al.

participation and enjoyment (CAPE) (See also Section 6.2.2)	**tion** Preferences and enjoyment for tasks outside of school	preferences for formal and informal activities outside of school Task types: Recreation Active physical social Skill based Self improvement Rated on diversity, intensity, with whom, where and enjoyment	with and without disabilities	(can use proxy report or have carer read the questions)	min for CAPE	information about how child performs the activity	studies, and translated for cross -cultural studies. Has good reliability and validity	(2004)
Symbolic and Imaginative Play developmental checklist (SIP- DC) (See also Section 6.2.1)	**Skills** development of pretend play	Developmental checklist of pretend play in play scripts, sequences of play actions, object substitution, social interaction, role play and doll/ teddy play	Up to 5 years	Observation and checklist	Checklist in age categories, grid has pictures visual profile of spontaneous play abilities, imitated abilities and missing or undeveloped abilities. Includes developmental skill charts for each skill	Checklist gives ideas about how to use. Very useful as a checklist and ideas for programming for pretend play.	Positive correlations between SIP-DC and Bayley Scales of Infant development	(Stagnitti, 1998)
Test of playfulness (ToP)	**Approach** playfulness	Covers intrinsic motivation, internal control, freedom from	6 mnths to 18 yrs, all	Rated observa-tion of	2x 15 minute observations, recommend	Easy to administer and use in child's environment. Able	Good reliability and validity	Skard and Bundy (2008)

(See also Section 6.2.3 & 6.2.4)		some constraints of reality and framing (give and reads cues)	children regard-less of disabil-ity	during free play in familiar environ-ment and play mates	videotaping. 24 items scored on a 4 point rating scale	to differentiate changes in playfulness.		
Test of environmental supportiveness (ToES) (See also Section 6.2.4)	**Environment**	Rates elements of the environment that are barriers or facilitators of play: Caregivers, playmates, objects and physical environment	18 months to 15 years	Observat ional assessm ent	Scored following a 15 – 20 minute free play session in the child's usual environment	Can be used alongside ToP. TOES can be scored but more valuable used as a tool with caregivers	Construct validity and reliability reported Correlated with ToP	Skard and Bundy (2008)
Participation Environment Measure – child and youth **(PEM –CY)** (See also Section 6.2.4)	**Activities, Participation** **Environment**	Parents' perceptions of participation in home, school and community and the environment in with a focus on barriers and facilitators. Includes play and leisure activities	Child-ren with disabil-ities	Parent complet-ed web based survey	Barriers and support perspective	Not a specific measure of play or leisure but focuses on participation across settings, it is a useful tool to see what strategies are used and where parents would like to see change occur.	Initial reliability and validity reported(Khetan i, Graham, Davies, Law, & Simeonsson, 2015)	Coster et al. (2012)
Assistance to participate scale (APS) (See also Section	**Environment –** support from caregiver	Measures the assistance needed by a child to participate in play or leisure pursuits	Mother/ care-giver for children 5-18	Rating scale on eight items using a	Scores subscale home & community and total responses.	May be used as an outcome measure and to evaluate and predict the amount and type of	Good internal consistency and correlated with PEDI, Able to discriminate	Bourke-Taylor, Law, and Howie (2010)

6.2.4)		in home or community	years	five point Likert response scale	Higher score indicates more assistance offered, inability for child to participate or higher level of care required	additional assistance families need	between groups (Bourke-Taylor & Pallant, 2013)	
Measure of Environmental Qualities of Activity Settings (MEQAS) (See also Section 6.2.4)	**Environment**	Measures aesthetic, physical, social and opportunity related qualities of leisure activity settings within the home and community	Young people	Observer rated measure by practition-ers and program managers	Global snapshot focusing on objective elements of activity setting	Does not provide an observation of environmental fit, rather rating of environmental qualities. Specifically developed for research to evaluated environmental qualities and ecological participation interventions i.e. as a fidelity measure. May be used as an outcome measure	Good to excellent reliability and ability to detect differences between types of activity settings Still in research stage	King, Rigby, et al. (2014)
Self reported Experiences of Activity settings (SEAS) (See also Section	**Environment** (activity setting) -	Designed to capture the experience of activity setting (i.e. situation specific) for personal growth, psychological	Youth (age 13-23 years) with and	Self report	Completed after 15 minutes of selected activity. Youth asked about	Useful to measure youth's experience of a setting both positive and negative, to inform	Good to excellent internal consistency and moderate retest reliability	King, Batorowicz, et al. (2014)

6.2.4)		engagement, social belonging, meaningful interactions and choice and control	without disabil-ity		nature of activity, where and with whom and familiarity with activity setting. Then complete 22 item, using a 7 point scale visual analogue self report	program design A parallel measure has been developed using picture communication symbols	(appropriate given that the place and setting changes) Undergoing development	

Adapted from (Brown & Chien, 2010; Bundy, 2001; Phillips, Olds, Boshoff, & Lane, 2013); Stagnitti (2004)

