
PUBLIC PLAY PROVISION FOR CHILDREN WITH DISABILITIES

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DISCLAIMER

The views and opinions expressed in this publication are those of the authors and do not necessarily represent the views or opinions of the National Disability Authority (NDA).

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EXECUTIVE SUMMARY

This study into the public play provision for children with disabilities has been carried out by Sugradh. The research is funded under the NDA Research Promotion Scheme. This scheme was established to facilitate disability groups and community & voluntary organisations working on disability issues to undertake research. The scheme aims to build the research capacity of such groups; to broaden and deepen knowledge of specific disability issues; and to inform policy makers and service deliverers of disability needs and issues. The NDA is committed to research using participatory methodologies and within the framework of a social model of disability.

The aims of the research are to:

1. Examine the existing public play provision for children with disabilities in Ireland,
2. Establish the requirements of children with disabilities in relation to access and the suitability of playgrounds, and
3. Improve policy and provision of play for children with disabilities through a better understanding of the need for inclusive play.

The focus of the study is on the social model of disability and how this approach may be used to improve access to public play facilities, which are the predominant form of play provision for children in Ireland. While the study is largely concerned with public playgrounds, the same principles and advice would also apply to all places used by children for play and recreation, including the general open space of housing areas, recreational centres and other public facilities. The study included a review of the literature on play and children with disabilities, a questionnaire sent out to the main disability organisations in Ireland and to relevant staff in the Health Boards, media requests to parents and children for information on experiences with playgrounds and an examination of local authority play policies in Ireland.

The nature of play is discussed as being essential to the social, physical, intellectual, creative and emotional development of the child and it is the way in which children learn about their world. The developmental nature of play makes it even more vital for children with disabilities. The changing pattern of play is also outlined, including a decrease in free play and outdoor play and an increase in adult directed activities due to rising concerns that adults have about children’s safety. The focus of this study is on “inclusive play” in which children of all abilities can play together promoting and encouraging social integration, enabled by playground design based on the principles of universal access (Hicks and Heseltine,2001).

Relevant international legislation specifically in relation to play and children with disabilities was also examined. Currently, there are only two pieces of legislation in this area, specifically the Disability Discrimination Act 1995 (DDA) in the UK which requires disability access to all playgrounds by 2004 and the Americans with Disabilities Act 1990 (ADA) which requires disability access for a range of playground equipment on all new playgrounds.

Survey Findings

A survey of disability organisations was carried out with a view to eliciting their views on a range of issue connected with children’s play. The main findings of the organizational survey were:

- The frequency of children with multiple impairments and the emphasis on children who have learning difficulties or degrees of intellectual disabilities.
- The lack of playgrounds in general and the poor access to those playgrounds that do exist.
- Unsuitable loose-fill surfaces, such as gravel and bark which pose problems for those with mobility impairments and the unsuitability of much play equipment for disabled children.
- The negative attitudes of other children, parents and some staff. This issue would be compounded by the less developed social and communications skills of many children with intellectual impairments.
- The lack of supervision of playgrounds and the lack of appropriately trained staff that could support the play of disabled children, even when facilities, such as playgrounds and play schemes, were available.

Access Audit

A disability access audit devised in the UK, by the Royal Society for the Prevention of Accidents (RoSPA), was used in this study. This audit system is being widely used there by local authorities in response to the DDA. It is a system that is familiar to the author of this study and may be used here with only minor modification. It also reflects the social model of disability. While the access audit was only administered to a random sample of playgrounds in Ireland, around 10% of the total number of playgrounds at the present time (see Appendix 2), it does illustrate a number of points:

- Most of the poorer scores relate to the distance of the play area from the car park, illustrating the importance of getting the location of the play area right at an early stage in the design process.
- If a car park has a poor surface with gravel or potholes, then access to a play area is restricted.
- Generally, the older playgrounds have the worst scores. This is largely due to the main play surfaces being of gravel, equipment not conforming to standards and the lack of any integrated play items.
- The newer playgrounds, with a firm impact attenuating surface, such as rubber tiles and integrated play items or equipment with access aids, such as transfer platforms, generally have a better level of assessment and come under the “fully accessible” category, in which there is access to at least one of each of the main play types.
- The majority of the playgrounds examined come under the “generally accessible” category. These playgrounds have a firm impact attenuating surface and would be accessible to those with intellectual, and possibly sensory impairments. Those children with physical impairments may be able to use certain items with help.

This is only a preliminary assessment but it does give an indication of the levels of access at individual sites. The audit can be used by playground operators to gauge the level of accessibility of their play facilities. It can also assist them in developing a cost effective

programme of playground improvements to enhance accessibility. Training would be available in Ireland through RoSPA.

Providing for Play

Advice is given on the development of an inclusive play policy for local authorities. The approach of universal design is also discussed in relation to providing inclusive public play facilities. In terms of access to play facilities the key issues are providing a firm access from the car park to the play area and between the play equipment. The types of equipment that can provide for inclusive play are described. However, access to a play facility is only the beginning. Children with disabilities need help to learn their individual capacity to use the facility and to develop new ways of playing. Play for children with disabilities may not emerge as easily as it does with non-disabled children and may therefore need more adult encouragement.

Providing access to unstaffed public playgrounds and designing them for inclusive play is a just and essential aspect of providing for social inclusion and will benefit children of all abilities. However, for many children with physical, intellectual and sensory problems, those with multiple impairments and children with learning and behavioral problems, ordinary play facilities may not cater for all of their needs. International experience shows that this support and encouragement can only come from trained playworkers in staffed play settings specifically designed as places where the children are fully accepted and where they can, through supported play programmes, such as adventure play, explore, experiment and expand their abilities at their own pace in a supporting and constantly changing and developing environment.

RECOMMENDATIONS

This report makes the following recommendations:

1. The forthcoming Disability Bill should specifically recognise the play and recreational needs of children and teenagers with disabilities. The principles underpinning this recognition should be those of Articles 23 and 31 of the UN Convention on the Rights of the Child, the Council of Europe Resolution on Universal Design and Inclusive Access 2001 and the Barcelona Declaration on Disability 1995.
2. The forthcoming Disability Bill should require that reasonable alterations should be made to policies and practices to allow access to existing indoor and outdoor leisure centres, swimming pools, playgrounds, and playgroups, through permanent, physical adjustments. All new and proposed facilities should include for disabled access as a matter of course following the principles of universal design and access.
3. That these adjustments should provide an accessible route to all play facilities. Specific consideration of access in terms of play value should be provided. Where a playground provides for the main gross motor skills, each of these gross motor

- skills should be accessible to children with disabilities by at least one item of equipment.
4. The National Children’s Strategy required City/County Development Boards to ensure that local play and recreational needs will be incorporated into their Strategies for Economic, Social and Cultural Development. These Strategies and any policies coming from them should include an overarching commitment to provide for inclusive play for all children through the principles of universal access and design.
 5. That the consultation with and participation of children with disabilities, their representative organisations, their non-disabled family members and carers should be consulted during the design process for play facilities, a process supported by the first National Goal of the National Children’s Strategy that “*Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity*”. See also the NDA Guidelines for Consulting People with Disabilities.
 6. That disability access audits should be carried out on all playgrounds to assist playground managers to determine cost effective ways of providing for inclusive access.
 7. That once accessible provision is established, playground and play scheme staff should receive training in disability awareness and safe lifting practices.
 8. This report recommends that a pilot adventure play centre, with trained playwork staff, be established in the Dublin area. The centre would be community based and would specifically provide for the needs of children with intellectual and multiple impairments as well as for siblings and the children in the surrounding community as a demonstration of inclusive play. Such a centre may be established under a partnership programme to include the Community Development Section of Dublin City Council, a voluntary organization and the Eastern Health Board.
 9. That a third level training programme in playwork should be established in Ireland at one of the Institutes of Technology. The training should include modules on disability awareness and the specific needs of children with disabilities.

1.0 INTRODUCTION

This study into the public play provision for children with disabilities is carried out by Sugradh, a registered charity promoting the child’s right to play. This research is funded by the National Disability Research Promotion Scheme established to facilitate disability groups and community and voluntary organisations working on disability issues to undertake research. The scheme aims to build the research capacity of such groups; to broaden and deepen knowledge of specific disability issues; and to inform policy makers and service deliverers of disability needs and issues.

The aims of the research are to:

1. Examine the existing public play provision for children with disabilities in Ireland,
2. Establish the requirements of children with disabilities in relation to access and the suitability of playgrounds, and
3. Improve policy and provision of play for children with disabilities through a better understanding of the need for inclusive play.

The main issues addressed by the research are:

1. Existing policies and practices of legislators and policy makers and play providers in relation to children with disabilities
2. The requirements of children with disabilities in relation to access to playgrounds and equipment, including disabled carers, the suitability of play equipment for various forms of physical and intellectual disability and the desirability of incorporating natural elements into playground design
3. A review of existing design guidelines for their suitability for use in Ireland
4. Proposals for policies and planning guidelines for playground providers
5. The training of playworkers in this area, and
6. Dissemination of the results of the study through a publication and a national seminar on inclusive play.

The main beneficiaries of the study will be:

1. Children with disabilities, as users of play facilities, and their non-disabled family members and carers,
2. Play workers who care for children with disabilities and who plan for their play, and
3. Providers and planners of play facilities in the public, private and voluntary sectors.

The areas of policy that it is hoped will be influenced as a result of undertaking this research are:

1. The National Play Policy, under development by the National Children's Office,
2. The policies of Local Authorities as the main providers of children’s play facilities,
3. The policies and plans of the voluntary bodies and Health Boards with direct responsibility for the play needs of children with disabilities, and
4. The planners and designers of play facilities and equipment manufacturers and suppliers in Ireland.

“All children need a place to play. They need space, informality, freedom to move around and make a noise, to express themselves, to experiment and investigate. Disabled children need this freedom even more than others. In surroundings which stimulate their

imagination and challenge them to face and overcome risks, they will be given opportunities to build their self-confidence and independence.” Lady Allen of Hurtwood, 1968, founder of Kidsactive.

2.0 METHODOLOGY

The methodology was developed in order to determine best practice in the play provision for children with disabilities through:

- Examining the relevant literature,
- Gaining an understanding of the experiences of children with disabilities and their carers in relation to play facilities in Ireland and
- Gaining an indication of the current standard of play provision in Ireland.

There were several methods of data collection employed during this research process. These include:

- A review of the relevant literature;
- A survey of disability groups that are involved with children and other key stakeholders, such as the disability officers with the Health Boards, who may interact with children. (see Appendix 1 for the questionnaire and Appendix 4 for the organisations contacted)
- Invited comments and observations from children and their parents.
- An email to the author’s national and international contacts with play expertise, seeking information;
- Enquiries to the relevant officer responsible for amenity and recreation issues in the larger local authorities regarding the existence and nature of any play policy. Contacts were made with staff in Dublin, Galway and Cork City Councils, South Dublin, Dun Laoghaire Rathdown, Fingal, and Cork County Councils;
- An access audit of randomly selected playgrounds, using the audit developed by the Royal Society for the Prevention of Accidents (RoSPA) in the UK (Appendix 2).
- Visits to selected playgrounds and organizations to gain an understanding of best practice in this area.

Dissemination of the report is by means of a seminar. Copies of the report will be available from the library of the NDA and will be downloadable from the Sugradh website.

3.0 CONTEXT OF THE STUDY

The report “A Strategy for Equality”, produced by the Commission on the Status of People with Disabilities (1996) promoted the move away from the provision of services for the disabled through specialist agencies towards mainstreaming, in which these services were to be provided through the relevant bodies, such as the Health Boards, FAS, etc.

This present study, dealing largely with aspects of service provision and policy, is informed by the Social Model of disability. It is, therefore, not only concerned with specific types of impairment and the ways in which these affect a child’s ability to play, but more importantly is concerned with the social consequences of impairment, in which social attitudes determine exclusion and the allocation of resources. Research on attitudes to disability in Ireland has been carried out by the NDA (2002a).

By “children with disabilities” we mean children who experience discrimination on the grounds of their impairment(s). These discriminative practices will often appear in people’s attitudes, in the built environment and institutionalized systems, which make it difficult, or impossible for such children to join in. Many children with impairments make use of playgrounds with their families and friends and greatly benefit from the experience. Where this happens, it may be argued, children are not being discriminated against and are not therefore “disabled”.

One definition of disability, influenced by the Social Model, sees disability as:
“..a social model of disability,... places a person’s impairment in the context of the social and environmental factors which create disabling barriers to their participation in society. This contrasts with more medical and individual concepts of disability, which equate a person’s impairment with their disability, without placing it in context.” (NDA, 2002a, p.7).

Also, *“The disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have a physical, sensory, learning, mental health or emotional impairment and thus excludes them from participation in the mainstream of social activities”* (NDA, 2002a. p.8 taken from Fundamental Principles of Disability, Union of Physically Impaired Against Segregation, London, 1976). In other words, children are disabled by the attitudes, actions and omissions of society in failing to include them in their natural social environment.

While the focus of the study is on the provision of better playground facilities, the principles and general advice in the study will also apply to the wider play environment, such as the design of open spaces in parks and in housing areas, recreational facilities such as swimming pools and leisure centres, hospital play facilities, school playgrounds and open spaces, crèches and playgroups and sports facilities generally and to any public places to which children with disabilities should have access.

One drawback is that there is little definitive information available on the numbers of children in Ireland with disabilities. It is estimated that 10% of the population has a disability and that there are up to 47,000 children and youth up to and including 19 years

of age with a disability (Population and Migration Estimates, 2002 CSO). However, the Health Research Board has provided this study with a profile of young people with disabilities, through the National Physical and Sensory Disability Database (NPSDD) and the National Intellectual Disability Database (NIDD). Table 1.

It should be noted that participation in both the NPSDD and the NIDD is voluntary and the databases identify people with disabilities who are currently availing of, or require, specialized health and personal social services and so do not constitute the total population of people with physical, sensory, or intellectual disabilities in this country. In addition, while implementation of the NPSDD is now underway in all Health Boards, data collection is at various stages of completion and no Health Board considers their dataset complete at this time. According to the Health Research Board the data which has been collected so far has not been fully validated.

Table 1. Profile of Clients aged 0-12 and 13-18 by Type of Disability

Type of Disability	0 – 12 years	13 – 18 years	Total Clients
Physical and Sensory			
Physical	2659	881	3540
Hearing Loss/Deafness	197	102	299
Visual	124	84	208
Physical & Hearing Loss	70	16	86
Physical and Visual	74	25	99
Physical, Hearing Loss & Visual	28	4	32
Not Specified	710	270	980
Total	3870	1387	5257
Intellectual Disability			
Not verified	766	48	814
Mild	1750	2568	4318
Moderate	1244	1127	2371
Severe	419	362	781
Profound	115	91	206
Total	4294	4196	8490

4.0 LITERATURE REVIEW

4.1 The Nature of Play

Any discussion regarding play and children with disabilities cannot ignore the nature of play itself, the changing patterns of play and the trends and directions of childhood today. The first of these, the nature of play and the changing patterns of play, was discussed in Webb (1999) and it is useful to mention these again briefly in the context of play provision for children with disabilities.

A definition of play that is widely accepted in the field is that “*play is freely chosen, personally directed, intrinsically motivated behavior that actively engages the child.*” (Best Play, NPFA, 2000). This is an important definition as it distinguishes play from therapy, games, sports, arts and other adult initiated and directed activities. Play is the way that children learn about themselves and the world in which they live. Play influences the social, physical, intellectual, creative and emotional capacity of the child. Play is a positive end in itself.

Diversity is one of the most important aspects of children’s play. The environment for play should offer a richness of opportunity that allows each child to exercise choice and to grow safely at their own rate (Dattner, 1969). These aspects are especially important for disabled children, whether in a public play setting or a more specialized play environment, especially if there may be limited opportunities for stimulating and challenging activities within the home, school or the wider environment.

There is a growing awareness, supported by research evidence, that play is a fundamental and integral part of healthy development, not only for the individual child but also for the societies in which they live. Neurological data by Huttenlocher (1990, 1992), Sutton-Smith (1997) and Gould (1996), suggests that early enriched play experiences may have a lasting effect on children’s development and later capacity to think and to process information, whilst impoverished experiences have the reverse prognosis (Play Wales, 2003). Sutton-Smith (ibid) suggests that “*Play’s function...may be to assist the actualization of brain potential*” (p225). He suggests that as the human child is born with a huge neural over-capacity that will die if not used, play results in the uptake of this over-capacity, thus ensuring its continued participation in future brain processes.

From a child’s point of view, any activity other than play diverts them from their play and it is a reasonable inference that play is a child’s first hand learning, undertaken by trial and error. Not only are they developing the neurological foundations that will enable problem solving, language and creativity, they are also learning while they are playing. They are learning how to relate to others, how to calibrate their muscles and bodies and how to think in abstract terms. Through play they learn social skills such as communication, negotiation and listening skills. Through the freedom, control and choice they experience at play they learn about themselves and the world around them. Such skills are essential in the creation of self-esteem and confidence and are linked to emotional intelligence (Play Wales, 2003).

It is important, therefore, that children are exposed to a rich play environment, especially during their early years. A checklist for creating a rich play environment is given in the publication, *Best Play – What play provision should do for children*, (NPFA, 2000). This document also sets out the role of play in child development, play deprivation and its consequences, and outlines seven objectives that should apply to any provision which aims to offer children good play opportunities. These include the underpinning values and principles that should be put into practice and form the basis against which play provision may be evaluated and, as such, should provide the measure for the provision of inclusive play. The objectives of a play facility should:

- Extend the choice and control that children have over their play, the freedom they enjoy and the satisfaction they gain from it.
- Recognise the child’s need to test boundaries and respond positively to that need
- Manage the balance between the need to offer risk and the need to keep the child safe from harm
- Maximise the range of play opportunities
- Foster independence and self-esteem
- Foster children’s respect for others and to offer opportunities for social interaction.
- Foster the child’s well-being, healthy growth and development, knowledge and understanding, creativity and capacity to learn.

The relative availability and range of opportunities for play that children have access to, and the degree to which they can control their own play activities have been found to have a direct bearing on the type of adult that they become (Dattner, op.cit.). However, studies by Heseltine (1994) suggest that the mere provision of playground equipment has comparatively little impact on directly fulfilling the play needs of children, although the greater the variety of equipment, the more popular the playground. Playgrounds are used by children primarily as a focus for play and as a place to meet friends and to socialize. Children do not distinguish strongly between those places in which they actually play and those where they are obliged by adults to play. The important point is that children will play everywhere and with anything (Ward, 1978). Children interact with their whole environment and it is the diversity of environments within the neighbourhood and the available access to them that are among the most important factors in child development (van Andel, 1990).

Children as a whole are frequently excluded from participating and putting forward their point of view. Disabled children are faced with a double exclusion – that of being a child, and that of being disabled which further limits their independence and control. It is well known that a lack of general stimulation and play opportunities at an early stage in a child’s life cannot be compensated for later on. The experiences a child receives between birth and three directly affects the way neural pathways develop in the child’s brain (Healy, 1998). The wider society is also affected, a situation that reinforces the isolation of families with disabled children (Scott, 2000). Children whose play opportunities are restricted or denied for whatever reason can suffer developmentally and the communities and the families they live in are impoverished as a result. (NVCP, 1992. Charter for Children’s Play).