Table 3: Review of selected assessments of leisure suitable for adults

Assessment	Area of leisure assessed	Purpose	Client group	Clinical utility	Psychometric qualities	Sources
Leisure competence measure	**Competencies required for leisure**	Identifies competencies needs for skill development and performance Leisure awareness, leisure attitudes, leisure skills, social behaviours, interpersonal skills, community integration, social contact, community participation	Neurological rehabilitation	Designed as an outcome measure for use in rehabilitation and consistent with Functional Independence Measure	Good reliability and validity	Ganden and Donald (2009); Kloseck, Crilly, and Hutchinson-Troyer (2001)
Activity card sort 2nd ed. (See also Section 6.2.2)	**Leisure activities**	Helps to describe their instrumental leisure, high demand leisure and	Older adults and adults with disability 18-64, 65+	Picture cards of adults engaged in activities Person sorts cards into those activities they currently do and	Sound reliability Moderate correlation with occupational	Baum and Edwards (2008) Doney and Packer (2008)

		social activities.		those they did previously Has been adapted cross culturally. Has an Australian version	questionnaire	
Interest checklist	**Leisure activities**	Manual skills, physical sports, sport and recreation, activities of daily living, cultural / educational	Adolescents, adults	Has a variety of versions: Easy English version, modified and UK version	Multiple studies done. Has validity and reliability	Heasman and Paul (2008) McCormack (2014)
Leisure Diagnostic battery	**Leisure functioning** **Independence /dependence** **Freedom / helplessness**	Perceived leisure competence, control, leisure needs, depth of involvement, playfulness, barriers to leisure, preferences, knowledge of opportunities	Individuals without significant cognitive impairment	Self report, short and long form available	Has validity & reliability	Ellis and Witt (1986) Witt (1989)
Leisure Satisfaction Scale (See also Section	**Leisure satisfaction**	Identifies ways to problem solve barriers to leisure to	General population	Survey – has short and adapted version. Looks at areas of leisure need are met	Validity and reliability reported	Beard and Ragheb (1980) Di Bona (2000)

6.2.2)		enhance leisure satisfaction		through psychological, educational, social, relaxation, physiological and aesthetic.		
Assessment of Leisure Preferences	**Leisure profile**	Preferred leisure and attributes for students transitioning from high school	16-22, students with severe developmental disabilities	Forced choice assessment on computer using a mouse or touch screen Presents two activities and student needs to identify which one they prefer or neither Used with people with communication difficulties and who might have difficulty with indicating choices.	Validity and reliability reported	Kreiner and Flexer (2009)
Activity index & meaningfulness scale	**Degree of participation and meaningfulness**	Frequency, interest, participation and meaningfulness (autonomy, enjoyment and competence) in 23 activities	Adults	Likert type scale that measures meaningfulness, autonomy and competence.	Validity reported	Gregory (1983)

Adapted from Mackenzie and O'Toole (2011); McColl (2010); Sellar and Stanley (2010)

7 Enabling play and leisure

This section focuses on intervention for developing play and leisure, enhancing playfulness, addressing environmental factors and using using play and leisure as a medium for therapy for other goals. Included are narratives that illustrate occupational therapists work with people with disability. Section 7.5 & 7.6 focuses on the current evidence available to occupational therapists.

7.1 Enabling play and leisure participation

Enabling participation in play and leisure for people with disabilities is about ensuring there is a goodness of fit between the person's skills, the environment and the play and leisure activities he / she wishes to engage in. This may entail developing specific skills to enable this participation but equally may entail looking at adapting the occupation or environment.

Occupational therapy intervention aims to:

- develop, establish or restore the person's skills and abilities in their play or leisure pursuits
- assist the person (and/ or their supports) to develop habits and routines that make play or leisure part of his or her daily routine (Sellar & Stanley, 2010). For some people with disability they might need assistance with determining what they are interested in doing
- alter or adapt the context, environment or task to enhance and support participation in play or leisure using equipment and technology if required. Adaptations should be used in a way that the original meaning of the occupation is maintained (Sellar & Stanley, 2010)
- assist the person to explore new or alternative play or leisure occupations by helping them to consider options, when occupations or the environment cannot be adapted. Exploring previous experiences gives information about what was enjoyable what other options might give them similar experiences and the skills they may need to develop (Sellar & Stanley, 2010)
- educate, train and coach significant others to support play, playfulness and leisure
- prevent occupational deprivation and behaviours of concern by ensuring people with disability are engaged in play and leisure occupations of their choosing.

7.1.1 Adapting play and leisure occupations

Occupational therapists have unique knowledge and skills in being able to adapt play and leisure to facilitate performance. Sometimes people with disability may need to engage differently in an activity or in part of the activity. Even if this performance is a small part of the activity, practitioners need to remember that performance of an activity is not the only aspect of participation (McDonald & Brown, 2009).Changing or simplifying rules, using different equipment for the same game or developing specific sports (e.g. blind ball, boccia) can enable people with different capacities to participate (Mackenzie & O'Toole, 2011; McDonald & Brown, 2009).

Adapting Robert's leisure activities

Robert's story shows how the occupational therapist modified the physical environment and the equipment that a person uses, as well as, advocated for support from others to facilitate these changes.