4.2 Changing Patterns of Play

All of these previous studies and observations on children’s play and play behaviour have been carried out within the context and understanding of the concept of ‘free play’, where children have time to be children and where they have the ability to roam and to use the whole environment for play. Children with a physical, intellectual or sensory impairment may be restricted in their access to this ‘free play’ concept. Such children may often lead quite protected lives, under constant adult supervision and are taken by adults to specific play spaces for limited amounts of time and within an adult agenda.

Cars have now come to dominate the spaces where children could once play safely with their friends and within earshot of home. As traffic increases, roads are perceived by parents as being unsafe and more children are taken to school by car. A UK study has found that 9% of children aged 7-8 years old walked to school in 1990 compared to 80% in 1971 (Gill, 1995). The lure of video games and computers encourage children to spend more time indoors than playing outside. A more sedentary childhood is a major factor in increasing levels of childhood obesity (Irish Heart Foundation Conference 2002.) Academic pressures are also restricting the time a child has for free play. Economic pressures on the family also mean that both parents are out working all day.

Prout (2001) argues that society is struggling with an ambiguity about childhood, between equally problematic images of children in danger and children as danger. Childhood is often depicted through images of dependence, vulnerability and idealized innocence. The positive side to this is that it draws attention to issues such as neglect, poverty and the safety of public spaces. However, it also demands an ever more watchful protection and control over children. Activities traditionally open to them, such as playing in the street and roaming around the neighbourhood, are seen as being increasingly risky. Media exaggeration of the risks that children experience plays an important role in raising levels of public concern. As parents become ever more concerned about children’s safety in public spaces there is a growing tendency for children to be concentrated together so that their activities can be under constant adult surveillance, whether it is school, after-school club, sports, or a supervised playground (McKendrick, 2000). The long term implications of this trend, in terms of children’s intellectual and emotional development are profound and deeply disturbing for society as a whole.

Huttenmoser et al (1995) referring to what they describe as “*battery children*”, attribute play deprivation to the effects of traffic and parental fears of predatory adults. Battery children they say, “*showed considerably less advanced social and motor development, and were less autonomous*”. Hugill (1998) also quoted the report, stating that they (battery children) are “*often aggressive and whine a lot. By the age of five they are emotionally and socially repressed, find it difficult to mix, fall behind with school work and are at much greater risk of obesity*”.

Chugani’s studies (1996) on children who have been without play and who have become stimulus deprived, report “*mental problems, physical de-sensitisation, and restrictions in brain growth and severe learning difficulties, erratic behavior, difficulty in forming*

bonds, depression and withdrawal resembling autistic children or hyperactivity and loss of control, like children with ADD.”

4.3 Understanding Play and Disability

Although a great deal is known about medical and physical effects of different kinds of disability, very little attention has been given to the way the nature of children’s play is changed by a disability. Some key studies include Ayers (1991) *Sensory Integration and the Child*, Blakely, Lang and Hart (1991) *Getting in Touch with Play – creating play environments for children with visual impairments*, and Cratty (1986) *Perceptual and motor development in infants and children*.

While there has been progress in mainstreaming disabled children into the general system for education and care, very little progress has been made to extend this practice into the provision of play and recreation in Ireland. Initial attempts are being made to improve access for disabled children to facilities provided for all children. However, access to a facility is only the beginning. Children with disability may need help to learn their individual capacity to use the facility and to develop new ways of playing. Play for such children may not emerge so naturally and informally as it does with other children and may need to be encouraged (Allen, 1980).

Play is crucial to children’s emotional well-being and sense of belonging. “*What children value in themselves and others is closely related to ‘play abilities’. These ‘play abilities’ are hugely important to their acceptance within a group and to their own perception of self and therefore self esteem.*” (Casey, 2003).

“For certain children (such as children on the autistic spectrum), play does not come naturally as an instinct, as that original impulse has been impaired. Therefore, the spontaneity actually does have to be ‘taught’ – often explicitly, as the children cannot be assumed to ‘pick it up’ from others. Sensitive adult interventions and experienced buddy peers are essential to enable these children to engage. Altogether we have to do a lot of ‘enabling’. Confidence alone is not enough to be able to interact. There is a long process of encouraging a child’s ability to learn to take initiatives – and even just to want to take them.” (Blackwood, in Casey, 2003).

A study by the International Association for the Child’s Right to Play (IPA) in 1989 on an inclusive playground at Vaxholm in Sweden, found that children with disabilities played differently from other children on the same facilities (Ashley, 1999). Children with disabilities had to learn how they could use the facility even when they had the access. They had little understanding of how to play in this situation and had to learn to build up this understanding. They could not simply imitate the play of other children, which is how most children normally learn how to play, but had to devise new ways of playing. It was important then, that the design of the facility encouraged experiment and alternative uses.

To assist this process, the children needed the help and encouragement and often the physical support of adults, in order to learn what capacity they had to use the facility. In

many cases the supporting adult, whether parent, carer or playworker also had to learn what play was possible for the individual child and be prepared to make an effort to allow the child to experiment and to facilitate the play, which is often difficult for a parent who has always been so protective. Ashley (op. cit.) makes the important point that because a child needs more time to learn this process (itself a point raised by respondents to this study’s questionnaire) the facility has to retain the interest of supporting adults and should provide opportunities for them to relax and develop their own social contacts. In the Vaxholm study, an essential element was the presence of a full-time specialist playworker who provided a continuity of social focus and who could facilitate social relationships with adults as well as with children. The play worker also built up an understanding of the support needed by the disabled children to use the facility.

Play research shows that even trained adults have great difficulty in understanding children’s play and often the real meaning of the play to the child is different from the meaning which the adult gives to the play (Ashley, op.cit.). This is the problem of designing for play. Difficulties in designing for play are increased when designing for disabled children as designers have the added problem of understanding the impairment and its effects on how children play.

There are many conditions and degrees of impairments leading to a disability. These may include a visual or a hearing impairment, reduced manual dexterity, physical co-ordination and mobility, as well as emotional and behavioral problems and learning difficulties.

Learning difficulties may include behavioural problems, such as running away or the lack of an awareness of danger. Apart from supervision, special measures might be needed including a single rather than two access points to an enclosed play space and a secure gate fastening system. Pictograms explaining how play items may be used could be useful.

Visually impaired children move less and are less active on playgrounds than sighted children even though they are capable of all the motor activities of other children. It is often the lack of previous play experience which limits their activity (Ashley, op.cit.). Facilities which encourage repetitive activity and practice of motor skill could be valuable for building up experience and confidence in children with a visual impairment. As visually impaired children play alone more than other children, the play environment must create an attraction to imitative and parallel play through using stimulation of other senses, such as sound or movement. There are some excellent musical play items on the market which can be used. The use of coloured, tactile and auditory warning systems may be encouraged to cater for the needs of site users with reduced vision. Consistent colour coding may be used to identify particular activities and facilities, such as toilets and exits. However, for children with autism, bright, primary colours can cause difficulties (Hicks and Heseltine, 2001).

Hearing impairment is in itself less visually disabling than some other disabilities but measures can be taken to help the child. Safety related audible effects may be designed into the playground, such as gravel surrounds. Physical barriers may also be needed, such

as barriers around swings. Cochlear implants may suffer from the build up of static electricity on some types of plastic slides.

According to Ashley, most research suggests that children are stimulated to play with each other by having different facilities placed close to each other to stimulate imitation and to lead less confident children easily from one activity to the next. This brings out perhaps the most important reason for inclusive play in that this interaction among children can enhance the development of the child with an impairment. Research also shows that rather than using fixed structures, children prefer to be able to manipulate play facilities to meet their own needs and imagination. The Vaxholm study shows that a facility which offers the most complex play with a close association of play types together with variety through manipulation is the most successful model for free play. Ashley concludes by saying, *“Techniques to provide stimulation, exciting communication methods and new ways to exchange and share experience are essential for inclusive play.”*

4.4 Inclusive Play

The social model of disability provides the grounding for inclusive play. In practice this means that all children with disabilities want to play, but they may need different levels of support to enable them to do so. For example, children with physical impairments may need varying degrees of assistance in moving around a play area and using equipment, provided that the playground is designed to enable them to do so. Another example is that children with hearing impairments and those with learning or communication difficulties may use sign language. Again, a severely impaired child or one with challenging behavior may need one to one support from a playworker (Scott, 2000).

Grant & Bevan (2001) make the point, *“While inclusion appears to be a basic and worthy goal, how it is actually defined and conceived is clearly problematic. The distinction between integration and inclusion is generally accepted with inclusion being about providing opportunity for all, valuing all learners and catering for diversity. Whether this can be done across a range of settings is, however, the cause of much controversy.”*

Making play facilities inclusive means that the types of play experiences and activities that are available should be examined to ensure that the majority of children will be able to join in most activities. Without the whole play area being obviously for the “disabled” or with a “disability” corner, the gross motor skills of climbing, swinging, rocking, sliding and balancing, and fine motor skills with sand and water play, tactile panels and planting for the senses of touch, taste and smell should be available for all children. There must be something there for children with any level of ability to play with.

Having a disability does not reduce personal vigour or remove any inherent sense of adventure. The aim of those providing play facilities must be to create challenges for all and barriers for none. Where totally shared experience is not possible, then opportunities for similar and possibly equal experiences should be provided. Playground managers who wish to adopt inclusive strategies will find that most problems which do arise are to do

with existing equipment, site location and layout (Heseltine & Hicks, 2001). A disability access audit, as set out in Appendix 2, could help managers to decide priorities and budgets for improving access and equipment.