Robert lived in a semi-rural area that was renowned for its gardens and close supportive community. At 55, he had to give up his work after his stroke. After his rehabilitation, he continued to experience problems with walking and mobilised using a wheeled walker. His occupational therapist spent time finding out his leisure activities and the meaning they held. Robert was okay with retiring from work, but he felt he would "go mad" if he could not spend time in his beautiful garden and continue to play his euphonium in the local concert band "under his own steam". He worked with the occupational therapist to identify which aspects of his leisure activities were difficult – access to his large garden, tools to work in his garden. They problem solved together, and discounted changing his gardening to smaller container gardening, as this would not be meaningful. He enjoyed also walking around the garden. Together they identified his most common route through the garden and the occupational therapist advocated for funding for ramps and rails in the appropriate areas. They also together determined methods and tools that would allow him to do as much as he could within the garden. She also connected him to the local gardening club and people that would be able to assist him with tasks he could no longer manage. In relation to his goal to continue with his concert band, they considered the alternatives. The band was in a fully accessible hall and he could get to the hall. The issue was that once there he could not manage his euphonium and his wheeled walker. There were many people in his band that had offered to help him but he felt that this made him feel inadequate and that part of the process was setting himself up ready to perform. Together they came up with a plan. The occupational therapist organised for a volunteer organisation to modify his walker so that it had a specially designed holder for his euphonium. He could then do his leisure activities "under his own steam".

A person with a physical disability may need to be in particular positions for play or leisure and equipment may be needed to facilitate this (e.g. specialist seating or positioning equipment) or the practitioners may need to teach parents or carers ways to position the person for optimal participation (e.g. a floor position for a child for play). Electronic assistive technology (e.g. switch adapted toys, power wheelchairs, environmental control units, communication aids, computer software) can facilitate play and exploration and a sense of playfulness (McDonald & Brown, 2009). Occupational therapists need to support the person and their carers in learning how to access the equipment, particularly at the initial implementation stage.

7.1.2 Developing play and leisure skills

Having opportunities and choices to engage in play and leisure in ways that facilitate meaning is one part of developing leisure. People with disability may have limited experience and need leisure education that promotes choice making and problem solving so that they can solve problems that might arise while participating in their leisure activity (Dattilo & Rusch, 2012). See the narrative below which highlights developing choices in leisure.

Sometimes the occupational therapist teaches the task and rules around a particular game. The teaching of specific skills is another that is dependent on the environment that supports the development of these skills. Use of peers, natural environments and natural supports assist with the generalisation of skills required in social settings.

Teaching play skills should still keep the essential qualities of play – that it is about being playful and not structured to the point of not having the freedom that comes with play (Luckett, Bundy, & Roberts, 2007). Modelling of play, following the child's lead and allowing for repetition in a fun way all assist in teaching these skills (McDonald & Brown, 2009; Stagnitti, O'Connor, & Sheppa, 2012).

See Section 7.6 for details of evidence based practice.

Andre develops choices through leisure education

Andre's story illustrates that to be able to make choices, leisure education can assist in knowing what you want to do.

Andre was 19 years old and not sure what he liked as he had not had many opportunities to make choices. Andre had Down syndrome and lived in a group home after being relocated from a large institution. Previously he had not had many opportunities for leisure, as organised activities were segregated and traditional such as ten-pin bowling. Andre and his support team used a picture based assessment, and person centred techniques along with an understanding of his strengths to ascertain what Andre was interested in exploring for leisure choices. He chose to explore skiing and being part of a drama group. The team could understand his choice of drama as this was an activity he had enjoyed at school. On questioning he told them he wanted to meet new people so the team explored a local drama group that was set up to be inclusive of people with disabilities. The choice of skiing surprised the team– he lived near the beach not the ski fields. By helping him to learn what was required to participate in skiing and with the support of his team, Andre planned for and went on his first ski trip.

7.2 Environmental strategies to support play and leisure

Occupational therapists have a role in advocating for societal change to provide appropriate environments for people with disability, so that they can access the health and social benefits of play and leisure (Neumayer & Wilding, 2004). This role is consistent with the rights to play and leisure outlined in Section 2. Occupational therapists use enabling skills such as advocacy, education, designing and creating opportunities to reduce the risk of occupational injustices, such as occupational deprivation and imbalance, for people with disability in play and leisure environments. The following narratives and table provide examples.

Learning to play: Strategies for adults supporting children with disability

This is an example of environmental strategies aimed at creating a supportive environment to facilitate play in an early intervention setting for children with disabilities.

I was asked to assist the early intervention class with teaching the children to play. When I observed class play time, it was structured and directed by the teacher's aides. They insisted that the children ask for a specific colour of cup or teapot in playing tea parties or count the teaspoons. It didn't seem like fun! The teacher's aides were all from different cultural backgrounds and saw their role as assisting in teaching. Education was important from their various backgrounds and play was just play – what you did when your schoolwork was finished. I asked them what they knew about play and what they liked to do when they were children. Many of them indicated that they assisted their families and there was not much time for play after school was finished. My first step was to hold some education sessions after class was finished for the day so that we could discuss the importance and value of play to the children's education. The teaching staff could see that play was something to be valued and could have positive affects on the children's learning. The manager in charge of the unit also supported them to allow time in the daily routine for play. But they were still unsure what they needed to do to support a child's play. So I modelled play activities – imaginative play using functional items (tea sets, dolls houses etc.). We also spent time playing with cardboard boxes, and other non-toy items to facilitate pretend play and object substitution. Staff were encouraged to scaffold children's play, and taught how to observe the children's cues and to understand how to extend the children's imaginative play. Soon there were funny voices and noises, cardboard boxes becoming helicopters and people "flying everywhere". Once staff got to this point, I was able to advocate for more play materials and make suggestions about how they would enable inclusive play with a group of peers without disability.

Table 4: Environmental strategies to facilitate play and leisure (Adapted from Crawford et al., 2014; Rigby & Rodger, 2006)

Environmental level	Strategies to support play and leisure
Systems level: policy	- Value play and support others to see the value of play through education programs - Design accessible play and leisure spaces - Develop recreational games and activities that are inclusive - Advocate for changes to policies to ensure adequate and safe resources, spaces and infrastructure for all
Institutional rules and practices	- Adopt a person centred approach and educate others on how to be responsive and inclusive. - Allow children to assist in the development of rules and boundaries that allow for play
Cultural environment	- Creating attitudes where play and leisure is valued for everyone - Ensure all feel safe and that they belong. - Include cultural materials in play and leisure (e.g. children's pretend play food). - Advocate for facilities that cater for specific ethnic minority groups - Lobby for inclusive and supportive play, leisure and community facilities and environments that are supportive for all including ethnic minority groups (Pereira & Stagnitti, 2008).
Social environment (Children's play)	- Assist adult play partners to understand how to scaffold children's play by making play and resources available in an unobtrusive way. - Assist adults to understand how to play with a child (e.g. get down to their level) and educate on observing child's cues in play. - Provide knowledge that assists adults to facilitate play, particularly peer play - Create opportunities for peers to play alongside children with disabilities and / or in close proximity - Assist peers in understanding the best way to involve the person with a disability - Create opportunities for children of same gender to play together
Social environment	- Create opportunities for instances of reciprocity, rather than just the person with disability receiving assistance. - Create opportunities for inclusive leisure and facilitate support from the leisure group - Reduce attitudinal barriers to leisure - Advocate for the experience of being able to take risks
Physical environment	- Create safe play and leisure spaces that cater to a variety of levels or ages and have different types of equipment that facilitate challenge and social interactions. - Advocate for policy changes that facilitate access to physically accessible play and leisure spaces. - Use assistive technology - Modify the materials or adapt equipment or spaces.

7.3 Enabling playfulness

Playfulness is considered a way that people develop flexibility and creativity that assists in solving problems and challenges (Bundy 1993, 1997). It is therefore important to occupational therapists and others who work with people with disabilities to consider playfulness within the therapeutic encounter as it supports the working alliance. “Play as a means of suspending the consequences of real life is an important concept. Clients come to us asking, though rarely in so many words, for us to “play” with them so that can develop skills that more nearly match those required for their real lives” (Bundy, 1993, p. 217). Play and playfulness are therefore a medium for therapy as well as an outcome for therapy.

Playfulness requires an environment where the attitudes of the people (adult, support person or peer) facilitate and support playfulness. This can be challenging for occupational therapists or support people who like a clear program about how this will occur, as it about being responsive to the person with disability and modifying interactions when needed. Occupational therapists can facilitate playfulness within a specific play intervention, use playfulness themselves within a therapy situation (e.g. being imaginative, allowing choice, responding to child’s cues, use of voice) or advocate for changes to the child’s social environment. Practitioners also have a role in educating others about how to support playfulness, particularly for those who have difficulty playing. For example, the FACS Playfulness in Care (PiC) resource aims to assist carers in understanding how to facilitate playfulness in the daily life of children with disability who are in care. The corresponding Hanging Out Program (HoP) is a program that encourages meaningful and playful interactions with adults with disability.

Other interventions such as DIR and Floortime models use playfulness to interact with a person with communication difficulties and develop communication and social skills. Occupational therapists are advised to seek further training and specific supervision if planning to use these therapeutic interventions.

Playing in the playground at lunchtime: Using peers

This is an example of peer-mediated play and how it was supported in a mainstream school setting.

Alister liked to act out his beloved Pokemon stories but could not let anyone else into his stories. Allan was interested in playing group games but didn't have anyone to play with. John liked to run around but could never remember his hat. Kylie didn't know how to start playing with someone. All these children had a disability.

Instead of teaching each of these children specific skills, the focus on intervention was on changing the social environment by assisting peers to become better supports for the children with disability. This consisted of peer buddy training, in playground support with prompting and a token reward system, and after lunch debriefing. This was also supported by whole of class activities to support play at lunchtime, such as information about play spaces, the rules and who likes to do what activities.

So some days David asked Alister to come and play soccer, other days they played Pokemon. Cherrie got a group together with Allan and they played duck, duck, goose. Phillipa and Peter helped John to get his hat and also discovered that John liked to play chess for the days that they could not find his hat. Jasmina asked Kylie to play elastics and showed her how to play this game.

7.4 Play and leisure as a medium for intervention for other goals

Occupational therapists use play and leisure to develop or remediate other occupations or specific occupational performance skills, in line with a person's goals (Neumayer & Wilding, 2004). Including play or leisure within therapy or daily routines may serve as reward or may motivate the person to be involved (Primeau, 2014). For example, time given to a child for free play after therapy.

Many interventions for children recognise the need for play to facilitate the intervention. Some teach children skills that they require for play (e.g. social skills). Other examples of using play and leisure as a means of intervention could include, using play to teach self care tasks; play therapy to improve the social skills of children with autism using games or craft to increase strength, improve manual dexterity or range of motion (Primeau, 2014). Technology and virtual reality games are being used in rehabilitation (Laufer & Weiss, 2011). Practitioners also use leisure activities to promote mastery and reinforce identity which is important for recovery from mental illness (McColl, 2010).

Putting on a play: A collaborative effort

This example illustrates how a collaborative effort is required to meet the multiple goals of people requiring interventions in a setting. It highlights the use of inclusive settings, natural supports and use of fun and imaginative play to address a number of goals.