However, having a one hundred percent accessible playground is not possible. Children with disabilities have a wide variety of needs and satisfying one group of children may make a playground inaccessible for others (Wheway & John, 2003). For example, giving accessibility to high places might negate safety features designed in compliance with ISEN 1176 to prevent toddlers reaching hazardous situations.

The emphasis should be on the child’s ability and opportunity to play freely, rather than on the technical design of equipment. It is on what children choose to do. Non-disabled children will not necessarily use all items of equipment as they too have different levels of ability. That does not mean that they cannot play on the playground. Equally, an accessible playground is one in which disabled children can play freely with their friends (Wheway & John, op.cit.).

4.5 Children’s Play and Disability in Ireland

One of the main issues in regard to play for children with disabilities in Ireland is that there are so few playgrounds for any children. Local authorities are the main providers of play facilities and they have been reluctant to provide playgrounds due to a lack of funding, problems with vandalism and the perceived problems around insurance and liability that are themselves determined by a lack of staff, safety issues on playgrounds and supervision. These aspects were discussed in *Grounds for Play – A Report on Policy and Provision of Children’s Playgrounds by Local Authorities* (Webb, M. 1997). At that time, almost all local authorities lacked any written policies on providing for the play needs of children and there was no central government policy or department with responsibility for play issues. A discussion on the nature of play and how it has changed in response to societal pressures and guidance on the development of play policies was given in *Public Policy on Children’s Play in Ireland: An examination of central and local government policies on children’s play in public areas* (Webb, R. 1999). The situation is now beginning to change with greater public demand for play facilities, increased funding, advice from specialist agencies and community and local authority training in this area. A great impetus has also been given by the *National Children’s Strategy*, launched by the Government in 2000 and the establishment of the National Children’s Office under the Department of Health and Children.

The literature on aspects of play for children with disabilities is relatively small and much of what does exist has been produced by specialist agencies. There appears to have been no research or studies in this area in Ireland in recent years. The NDA study, *“Disability Related Research in Ireland 1996 – 2001”* (NDA, 2002b) lists 430 disability related studies during this period. Only 6.9% (30) of these studies related specifically to children with disabilities. Of these, 43% related to education, 26% related to aspects of health or quality of life, while only 10% (3) of child related studies were on aspects of leisure and recreation, mostly in relation to the recreational needs of adolescents, namely Nolan (1996) on the leisure needs of students from Dunmore House, Buttimer & Tierney (2000)

on the leisure patterns of adolescents with a mild learning ability, and Hussey (2000) on activity levels in children with cystic fibrosis. **There were no studies on children’s play.** The NDA study “*Public Attitudes to Disability in the Republic of Ireland*” (2002a), did not examine the issue of play for children.

The National Disability Authority (NDA) has recently published best practice guidelines, promoting universal access to buildings and the environment. The publication, *Building for Everyone* (NDA 2002d), offers guidelines on how to design, build and manage buildings and external environments for the inclusion, access and use of everybody. It is about how to ensure that everyone can make full use of buildings and environments where they, reside, work and visit. The publication offers a vast range of ideas, which can be easily incorporated into design, management and construction. *Building for Everyone* also shows how, for little or no cost, buildings and the external environment can reach *standards far in advance of even the best and most creative current practice.*

The approach taken in these best practice guidelines is underpinned by the principle of a universal right of access for people of all abilities. The point is made that disability is a part of everyday experience and that we all become ‘disabled’ at some stage of our lives. There is a common assumption that disability equals wheelchair use, whereas only a very small percentage of children with disabilities are in wheelchairs. From being an “add-on” in terms of providing facilities for children with disabilities, the emphasis is now on “inclusive play” where children of all abilities, including those with sensory and intellectual disabilities, may play together.

The NDA guidelines describes issues of mobility and aids, including wheelchairs and walking frames, space requirements and dimensions, hearing, vision, breathing, grip and height. It outlines the responsibilities of the designer, builder, manager and that of the role and responsibility of various departments of the local authority.

The first main part of the guidelines deals with access to the outdoor environment, including the countryside, parks, sports grounds and play areas. It refers to a UK publication, *BT Countryside for All*, (Fieldfare Trust, 1997) which offers guidance and detailed design ideas for countryside access. Very general guidelines for play, which will be discussed in more detail in this study, are given in the NDA handbook which also includes advice on planting, the design of the external environment, including surfacing materials on paths, dealing with changes of level and site furniture, including seats and benches suitable for those with disabilities, all of which are applicable to the design of children’s play areas. It should not be forgotten that carers of children, including parents and grandparents, may themselves be disabled while their children are not and the carers may also need safe access and somewhere to sit while the children play.

The National Children’s Nurseries Association (2002) has produced the publication, “*We Like this Place*”, *Guidelines for Best Practice in the Design of Childcare Facilities*, which covers both indoor and outdoor play environments and includes considerations for those with disabilities. The National Council for the Blind produce fact sheets on *Guidelines for Blind and Visually Impaired Pre-school Children*, *Toys for Vision Impaired Children* and *Babies and Toddlers Tips for the Early Years*.

4.6 Children’s Play and Disability in the UK and Elsewhere.

There are more studies of children’s play in relation to disability in the UK. These studies fall into two main groups. The first group of studies has been those of a practical rather than an academic nature, resulting from the long experience of playworkers in this area. These studies themselves have given rise to a number of very practical advisory publications covering both the organization of inclusive play facilities and also their physical design. The second group has been concerned with the use of play services, although research appears to be very limited with little literature identified in a recent review and none on play and the health benefits for disabled children. (NPI, 2001).

The world’s first adventure playground for children with disabilities was opened in the gardens of a Chelsea rectory in 1970 by the Handicapped Adventure Playground Association (HAPA). HAPA later changed its name to Kidsactive and now provides play opportunities for disabled children through six adventure playgrounds throughout London staffed by trained playworkers. Kidsactive has recently developed publications supporting the inclusion of disabled children in play environments and these are probably the most useful references for anyone setting up or running a facility that caters for children with disabilities. Kidsactive has also established an Inclusive Play Network. Further information can be obtained from www.kidsactive.org.uk.

The Kidsactive publication, *It Doesn’t Just Happen – inclusive management for inclusive play*, (Douche, 2002) deals with putting inclusive play into practice. The book covers the ethos of inclusion and provides guidance on how to create and improve policies and practice by going step by step through the process of planning and managing inclusive play. Each section starts with some principles of inclusive play management and goes on to outline key areas to address. The book includes examples of good practice from around the UK, as well as details relevant legislation, useful organizations and publications. *Side by Side – guidelines for inclusive play*, (Scott, 2002), also by Kidsactive, covers every aspect of making an inclusive play facility work as well as pointing out the pitfalls. It offers a wealth of information and facts from creating policies to training staff; from communication difficulties to management committees; from activities to fundraising. Chapters include the right to play; from exclusion to inclusion; the Kidsactive approach to adventure play; setting up an inclusive play project; the play environment – access and design issues and playwork staffing and training. Both of these publications provide an extensive resource list of organisations in the UK dealing with play issues for the disabled. Kidsactive also produce a series of fact sheets:

1. The right to play
2. Disabled children and social exclusion
3. Adventure play for disabled children
4. An introduction to inclusive play
5. Fixed play areas and equipment
6. Toys and activities
7. Playwork courses and training for inclusion
8. Useful publications and resources on inclusive play.

Play for All, a video resource pack for staff and volunteers wanting to develop inclusive play opportunities has been produced by Belfast City Council. The information in the pack is based on experiences from a project by Belfast City Council in partnership with

Barnardo’s to include children with disabilities in mainstream summer playschemes. Some issues covered include challenging behaviour, legislation, bullying and needs assessment. The pack is available from the Play Development Officer, Belfast City Council.

Scott (op.cit.) outlines the environmental and social barriers that prevent children with disabilities from joining in many social activities and play opportunities on equal terms with other children. These include access into a facility, communication with children, transport, information on what is available for children, over protection by parents and carers, and negative attitudes from non-disabled children and facility staff.

Two publications from Action for Leisure (2001) deal with inclusive play. *Creative Play: ideas to adapt creative play activities for disabled children and young people*, and *Play and leisure for disabled children and young people: training handbook*, give ideas on how to support all children to access the same play activities. Email: enquiries@actionforleisure.org.uk. Petrie, Storey and Candappa (2002) in “*Inclusive Play: Supporting Provision for Disabled Children*” provide a practical guide on inclusive play based on research among 14 local authorities in the UK. They identify the organizational support needed for inclusive play provision, including funding, staffing, premises and transport.

There are a number of publications on the design of play facilities for children with disabilities. The Royal Society for the Prevention of Accidents (RoSPA) produces a booklet on *Playgrounds for Children with Special Needs* (Hicks and Heseltine, 2001). These practical guidelines were produced for local authorities and other playground operators in response to the Disability Discrimination Act and its requirements for access to public facilities, including playgrounds. The important point is made that the issue of disabled access to play facilities goes far beyond the stereotype of the wheelchair user. Disabilities come in many forms and include visual or hearing impairment, impaired manual dexterity, physical co-ordination and mobility, as well as behavioral problems and learning difficulties. The booklet provides a useful guide for those planning and designing facilities for inclusive play.

Play for All Guidelines (Moore, et al 1992) covers the planning, design and management of outdoor play settings for all children. The benefit for children with learning difficulties in terms of redesigning the outdoor environment of educational establishments is described by Moore and Wong (1997) in their classic study of a Washington school yard, *Natural Learning*. A similar experience by the organization Learning Through Landscapes in the UK is also described by Titman (1994) and Stoneham (1996). Simple, clearly defined steps for creating sensory play environments for children with special needs are described by Bishop (2002).