I had a number of service requests from one school for children in two support classes for moderate intellectual disabilities. My speech pathology colleague, the teachers, teachers aids and parents developed a plan to put on a play that would address a number of goals: including dressing, speech, fine motor development and social skills. The children were included at all stages of the production. We called in volunteer theatre professionals to work alongside the children to make costumes and sets with donated materials. The children cut and glued and painted with great drive and purpose. During rehearsals they dressed and undressed in the context of rehearsing for the play. They learned their lines alongside students from the mainstream classes and developed new friendships. They immersed themselves in fantasy, and developed the story using their imaginations. The play was spectacular- with a huge professional set; many costume changes, delightful and confident performances from all actors, and two packed audiences. Collaborative teamwork made this happen using natural settings and resources to reach children's functional goals- all with no budget.

Play therapy is a form of psychological therapy that uses play as its medium, and is child led, process oriented and often with a creative arts focus. It is used to help children and adults with emotional, behavioural, social or psychological problems to express their difficulties and develop coping strategies (Bratton, Ray, Rhine, & Jones, 2005). Play allows children to express through their play activity rather than through the use of language and this may enhance their understanding of the world. Filial Therapy is a specific play therapy technique used with parents to enhance attachment. "Parents learn a set of skills that include structuring, empathic attunement, child-centred imaginary play, limit setting, through which they offer their children a safe and accepting environment with opportunities for the expression of feelings, communication and resolution of social emotional, and behavioural problems" (Vanfleet, 2012). Occupational therapists who use play or Filial Therapy require specialist postgraduate training and supervision.

When using play and leisure as a means for intervention, practitioners should:

- ensure that the use of the play and leisure occupation is valued and not relegated to the end of the session where it is seen as an add on rather than an important occupation in itself (Primeau, 2014)
- choose play and leisure activities that are meaningful and / or developmentally appropriate to the person and ones that they want to use to develop those skills (e.g. a card player who has had a stroke may want to use playing cards as an activity to work on regaining hand function for self care tasks and card playing)

- ensure that the play or leisure activity in therapy does not decrease the actual experience and reduce the meaning of that activity for the person (Sellar & Stanley, 2010)
- consider how they will facilitate the carryover of skills developed in this way to other daily occupations (Sellar & Stanley, 2010)
- consider whether leisure should be used to achieve therapeutic goals rather than just enabling a person to participate in leisure for the natural or intrinsic benefits that arise from participation (Stebbins, 1996 and Csikszentmihalyi 1996, cited in Neumayer & Wilding, 2004).
- incorporate elements of play and playfulness when using play with children to achieve other goals
- promote playfulness to encourage flexible and creative problem solving for people seeking occupational therapy.

Ali: Playing to learn to use the toilet

Ali's story shows how the occupational therapist used play as a medium to develop toileting skills.

I was asked to help a ten year old boy, Ali, who had a goal to be able to use a toilet. He had a phobia of toilets since he was first introduced to them. He would scream, panic and attack others to avoid going near a toilet. There was no history of traumatic experiences, and many attempts had been made to identify the reason for his fear and to support him past it. He had a severe intellectual disability and used limited sign language for communication. He had some gross motor difficulties but good sitting balance. Due to his fear, he was basically restricted to using a commode in the hall at home, and he would only use the urinal at school. He wasn't fearful of urinals. Outings were very difficult for him and his family and class, as he would panic that he might need a toilet. Away from a commode or urinal he would urinate in showers when visiting others, and soil himself rather than go near a toilet.

I worked on this goal at school initially meeting with him once or twice a week. I identified his likes, interests and safe bases: the classroom, soft toys, picture books, interaction with others, and fun games. We started in his classroom with storybooks about toilets (Maisy Mouse features heavily in this genre!), a toy Maisy and toy toilet that made flushing sounds. Ali supported the toy through a program of rewards and desensitising to use the toilet. Ali loved these games. We then moved closer and closer to the toilet until the play was in an accessible bathroom near the classroom, with all doors open and support to stop if he felt too threatened. I introduced racing-to-the-toilet games, using the (very clean) toilet as a target for throwing ping-pong balls, and pretending the toilet made funny noises when flushed. Ali laughed and laughed and gradually got closer. Soon the games included an over-toilet commode near the toilet, this moved to over the toilet. Within 6 weeks Ali had achieved his goal of using the school toilet after 8 years of phobia. I then transferred the games and strategies to a home-program, supporting his mother to achieve the same success.

7.5 Evidence based intervention

Play and leisure interventions are often complex interventions because of the interaction between the person, their play or leisure and the environment. The evidence base for interventions in play and leisure is emerging and research is ongoing. Research literature has typically focused on body structure and function levels of the International Classification of Functioning, Disability and Health (ICF) with some focus on activity. Novak et al. (2013) in their review of interventions for cerebral palsy highlighted that there were “no proven effective interventions for addressing the participation, environment, or personal factors levels of the ICF, even though these are philosophical priorities” (p.899). There is limited high quality evidence of the effectiveness of play and leisure within occupational therapy (McColl, 2010; Primeau, 2014). However, this does not mean that occupational therapists should not provide intervention for play or leisure or not use these as mediums for intervention, but rather practitioners need to be aware of the need to choose interventions with the evidence available to them and to evaluate their interventions. The evidence presented in the following sections is based on the reports given in publications noting current evidence. However, FACS has not qualified the quality of all statements and therefore this guide is an approximate guide only. Occupational therapists are advised to seek out original research and use their clinical reasoning to determine if the intervention they are exploring is appropriate for the person or group of people requiring intervention.

7.5.1 Leading evidence based practices

Before considering specific evidence on play and leisure, practitioners should revise evidence that relates to structuring intervention for people with disability. The following evidence based interventions identified in Table 5 may assist in structuring intervention plans. These interventions while not specifically addressing play and leisure may be used to encompass specific goals around play and leisure.

Table 5: Current leading practices of generic intervention strategies that are supported by high levels of evidence

Intervention	Reference
Context-focused therapy: changing the task or the environment (but not the person) to promote successful task performance.	Novak et al. (2013)
Goal directed/functional training: task specific practice of person centered goal-based activities.	Novak et al. (2013)
Home programs: therapeutic practice of goal-based tasks by the person led by the person and/or their carer and supported by the practitioner, in the home environment. Effective if it uses proven effective interventions; respects parent implementation preferences; and supports and coaches parent to implement the program.	Novak et al. (2013); Novak and Berry (2014)
Consultation: services provided on a consultation basis (e.g. for children and adolescents with sensory processing difficulties, developmental coordination disorders, and learning problems).	(Watling, Koenig, Davies, & Schaaf, 2011)

Table 6: Specific play and leisure interventions with high levels of evidence

Intervention and type	Intervention outcome	Available evidence	Comments
Participation in play, leisure and recreation activities	Improve social participation and social skills.	Arbesman, Bazyk, and Nochajski (2013) identify strong evidence that children with intellectual impairments, developmental delays, and learning disabilities benefit from social skills programming and play, leisure, and recreational activities. Carter and Hughes (2005) provide evidence that participating in recreation, leisure, and physical education programs results in improved social interaction in people with disability in regular schools with their peers.	Gives evidence that participation is important for the development of social interaction but there is still need for more information about skills based versus support based programs to support participation.
Play and music activities **Music related activities** (singing, listening to music, playing an instrument)	Improve social skills and attention to peers. Improve nonverbal and verbal communication skills. Reduce problem behaviours in children with autism.	Arbesman et al. (2013) indicates strong evidence that play and music activities for children with intellectual and language impairments can improve social skills and attention to peers. Geretsegger, Elefant, Mössler, and Gold (2014) state that there is moderate evidence that music-related activities (singing, listening to music, playing an instrument) can improve nonverbal and verbal communication skills and reduce problem behaviors in	More research with larger groups and adequate design required. Acknowledges that music therapy is a specialised area that requires further training. Practitioners who do not have this training could advocate for opportunities for children with autism.

		children with autism.	
Lego therapy (intervention)	Improve social skills. Reduce social difficulties in children with autism spectrum disorder.	Authors state that Lego social skills groups can improve social interaction and reduce social difficulties (LeGoff & Sherman, 2006; Owens, Granader, Humphrey, & Baron-Cohen, 2008).	Consistent and structured approach with simple social rules, different roles within group activities and facilitation of sharing and group decisions focusing on building Lego structures.

7.5.2 Current emerging evidence on play and leisure

Much of the research evidence is still emerging, and practitioners still need to ensure that they use appropriate outcome measures (e.g. COPM or GAS) to determine whether the intervention is working.

Table 7: Play and leisure interventions with emerging evidence

Intervention	Intervention outcome	Available evidence	Comments
Teaching play skills Video modeling, systematic prompting strategies, pivotal response training, use of restricted interests, activity schedules, social stories, integrated playgroup model and script training.	Improve play skills of young children with autism.	Systematic review of 26 studies using group and single subject research. Children with autism respond well to the structured environment. Most studies used combined methods so it is difficult to identify specific strategies that target specific skills. Suggested that use of play context with peers helps to promote generalization. Play activities need to be chosen that focus on strengths and interests and enjoyment. Suggests that game play with rules is one way that would assist play participation. Effective strategies: video modeling in	Majority of studies used lower levels of evidence. Some studies had very small numbers. Inconsistency of description of play in studies and some of the studies only describe functional play Little information about what will assist with generalisation of play skills into a natural environment or the duration and intensity required to affect acquisition and generalization.

		combination with other methods such as pivotal response (Jung & Sainato, 2013).	
Behavioural approaches to promoting play	Improve play skills in children with autism.	Systematic review of 13 studies that used behavioural techniques due to concerns about use of rigid techniques in relation to criteria of play. Evidence that behavioural approaches may be effective in changing children's disposition toward play. Most effective are those that build on existing abilities or rely on the motivating nature of the activity rather than external rewards. These interventions were heavily structured and relied on reinforcement, but also included "scaffolding" such as using a developmental approach or providing children with peer support to encourage turn taking. (Luckett et al., 2007).	More research is needed to examine the processes involved in generalization of skills to new toys, settings and especially playmates. Measures of quality of play should be included. Majority of studies use single case design.
Use of virtual reality	Children requiring rehabilitation.	Systematic review on virtual reality being used for rehabilitation for children. Positive outcomes in increasing playfulness, pleasure, motivation, spatial abilities and other treatment objectives (Laufer & Weiss, 2011).	Varied levels of research – High quality research required
Playgroups	Improve play skills. Improve self-esteem, and positive feelings. Reduce solitary play and behavior.	Arbesman et al. (2013) provide evidence that play groups for abused or neglected children can improve play skills, self-esteem, and positive feelings and reduce solitary play and behavior.	Not specifically about children with diagnosed disability but important as children with disability can also experience abuse or neglect. Research is based on lower levels of evidence.
Playground interventions a. Child-based intervention: Recycled unstructured materials	Increase playfulness. Increase physical	Preliminary evidence for a significant change in playfulness using loose non-play items in school playground increased playfulness of 5-	Initial trial and RCT included some children with disability but they were not the target group. Promising, innovative