There have been a small number of studies into early years play including Sayeed and Guerin (2000) and Odom (2001) on including children with disabilities in pre-school programmes, including observations of children in context during a five year study in New York. Dickens and Denziloe (1998) offer a practical handbook for early years workers on creating inclusive services for disabled children and their parents, while reflections on play opportunities for disabled children in the early years are given by Bishop and others, (1999). Bredekamp & Copple (1997) discuss developmentally

appropriate practices around the issues of play that relate to early childhood programmes. MacIntyre (2002) in *Play for children with special needs, including children aged 3-8*, provides an introduction to several conditions, including Asperger’s Syndrome, Dyslexia and Down’s Syndrome, and shows how play can be adapted to help alleviate some of the difficulties children with additional needs might have. It offers guidance on the developmental process within play and how to use play to raise self esteem. Beyer & Gammeltoft (2000) examine the area of autism and play and show how a sensitively designed play space and appropriate props and toys can help children with autism spectrum develop communication and social skills. Sherratt & Peter (2002) also look at developing play therapy for children with autistic spectrum disorders. Moor (2002) has produced a collection of practical ideas for play activities for pre-school and school-aged children diagnosed with autism. Orr (2003) focuses on the need for play from the perspective of a child with multiple disabilities.

In relation to the studies on the use of play facilities, Petrie et al (2000) raises concerns about problems with access to play provision by children with disabilities, often due to funding limitations leading to places at local authority special needs play centres being restricted. Recent research by Kids Clubs Network (2001), an organization providing after-school facilities throughout the UK, notes that provision for disabled children is inadequate in practice although 78% of clubs provided a service for ‘all’ children.

Research by Petrie & Poland (1998) highlighted the importance of play provision for children with disabilities as a means of making friends. McKendrick et al (1998) found that in a survey of parents with children attending special schools, three quarters of the parents felt that play providers did not cater for the specific needs of their disabled children. The majority of parents indicated that they wanted their children to play more often with children who were not disabled.

Children and teenagers with disabilities are often unable to access mainstream play and leisure activities. Thompson et al (2000) reports the results of two studies aimed at identifying ways of improving this situation. Study 1 was a postal survey of over 130 summer schemes and play and leisure facilities in the Greater Belfast area. This identified that around one-third of schemes had experience of taking a child with some form of disabling condition. However the biggest obstacles to inclusion of these children were found to be a lack of training and insufficient staff and resources. Study 2 was the evaluation of a model service aimed at helping five mainstream summer schemes to enroll children with severe learning disabilities and complex needs, such as autism and multiple disabilities. This showed that such schemes are feasible with most children attending regularly and taking part in a range of activities. Family reactions were also positive as were those of the volunteer helpers and other people involved in the schemes. Few problems were reported but many benefits were cited especially for the other children attending the scheme. The study confirmed the importance of training, the use of dedicated volunteer helpers and the need for a co-ordinator to liaise with families and to support and advise summer scheme and centre staff. Strategies are discussed in the report for making inclusive play and leisure opportunities more widely available.

A recent study by Shelley (2002) for Contact a Family in the UK, examined play and leisure for children and youth with disabilities by obtaining responses from 1085 parents with disabled children, with 2% of these from Northern Ireland. The study revealed the

degree of isolation and the extent of exclusion from ordinary leisure opportunities that most people take for granted. This exclusion doesn’t just apply to children with disabilities but it effects the whole family including ‘able bodied’ siblings and disabled parents. The survey covered access to parks and playgrounds, swimming pools, leisure centres, and commercial fun parks. Of those surveyed:

- 73% were put off by long queues
- 68% were put off by being made to feel uncomfortable
- 55% had to travel outside of their area to find suitable facilities
- 46% were limited by restricted budgets for spending on leisure
- 24% lacked transport.

Parks and playgrounds came out worst in terms of the lack of disabled parking, accessible toilets, disabled changing facilities and staff attitudes. More than 70% of disabled teenagers were unable to attend local youth clubs. In terms of overcoming barriers, the percentage of parents requesting initiatives was:

Trained staff	64%
One to one help in large groups	59%
Holiday Clubs	58%
Information on what is available	58%
Inclusion of siblings	48%
After schools clubs	47%
Reduced entrance fees	47%
Help to cope in a large group	46%
Greater range of opening times	44%
A companion to be with the child	43%
Supervised transport	28%.

In the summary the study concludes that:

1. Disabled children and their families should have equal opportunities to participate in the full range of mainstream play and leisure activities.
2. Providers must take into account the needs of disabled children and their families when planning and developing services.
3. Staff attitudes and training are vital in enabling children to be fully included.

Very few studies have consulted directly with children with disabilities. A study for the Joseph Rowntree Foundation, *Hello! Are you listening? Disabled teenagers experience of access to inclusive leisure*, (Murray, 2001) produced an overview of the findings of two studies that consulted disabled children, showed that they wanted to be respected and have a say in their lives. They wanted to have equipment and support which would enable them to go out with friends, belong to clubs and go to local parks. They also wanted to challenge negative assumptions from professionals. For many of the teenagers in this study independence was not a viable goal and interdependence with appropriate support provided the key to unlocking adventures and new experiences for these teenagers. While the focus of the study was on inclusion, Murray found that for some of the young people segregated provision was highly valued. For them, segregated clubs offered a safe haven for young people isolated at mainstream school. For others, building relationships with young people with similar impairments was the element that worked for them.

A study by Keil et al (2001) for the Royal National Institute for the Blind, consulted over 1,000 blind and partially sighted children and their parents on their everyday experiences. The research showed how important it was for children who are visually impaired to enjoy friendships as a part of their social life and to become as independent as possible. Over half of 5 to 16 year olds of average learning ability attended after-school clubs, but nearly half of those in this age group had experienced problems at a club or organized activity because of their sight. Top of the parent’s wish list was to have staff trained to understand the needs of children with visual problems.

Finally, there is concern among playground managers about the issues surrounding risk and play. It is neither possible nor desirable to have “risk free” playgrounds. In the UK, a position paper has been produced by the Play Safety Forum, “*Managing Risk in Play Provision*”, which has been supported by the UK Health and Safety Executive. It contains the following extract:

“All children both need and want to take risks in order to explore limits, venture into new experiences and develop their capacities, from a very young age and from their earliest play experiences. Children would never learn to walk, climb stairs or ride a bicycle unless they were strongly motivated to respond to challenges involving a risk of injury. Children with disabilities have an equal if not greater need for opportunities to take risks, since they may be denied the freedom of choice enjoyed by their non-disabled peers” (Sugradh’s italics)

5.0 LEGISLATION AND POLICIES

5.1 Introduction

This section outlines the key legislation and policies relevant to the play needs of children with disabilities in Ireland and also in the international context. It is not the purpose of this study, however, to review legislation relating to disability in general. There are currently only two main pieces of legislation that deal specifically with disability and children’s play. These are the Americans with Disabilities Act 1990 (ADA) and the Disability Discrimination Act 1995 (DDA) in the UK. Both of these acts require disability access to the playground and onto equipment. This has required play equipment manufacturers to design equipment that allows for disability access. The importance of this for Ireland is that play equipment is imported here from Britain and from the USA.

International policies also provide the impetus for national and local legislation and policies. There is a proposed UN Convention on the Rights of People with Disabilities and a Disability Specific Directive is currently being drafted by the European Union.

5.2 International Legislative and Policy Context

5.2.1 *United Nations Convention*

The International Human Right’s Instrument in this area is the United Nations Convention on the Rights of the Child, Article 31, which states that:

“Every child is entitled to rest and play and to have the chance to join in a wide range of activities including cultural and artistic activities”, and Article 23 which recognizes the rights of children with disabilities.

“A disabled child has the right to special care, education and training to help him or her enjoy a full and decent life in dignity and achieve the greatest degree of self-reliance possible.”

These rights are even more important and more challenging if we wish to see the inclusion of children with disabilities within the areas of play and recreation as an on-going and positive process.

5.2.2 European Union Directives

A proposal for a European Union law that prohibits discrimination against disabled people in housing, education, transport and other areas was unveiled at the European Parliament in March 2003. This is in the form of a “Shadow Directive” (i.e. a draft) that has been prepared by the European Disability Forum. The proposed directive will cover access to goods and services and the design of products, which may be relevant to playground access and the design of play equipment. The legal basis of this directive is Article 13 of the EC Treaty which enables the Community to take initiatives to combat discrimination. Directive 2000/78/EC “Establishing a General Framework for Equal Treatment in Employment and Occupation” already prohibits discrimination on the grounds of disability, but this does not cover access to services such as recreation.

5.2.3 Council of Europe

The Council of Europe’s Recommendation No. R (92) 6 on A coherent policy for people with disabilities, which promotes their rights to full citizenship, independent living, equal opportunities and full participation, urged member States’ governments to remove all obstacles in the environment and in society to make it possible for people with disabilities to play a full role in the community life.

In the publication *Accessibility – Principles and Guidelines* (1993) the Council of Europe promotes the concept of integrated accessibility. The text presents the fundamental principles of that concept and offers guidelines for solutions.

Resolution ResAP (2001)1 on the introduction of the principles of universal design into the curricula of all occupations working on the built environment, covers the recreational and leisure uses of open space.

5.2.4 United Kingdom

The two main areas of legislation that relate specifically to the play needs of children with disabilities are as follows:

The Children Act, 1989, recognizes that children’s needs for good quality play opportunities change as they grow up but they need such opportunities throughout childhood to reach and maintain their optimum development and well being. The Act requires local authorities to provide services to minimize the effect of disabilities on the lives of disabled children and give them opportunities to lead as normal a life as possible. Local authorities must treat disabled children as children first and promote access for all children to the same range of services.