are placed on the school playground to facilitate unstructured free play. b. Adult-based intervention: Risk reframing sessions held with parents and teachers (Niehues et al., 2013).	activity. Increase social skills. Explore benefits of allowing children to engage in activities with uncertain outcomes.	to 7-year-old children who are developing typically. (Bundy et al., 2008). A cluster randomized controlled trial (Bundy et al., 2011) included risk reframing as part of the intervention (Niehues et al., 2013).	and sustainable intervention. Current research is focusing on the applicability to children with disability. (Bundy, personal communication, 28/1/15)
Peer mediated interventions Children with and without disabilities, usually facilitated by an adult.	Improve responsiveness to peers. Improve positive behavior. Improve play skills. Improve social outcomes.	Clark and Kingsley (2013) identify moderate evidence that mixed playgroups of children with and without disabilities improves responsiveness to peers and improves total positive behaviour for both groups. Authors also identify that social outcomes improve when children with disability with peers are paired with better play skills.	Inclusive intervention using peers within the environment to support children's play. Need to consider the level of support available from adult facilitators.
Integrated play groups (IPG) Novice players are paired with expert players, with more in the group who do not have autism. Uses structure (e.g. routines, schedules and visual support) while allowing for flexibility of play activities. Includes use of: • Nurturing play initiations • Scaffolding play • Guiding communication	Improve play and socialisation skills in children with autism.	Evidence that IPG significantly improves symbolic and social play with a decrease in children not being engaged or engaged in isolated or onlooker play. These gains were maintained and generalised outside of the playgroup context (Wolfberg, DeWitt, Young, & Nguyen, 2015).	Program over 3 months. Within subjects repeated measures design using video analysis to measure frequency of different elements of play rather than duration.

• Guiding play within zone of proximal development.			
Pretend play **Learn to play program** Child led play based intervention using video modeling, play areas with different themes, adult facilitation modeling behaviour, talking about the play, using emotions and encouraging imitation and repetition with variation. Children took photos that were used to reinforce what they had done.	Develop self initiated pretend play skill in children attending special school.	Emerging evidence - developmentally play based program can be used by teachers and practitioners. Increases in social interaction and language over a 6 month period (Stagnitti et al., 2012).	Before and after study with control group – needs to be further research in this area. However the program was completed in a special school and highlights how a program might be used to improve pretend play in a peer play environment with opportunities for massed practice. Children still had low pretend play scores compared to same aged peers even though their play ability had improved.
Play based intervention involving playmates Video feed forward / feedback, techniques. Peer modeling. Parent involvement.	Improve play and social skills for children with Attention Deficit Hyperactivity Disorder (ADHD).	Preliminary and long term efficacy identified. Improved playfulness was maintained 18 months after follow-up. Parent implemented intervention also gave positive results. (Wilkes, Cordier, Bundy, Docking, & Munro, 2011; Wilkes-Gillan, Bundy, Cordier, & Lincoln, 2014a, 2014b).	Practitioner support critical to the process. Need for further research as small sample size.
Promoting playfulness	Improve playfulness.	Intervention can improve playfulness e.g. Playground study (Bundy et al., 2008). Community playgroup (Fabrizi, 2014) Intervention for play (J. O'Brien et al., 2000) Mother child intervention (Okimoto et al., 2000).	Some studies but many with small sample sizes.

Participation based therapy Family centred. Goal oriented. Collaborative. Strength based, ecological. Practitioner as consultant.	Improve participation in home and community participation for children with physical disabilities.	There is an absence of research in facilitating participation so this case report is preliminary evidence. Shows promise as a structured way to develop capacity in the child, family and community (Palisano, Chiarello, King, et al., 2011). Individually tailored education and mentoring programs were found to enhance participation outcomes, studies with a primary focus on body structure and function had no effect on participation (Adair, Ullenhag, Keen, Granlund, & Imms, 2015).	This intervention draws on current research on the determinants of participation. It can be a complement to other evidence informed interventions.
Leisure interventions for adults	Improve leisure participation.	Limited research available on leisure interventions – most research about interventions for people had a stroke (McColl, 2010; McColl & Law, 2013). More intensive programs were more likely to result in positive leisure and brief consultation type interventions were unlikely to be successful. Focus of interventions were on skill or occupation development, environmental modification programs and support provision.	Five studies focused on stroke, and these were RCT's. Successful interventions had more intensive program or focused on attitude change on outdoor mobility
Modifying activity demands	Improve participation in leisure for adults with Alzheimer's disease.	Systematic review reports strong evidence that modifying demands enables participation in leisure. Recommends Occupational therapy programs should be individualised to elicit the person's highest level of retained skill and interest. Individualised program of compensatory strategies (environmental modifications and simple adaptive equipment), caregiver training and involvement are	Addressed both self care and leisure. Only 1 of the studies was blinded and 5 studies used caregiver reports of change so levels of evidence varied.

		essential. Cues used while assisting people with Alzheimer's to complete tasks should be short and provide clear direction. (Padilla, 2011).	