The Disability Discrimination Act, 1995, makes it unlawful to discriminate against disabled people. Service providers have had from 1999 to “make reasonable adjustments” to policies, practices and procedures which currently discriminate. Part III of the Act will come into force in October 2004 and will cover the need to make permanent, physical adjustments to allow access to indoor and outdoor leisure centres, adventure playgrounds, play areas in parks and playgroups. This applies to all facilities, not just new ones. Guidance states, *“Removing or altering barriers will be preferable to any alternative arrangement from the standpoint of the dignity of the disabled person. In addition, it is likely to be in the interests of the service provider, since it will avoid the on-going costs of providing services by alternative means.”*

The Disability Rights Commission was set up in April 2000 to oversee the legislation contained within the DDA. It has also introduced further legislation, the Special Needs Education and Disability Act, 2001 (SENDA), which complements existing duties already laid on early years, play and leisure services under Part III of the DDA. The Act only states that the playground must be accessible together with some items of equipment, rather than all items and unlike the Americans with Disabilities Act, the DDA does not specify the proportion of items that must be accessible. It also places a duty on all education providers to ensure that they have made reasonable adjustments to include children with special needs within a mainstream setting, as youth services and education were previously exempt from the DDA. The Disability Rights Commission also has enforcement powers to ensure that children with disabilities can join in a wide range of play and leisure activities. The DDA also covers Northern Ireland and the national and regional assemblies in Scotland and Wales.

In terms of regional and local policies the Welsh Assembly has produced a play policy that supports inclusive play in general terms. No play policies have yet been developed for the Scottish Parliament or for the Northern Ireland Assembly, although proposals have been made for these by Play Board in Northern Ireland and by IPA Scotland. Individual local authorities, such as Belfast City Council, Stirling Council (Play Plus) and the Highland Council, do have their own play policies and many of these cover inclusive play.

5.2.5 United States

The Americans with Disabilities Act (ADA) 1990, is a comprehensive civil rights law that prohibits discrimination on the basis of disability. The ADA requires that newly constructed and altered state and local government facilities, places of public accommodation and commercial facilities should be readily accessible to, and usable by, individuals with disabilities. Recreational facilities including playgrounds are among those required to comply with the ADA. The Architectural and Transportation Barriers Compliance Board – often referred to as the “Access Board” – has developed accessibility guidelines for newly constructed and altered play areas to ensure compliance with the ADA. These guidelines are a supplement to the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

The basic points of the ADA with regard to playgrounds are that a play facility should:

- Provide access to half of the elevated activities on structure
- Make one of each type of ground-level activity accessible
- Provide an accessible route to the play structure
- Provide an accessible route to the playground.

While this level of provision seems reasonable, the implementation of the Act can be complicated in terms of working out the number and variety of ground level play components, which are determined by the number of elevated play components provided in the play area.

5.2.6 Policies and Legislation Elsewhere

The objective of the German Disability Discrimination Act 2002 is to establish equal opportunities and barrier free access in fields covered by public law. This is likely to apply to aspects of recreational access but its relevance for children’s play is not clear at the moment. The Act provides for mandatory consultation at local level, unlike the DDA in the UK.

There would seem to be few disability access policies for playgrounds in other countries. Sweden provides grants for the upgrading of play areas to provide access (Ashley, B. pers. com.). Australia is producing playground standards based on the European standards for play equipment EN1176 but including the principles of Universal Design (Bishop, K. pers. com.). Canada has no overall standard for playgrounds but most local authorities tend to favour the ADA approach. The City of Edmonton, for example, is taking an innovative lead in Canada by developing an approach to play spaces based on Universal Design (Sanderson, K. pers.com.).

The principles of Universal Design are discussed in Section 7.2 on design principles.

5.3 National Legislative and Policy Context

The Commission on the Status of People with Disabilities (1996) promoted the move away from the provision of services for the disabled through specialist agencies towards mainstreaming, in which these services were to be provided through the relevant bodies, such as the Health Boards. The recommendations of the Commission were seminal in the development of subsequent legislation and policies. A review of progress on the implementation of the recommendations of the Commissions report was published in 1999 (Dept. of Justice, Equality and Law Reform). Some of the key areas of legislation and government programmes with respect to disabilities are as follows:

5.3.1 Legislation

The Employment Equality Act, 1998

The Equal Status Act, 2000

Both the Employment Equality Act and the Equal Status Act outlaw discrimination in employment, training, the provision of goods and services and other opportunities to which the public has access, which may include leisure facilities and play areas. The Employment Equality Act also established the Equality Authority. These Acts also involve the mainstreaming of disability services to provide for inclusion and equality for people with disabilities in accessing mainstream services.

The Education Act, 1998, made specific provision for the right of equal access to and participation in education of children with special needs, who are entitled to special assistance.

The National Disability Authority Act, 1999 established the National Disability Authority (NDA) as a research, standards and monitoring body for disability services, including services specific to children, and as an advisory body in regard to the development of disability policy and practice.

Part M of the Building Regulations 1999 states that, “*Adequate provision shall be made to enable people with disabilities to safely and independently access and use a building*”. This would apply to leisure centres, swimming pools and indoor soft play facilities.

The Children with Disabilities Education Bill is to further facilitate the provision of educational services through mainstream schools.

The Disability Bill is currently in draft form. When it is enacted, the law will have an impact on access to all kinds of public services, including transport, environment, social welfare, health and education. It will provide for independent assessment of needs, a right of appeal against decisions, with an officer to enforce appeals through the courts if necessary, and ultimate access to legal remedies where other enforcement mechanisms have not worked. The Disability Legislation Consultation Group has made submissions in regard to the Bill, facilitated by the NDA (DLCG, 2003). This legislation is being developed in the context of the equality infrastructure in place under the Employment Equality Act, the Equal Status Act and the National Disability Authority Act, the

administrative arrangements put in place under mainstreaming and the recommendations of the Commission on the Status of People with Disabilities.

5.3.2 *National Plans*

The more significant policies in relation to children’s play and disability are as follows:

National Children’s Strategy 2000

The National Children’s Strategy (NCS) was put together after extensive consultation with children and children’s agencies. The strategy is grounded in six operational principles which reflect the UN Convention on the Rights of the Child and adopts a “whole child perspective” recognizing the multi-dimensional nature of all aspects of children’s lives. The Strategy includes three national goals for children, namely:

- Children will have voice in matters which affect them and their views will be given due weight in accordance with their age and maturity
- Children’s lives will be better understood – their lives will benefit from evaluation, research and information on their needs, rights and the effectiveness of services,
- Children will receive quality supports and services to promote all aspects of their development.

The Strategy contains fourteen objectives associated with these National Goals, details of which may be seen on the National Children’s Office website listed in Appendix 3. In the context of this study, the relevant objective is Objective J, which states that “Children with a disability will be entitled to the services they need to achieve their full potential”. The strategy requires that each local authority should designate an officer to be responsible for the development of play and recreation activity. Furthermore, the Strategy points to “*the very evident need to develop play facilities as part of local government development under the National Development Plan*”.

The implementation of the NCS is being lead and supported by the National Children’s Office. In 2002 the cabinet Committee on Children gave the NCO the lead role in co-ordinating key initiatives under the third goal of the NCS, namely the implementation of the Children Act, 2001 and the development of a Play and Recreation Policy (NCO, 2003).

Local development strategies to co-ordinate local agencies’ activities, which have been produced by the City and County Development Boards, provide an effective platform for the implementation of the National Children’s Strategy at local level, as all the relevant statutory and voluntary agencies are involved by the Boards, including the County Childcare Committees.

The National Development Plan (2000-2006) sets out plans supported by quantified multi-annual investment in key areas of infrastructure, including housing, education and the promotion of social inclusion.

The National Anti-Poverty Strategy is a major initiative designed to place the needs of the socially excluded among the issues at the top of the national agenda in terms of government policy and action.

The Programme for Prosperity and Fairness (2000) outlines directives on providing reasonable steps for the provision of mainstream services to the disabled.

5.4 Local Legislative and Policy Context

The local level co-ordination of the NCS has been facilitated by the creation of the City and County Development Boards (CDBs), established under the process of local government reform to integrate services delivered locally. While in theory the CDBs are separate entities to the local authorities, in practice they share personnel and resources with the local authorities. The CDBs are required under the National Children’s Strategy to include statements on play and recreation under their Strategies for Economic, Social and Cultural Development. Many of these Strategies propose the production of a play policy in consultation with children and other stakeholders, such as the Health Boards, social partners and the relevant government bodies.

The NCS recommends that local authorities designate a Play and Recreation Officer to produce a local play policy in consultation with community groups and the sections within the local authority. Play policies produced by the local authorities themselves are supposed to dovetail with those produced by the CDB. To date only seven such policies have been produced. These include Dublin City Council, Dun Laoghaire Rathdown CDB, Galway City and County CDBs, Laois County Council, Kerry CDB and Wicklow CDB, while other play policies are being worked on in response to NCS recommendations. While these seem to have a general approach to inclusion, a few specifically mention the need to provide for children with disabilities.

Dun Laoghaire Rathdown CDB, for example, has just launched their play policy that included inputs from disability organizations. The approach taken was not to specifically mention disabilities as a factor but to have a policy of ‘access for all’. This also seems to be the general approach to inclusion taken by the other local authorities that do not have a written policy. While this is commendable, it is necessary to specifically state that provision will be made for disabled access to play areas including the choice of equipment for inclusive play. Otherwise it can be forgotten in the process of design and tendering by those who may not have been involved in putting the policy together.

Discussions with local authorities carried out as part of this study suggest that in practice, there may sometimes be a lack of co-ordination between those responsible for developing play policies within the County Development Boards and those responsible for delivering the play service (tendering for, building and maintaining playgrounds), namely the parks departments in the larger local authorities and the area engineers in the non-metropolitan counties. Few of the parks departments have a written play policy (Webb, 1999) but operate a general approach to inclusion. An example is provided by Galway City Council, *“Policies are based on the child friendly city study. Galway is signed up to the Barcelona Declaration as a pilot area. The City Council is developing play facilities to accommodate as many levels of ability as possible. Current programmes specifically include equipment to provide access for wheelchair users and our use of rubber safety tiles also allows access. Schemes will also include tactile panels for the visually impaired.”* (Walsh.S, pers.com.)

5.5 The Barcelona Declaration

In March of 1995 a European Congress "The City and the Disabled" was hosted in Barcelona. The outcome of the Congress was a manifesto known as the Barcelona Declaration signed by delegates representing many cities and towns in Europe. In 2001, The National Disability Authority (NDA) was asked by the Department of Justice, Equality and Law Reform to establish a process for the promotion and practical implementation of the Barcelona Declaration involving all local authorities in Ireland. The Institute for Design and Disability (IDD), on behalf of the NDA, are providing expertise, seminars and guidelines to assist local authorities in the implementation of pilot projects or actions related to the needs of disabled people. The goal is to create a situation led by local authorities in which all members of the community, including people with disabilities, can actively participate in a process that will produce tangible evidence of a barrier free society, achieved by the application of the principles of Design for All.

The Barcelona Declaration Project Terms of reference are to:

- Raise awareness and promote the Barcelona Declaration among all local authorities in Ireland with a view to the adoption of the Declaration and its implementation by local authorities.
- Secure adoption of the Declaration by at least 75% of local authorities by the end of 2004.
- Develop and deliver a programme to local authorities which will enable them to disability-proof their decision making processes and activities in accordance with the principles of the Barcelona Declaration.
- Issue guidelines which facilitate local authorities in developing implementation plans for specific pilot actions and projects to give practical application to the Barcelona Declaration principles within the work of the local authority.

Adopting the Barcelona Declaration obliges the Local Authorities to:

- to provide more favourable conditions, necessary support and resources to promote equal opportunities for inclusion and environmental access for all its citizens
- to consult with people with disabilities and their advocates
- to devise a plan of action to design services and structures so they can be used by everyone

In terms of access for children with disabilities, the relevant actions include:

- Access to participation in sport, culture and social activities.
- Access within the built environment.
- Access to transport
- Barrier free mobility.

There are three key objectives to be addressed by local authorities:

1. Based on the social model of disability, to develop total Equality/Disability Awareness, at all levels of management and administration. This is a prerequisite for the proofing process.
2. To develop a consultative process without which the Equality/Disability proofing measures and decision making process would be invalid.
3. To provide tangible evidence of removing barriers which prevent people with disabilities from participating and functioning within the community. This relates to past as well as present and future actions or projects.

To enable local authorities to achieve those objectives, the IDD Project Team has been developing a model of good practice, which includes a training programme, Equality and Disability Proofing Templates and Guidelines for selection and implementation of projects and actions.

5.7 Critical Summary

Within the UK, The DDA is having a profound impact on play provision. All local authorities down to Parish Council level, the basic unit of local administration, as well as private and commercial operators, have to have disability access audits carried out. There is, however, no provision for local consultation on issues of access. Playground access audits cover the car park and paths as well as the surfacing within the playground and access onto the equipment. There must be some items that are accessible to children with disabilities. Firm impact absorbing surfaces, such as rubber tiles and rubber “wet pour” are being used in favour of loose fill surfaces, such as bark or pea gravel that offer problems for those with mobility impairments. Belatedly, UK play equipment manufacturers are now offering items that are accessible with transfer platforms and the redesign of equipment to make access easier.

Within the Disability Discrimination Act, the duty is to take “reasonable steps” to address physical features which make a service impossible or unreasonably difficult for a disabled person to use. This does not mean that all existing playgrounds can, or should, be accessible. A recent consultation document on disabled children and access to outdoor playgrounds, produced by experts in play safety and disability (Whewey & John, 2003), specifically rejects the notion that all, or a fixed percentage of, playgrounds must be made “accessible”. The first reason is that it would be impossible to achieve and secondly the topography of an area may mean that it would be completely unreasonable to expect the costs to be incurred. For example, it would not be cost effective to provide a firm path to a small play area across the other side of a park or a ramp to a play area at the bottom of a steep valley. Rather, the emphasis should be on using scarce resources to develop new inclusive play facilities where access is easier. Neither should disability legislation be used as an excuse to close playgrounds that are not fully accessible, thereby diminishing play opportunities for all children. Many children who would be described as “disabled” can and do use playgrounds. For those who do not, the major obstacles are within the social and institutional environment. Physical modifications which can be made are usually low cost and within the parameters of good design.

This issue is mentioned here because while the PPF outlines directives on providing “reasonable steps” for the provision of services, the DLCG in its submission to the

Department of Justice on the Disability Bill considers the emphasis on “reasonable steps” to be inadequate and that accessibility and the concept of universal design for all at early stages should be provided as of right. This approach is supported for the provision of new facilities but it may not always be appropriate for existing play areas, for the reasons given above.

In the United States the ADA is very much focused on mobility issues and does not fully consider the wider spectrum of impairments. There would also appear to be some anecdotal evidence for an increase in the numbers of accidents on play areas since the introduction of the ADA. This is partly due to skateboarders using the ramps and to children using the equipment more adventurously (Yearley, J. Royal Society for the Prevention of Accidents, *pers.com.*). This illustrates the difficulties in trying to balance the needs of children with different degrees of ability and also between accessibility and safety. Inevitably a compromise has to be reached. The ADA has also had a major influence on the design of play equipment and impact absorbing surfacing (IAS) and all of the “tower and platform” type of multi-play structures incorporate access aids such as transfer platforms. Paradoxically, the effect of the ADA may also have been to reduce the play value of equipment by reducing the amount of ‘controlled risk’ in play activities that are so essential for child development. The Guidelines on access in relation to play equipment are also quite complicated in terms of deciding the proportion of activities that should be accessible.

In Ireland, with the exception of the National Children’s Strategy, there has been no focus to date in any of the legislation or national plans and programmes on the specific recreational needs of children with disabilities. There is still no rights based legislation in Ireland providing for the right of inclusive access to public facilities including outdoor recreation. What small improvements have been made are largely due to the impetus of the NCS, lobbying by voluntary groups and the growing awareness of disability issues among local authority staff.

6.0 ORGANISATIONAL SURVEY

6.1 Introduction

In order to gain information on the levels of services to children with disabilities and to determine potential needs, a survey of disability groups in Ireland was undertaken as part of this research. These groups included thirty organisations that may deal with children with disabilities. In all, over fifty questionnaires were sent out by email (Questionnaire in Appendix 1). Emails were followed up by further emails and phone calls. Of the groups contacted, three did not deal with children with disabilities. Twenty five responses were received. Half of the responding organisations dealt with children who were affected by multiple impairments, physical, sensory and intellectual. Discussions with disability groups were part of this survey as the questionnaire provided points for the discussions.

Recognising the need to obtain direct responses from young people, as recommended in the *NDA Guidelines for Including People with Disabilities in Research* (NDA, 2002a), a letter was published in the Irish Times and the Irish Independent asking for parents/carers and children’s first hand experiences relating to play and disability. Nine responses were received from parents and none from children.

Due to the range and levels of impairments, a standard response to the questionnaire was not sought. The questions themselves were open ended in order to encourage a response and many of the respondents gave several or extended answers to the questions. The breakdown of the returns has simply attempted to group the answers into a number of categories and the number of relevant responses is indicated by numbers in brackets. Verbatim responses are included to allow respondents to have their ‘voice’ and to bring some humanity into a difficult subject. These responses are included in the text boxes below.

Despite the theoretical talk about the ‘social model’ of disability, the overwhelming responses to almost all of the questions in the questionnaire were based on the ‘medical model’ of disability, in other words they were based on how the nature of the impairment impinges on the child’s ability to play rather than looking at ways in which play environments may be adapted for inclusive play, through the “social model” of disability. This approach perhaps reflects the medical/therapy training and background of those involved with the various organisations contacted.

6.2 Summary of Responses

Several issues were highlighted by the responses to the questionnaire. The main points in relation to the children themselves were the frequency of children with multiple impairments and the emphasis on children who have learning difficulties or degrees of intellectual disabilities. This may be a reflection on the predominance in Ireland of organisations dealing with these issues rather than actual numbers of children. The HRB data in Table 1 suggests broadly even numbers of children with physical and sensory impairments to those with intellectual impairments in the 0 to 12 year age group but a

much higher proportion of intellectual disabled young people in the 13 to 18 year old age group.

One of the main issues was the poor access to playgrounds generally, especially unsuitable loose-fill surfaces and the unsuitability of much play equipment for disabled children.

The negative attitudes of other children, parents and some staff was also raised and this issue would be compounded by the poor social and communications skills of many children with intellectual impairments.

The main issue which was raised by respondents in many questions was the lack of supervision of playgrounds and the lack of appropriately trained staff that could support the play of disabled children, even when facilities, such as play schemes were available.

6.3 Findings

The key responses from the survey are summarised below.

6.1.1 Describe how the children’s play is affected by their disability?

There was a very varied response to this question reflecting the many conditions of impairment and many responses covered several issues with which the children have to contend. With this question thirty two of the answers reflected the medical model of disability while six reflected the social model. The greater number of responses (16) related to poor social and communication skills and the sometimes cautious or challenging behavior of children. Most of the responses mentioned multiple impairments.