There was no research evidence that identified play or leisure interventions that should not be used or were unsupported for continued use. As most of the evidence is still emerging within the play and leisure research, practitioners are advised to ensure that they use appropriate outcome measures to evaluate their interventions. It is recommended that if practitioners are planning to use particular interventions that focus on components that contribute to play and leisure difficulties, that they consider the evidence on those specific interventions (for example, seating and positioning, sensory processing, assistive technology).

8 Australian Standards

The Australian Standards for playgrounds AS 4685:2014 were recently revised, as an adoption of the European standards with some minor variations that are suited to Australian requirements around sun exposure (Davy, 2014). This change was in response to a review of injury data and concerns that previous versions of the standards were too risk-averse and did not encourage outdoor physical activity. Other standards that are important when considering playgrounds are the Australian Standard AS 1428: Design for access and mobility. Kidsafe NSW provides further information about these standards.

9 Review of person centred outcomes

During the implementation phase, regular consultation with the person (and their support people, where relevant) is necessary. Data should be collected and analysed to evaluate the effectiveness of implementation in achieving the functional goals that were set. Suitable person-centred outcome measures include the Goal Attainment Scale and Canadian Occupational Performance Measure.

If the person's goals have not been achieved, interventions used should be re-examined and other hypotheses should be considered. This may also promote the need for re-considering other domains (e.g. medical, environment, communication and behaviour).

When the person's goals are met, a final evaluation of the intervention is necessary and future recommendations may be provided. Relevant recording and communication of findings is required. For more information, see the Philosophies, Values and Beliefs Core Standards Program.

10 Summary: occupational therapy best practice in play and leisure

When considering play and leisure, the occupational therapist must adopt contemporary philosophies, values and beliefs. The practitioner must be prepared to advocate for people's rights to play and leisure and to promote their health and well-being benefits. The occupational therapist needs to use higher level evidence based practices combined with their clinical reasoning to identify the best person centred action for those seeking assistance with play and leisure. This guide summarises these practices for the occupational therapist.

11 Links to other Resources

General play resources

Play and Play Things - Health A – Z - Child and Adolescent Health Service

Provides links to information about play and play things from the Princess Margaret Hospital (Western Australia).

Play with Children

This South Australian government website has a number of links to many factsheets about play, including why play is important and how to play with children.

Play stages

This website from the Women and Children's Hospital (South Australia) has links to resources about play stages – written as an easy read document for children ages 0-3 years and is available in English, Vietnamese, Arabic and Khmer.

Playgrounds and play environments

Kidsafe NSW

This site provides links to relevant Australian Standards and resources relating to safety for playgrounds.

Play resources for Children with Disability

Play: Developing kids' potential every day

This website by Novita Children's services has a number of fact sheets that address ways to address play challenges for children with physical disability

The P.L.A.Y (Play and Language for Autistic Youngsters) Project

This is a link to the US site that provides resources and information on this project.

Sydney playground project

Information and ideas about how this research project used loose materials in school playgrounds to increase social skills, physical activity and play in the school playground.

Playfulness in Care (PiC) resource

This tool, developed by the Practice Leader Occupational Therapy, FACS, is a guide for carers in how to facilitate playfulness for children with disability.

Assessments of play or leisure for occupational therapists

Assistance to participate scale

Free tool, which measures the assistance, a child requires to participate in play and leisure. Can be used as an outcome measure.

Pediatric interest profiles

Modified interest checklist available free from Model of Human Occupations Clearing house.

Modified Interest Checklist

Modified interest checklist available free from Model of Human Occupations Clearing house.

Participation Environment Measure – Child & Youth (PEM-CY)

Measure is free in electronic version for parents. Creates a Participation profile.

Self reported Experiences of Activity settings

New measure. Need to create login to access this measure.

Child focused therapy and research resources for Practitioners

Children need to play by Karen Stagnitti

Karen Stagnitti is the developer of Learn to Play and the Child initiated pretend play assessment. She has extensive clinical and research experience, and her site has lots of information and resources centred on pretend play.

Autism Institute on Peer socialization and play

This site has information about integrated playgroups.

Participation Hub

This is a knowledge hub of CanChild Centre for Childhood Disability about participation. Has resources for parents, service providers and researchers.

Raising children with disability
It includes information on kids with special needs/autism, including The Behaviour Skills Builder – an interactive tool aimed to help parents of young children with disability or developmental delay manage difficult behaviour.

Can Child Centre for Childhood Disability
This site provides research and evidence based information for parents and professionals about a variety of issues relating to children and youth with disability.

DIR and Floortime models
This is the Interdisciplinary Council for Development and Learning site.

Playtherapy international
This site provides information and resources for therapeutic play, play therapy, filial play and creative arts therapies.

All in: The Inclusion Guide
This is an initiative developed by Northcott in collaboration with NSW Government Ageing, Disability and Home Care (ADHC) to help create a more inclusive community for children with disabilities.

Youth or adult focused resources

Hanging out program
A guide for people supporting adults with profound intellectual and multiple disabilities in services, that focuses on interaction for people at risk of isolation.

Every moment has potential
Online modular course for support workers about active support

Person centred planning

Person centred thinking tools
This site by Helen Anderson Associates has a range of person centred tools and other resources.

Think and plan
This site has templates that can be used on the computer for person centred planning.

Lifestyle Planning Guidelines
ADHC's guidelines on lifestyle planning and when to use certain person centred tools.

Books

These are books about play or leisure assessments or intervention resources that are useful to occupational therapists.

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