Many responses (8) were around the theme that there was a limited ability to enter into play due to decreased mobility, decreased motor function, sensory impairments and those perceptual, cognitive and socio-emotional difficulties reduced interactions.

Poor access to playgrounds and the lack of wheelchair access to play equipment was mentioned by seven respondents. The lack of supervision in playgrounds was also mentioned. One parent said that access to playgrounds and play equipment was not a problem but that play then tended to be repetitive on particular items. The attitude of other children and parents was mentioned by one respondent.

“Motor and sensory skills are quite basic. Many tasks based on chronological ages are too complex and prevents them from experiencing a normal play exposure. Individual and repetitive behavior, challenging behavior – difficulty communicating, frustrations, tantrums.”

“Tactile defensiveness restricts types of play. Learning disabilities restrict interaction, aural, visual, muscular, physical, intellectual.”

“My daughter (3 years old) is completely dependent on others for play and interaction. She has no independent movement but can enjoy swinging or twirling as much as any

other child – she loves to be placed on equipment which has some motion and also likes to observe (mainly listening – her eyesight is compromised) other children at play.”

“If a child has sensory disabilities, such as being deaf or blind or even sensory integration problems, he/she does not always have the ability to play exploratively. They would at times avoid playing with some toys if they are sensory defensive or they will over stimulate themselves and that will result in poor concentration, which in turn diminishes the learning potential of the child. They would also not be able to behave appropriately in response to stimuli.”

“Children with physical disabilities cannot use toys or equipment optimally as they do not have the physical abilities or endurance. Playgrounds are not always accessible for children with wheelchairs or who are visually impaired. Often equipment needs to be adapted so that children with disabilities can use it. Children with intellectual disabilities require a great deal of prompting and stimulation in order to engage them in play.”

6.1.2 Describe the barriers for children with such a disability (as outlined in 6.1.1 above) in accessing playgrounds and in using play equipment in playgrounds.

Most of the responses (13) were concerned with the poor access to playgrounds and to items of equipment that were either unsuitable or which did not allow access. The nature of playground surfacing was mentioned by ten respondents, particularly gravel and bark which restricts wheelchair and buggy access and poses problems for those with mobility issues. Limited wheelchair access generally and the gates and paths being too narrow for wheelchair access were mentioned. One respondent mentioned that there were simply not enough playgrounds for children. Others pointed out that many children need constant watching and that often there were no barriers around the play area to prevent children from running off. A lack of help with supervision and with lifting children on and off play items is a problem for many parents/carers. The risk of manual handling was also mentioned. A dislike of crowds and noise can be an issue with children with autistic spectrum. The challenging behavior of a child and difficulties with communication may also limit access. The negative attitude of other children and parents was mentioned.

“Behavior is often the barrier, cannot bring child to playground with sibling”.

“No problem playing, the difficulties lie in interacting with other kids”.

“The playgrounds we visit are generally mulch, with poor access for buggies or wheelchairs – there are benches around the perimeters but basically the playgrounds are designed for those children who can walk only.”

“Unable to walk unaided and is visually impaired – not able to run around. She needs structured, planned and assisted play. Adult help to play is required.”

6.1.3 What barriers are faced by parents and carers who are themselves disabled?

A number of respondents interpreted this question in terms of parent’s problems generally. The main issues raised were problems relating to transport to the play area, access difficulties generally (9), and the unsuitable surfacing of play areas for those with mobility problems, such as the use of gravel or bark. The lack of support and supervision, in helping children onto equipment or helping them if the child falls was mentioned by

many respondents, together with the need to be able to see the child at all times. There is also a need for parents to quickly get to a child who has put themselves at risk, which is common with children who have learning difficulties and little sense of danger. The lack of suitable toilet facilities was highlighted, not only for disability access but also to facilitate changing and the intimate care of the disabled child. Feelings of anxiety for the child and ridicule by other children were also mentioned.

“Unable to accompany children as playgrounds are not designed for disability access.”
“Need the support of playworkers to help children access equipment.”

6.1.4 How could existing playgrounds be improved for children in your client group?

The majority of responses (13) concerned having play equipment that was suitable for children with disabilities, such as a special seat on a swing, a wheelchair accessible roundabout, items providing postural support, transfer platforms on climbing frames, more tactile items, soft play, raised sand play areas and equipment to cover a wider, lower area. One respondent asked for clatter bridges and unstable surfaces for controlled sensory integration practice. The need for integrated play areas was also mentioned in terms of having *“no disabled play corners”*.

The next most requested change (10) was for better surfacing for disability access. This means the use of rubber tiles or wet pour instead of gravel and bark. The need for supervision and trained playworkers was also considered to be important (7) Improved access to the play area was mentioned seven times and individual comments included improved visibility, better transport to the play area, sensory plants, visual instructions to help children with learning disabilities, a secure area so that children do not run off, a specific time for disabled children to visit when the play area was not so crowded, and a respite area for parents and carers. Two respondents requested more playgrounds in accessible areas.

“More areas within playgrounds to promote sensory experiences for the sensory impaired child, such as a sensory garden area.”
“Ask occupational therapists about specific layouts and equipment for children.”
“People available to teach ball games”.
“The area should be supervised by play leaders.”
“The provision of equipment to improve gross motor skills and balance. Increased emphasis on safety”

6.1.5 Describe the specific needs of children in relation to playground equipment.

The main need, identified by eleven respondents, was for more inclusive equipment, suitable or adapted to the needs of the disabled, including wheelchair accessibility and more age appropriate equipment for older children. Specifically, eight respondents went on to request more postural support, in terms of swing seats and seesaws, back supports and hand grips. In spite of earlier concerns raised by respondents, only three mentioned

better and safer surfacing, but perhaps they felt that this point had already been made. More sand and water play was suggested by three respondents, as was soft play facilities. The remaining comments reflected the wide range of needs of children with varying, or multiple impairments.

“The children want to play on the same equipment as everybody else”.
“Tactile supports for visually impaired children”.
“Anything to encourage cardio-vascular exercise.”
“A quiet, soft and relaxing space”
“Equipment to transfer kids safely according to moving and handling regulations.”
“One entrance, fully secure.”
“Lower equipment with simple designs.”
“The greater the range of elements, the greater the range of abilities catered for. This in turn will encourage more children with disabilities to participate with confidence and dignity.”
“My daughter’s needs are so great I cannot imagine any public park providing the equipment I feel she needs – easy access alone would make us happy.”
“Children with ADHD need play equipment which can promote good gross motor movement”.

6.1.6 What types of play and movement/development/social skills would be most beneficial?

A variety of responses reflected the varying types and levels of impairment. Seven respondents cited the need for the development of gross motor skills, such as climbing, balancing and swinging. Soft play facilities were thought to be beneficial by five respondents. Co-operative games were mentioned by three respondents as was the need for sensory play and the development of sensory skills and the promotion of cardio-vascular exercise.

“Challenging but safe, unstable surfaces for exploring, sounds, trampoline, bouncing, safe and clean surfaces to roll on, balance beams, crawl tubes.”
“Improving concentration and reaction times –ball games.”
“Anything promoting cardio-vascular exercise – trampolines are of enormous benefit for increased lung activity and clearance.”
“Fine motor skills are usually overlooked in playgrounds. More tactile items would be helpful.”
“Equipment needing two children to operate, such as seesaws, are great for reciprocal play.”
Climbing, balancing, swinging, anything to strengthen the arms.”

6.1.7 What types of play should be avoided?

The responses also reflected the many types of impairment and the conflicts that may emerge in trying to cater for different groups, such as bright colours being suitable for those with a visual impairment but unsuitable for those who respond poorly to over stimulation, such as children with autistic spectrum impairments. Equipment that was too

high was mentioned by three respondents. Noise and loud physically demanding play was also felt to be unsuitable by some respondents. Unsupervised equipment, especially swings, slides and roundabouts for children who tend to become overexcited and equipment without postural support was identified as not being suitable. Loose, small items and flowers that can be pulled off were cited as being unsuitable for children with autistic spectrum impairments.

“Eradicate unattractive settings, such as those with unsightly security fences or broken equipment.”

“Highly structured play that is adult directed and product oriented – as opposed to process oriented.”

6.1.8 Describe the barriers for children with such as disability in accessing public play services, e.g. holiday play schemes, that are open to all children.

The most frequent comments (11) related to the lack of appropriately trained staff to deal with and support children with disabilities and the need for one to one support with many children. A lack of disability awareness among staff was also mentioned in this context. Three respondents mentioned that children should be given the time and encouragement to respond to play.

The difficulties that many children face with crowds and noise was also mentioned by four respondents.

Other issues raised were the lack of transport, the deprived social background of parents, the inability of children to keep up with other children and the focus on competitive play, Some children face difficulties in play schemes due to their difficulty in following rules, co-operating and sharing and having tantrums that affect other people.

“It would help if staff were trained in basic sign language and understood that children with a learning disability can achieve given time and encouragement. Often staff assume a child cannot do something so the opportunity is not given them or they do not give the child enough time to respond.”

“Lack of resources and 1:1 support, lack of training, awareness of the child’s needs.”

“Not geared up for children with disabilities, they can be left out or put in with a younger group.”

“Most of these don’t know enough about disability, let alone MD. All disabilities are very different and require different things whether it is physical, intellectual or sensory.”

“If personnel had a better understanding of autism and how to deal with it.”

“Children with disabilities cannot always participate in all play without adaptations to equipment or area. They also need more time to play and lots of repetition.”

6.1.9 How can inclusive play services, such as holiday play schemes, be more satisfying for children with special needs?

The most frequently cited need (11) was for adequate levels of staff training and support. Other respondents dealt with a range of issues including the need for more inclusive play equipment. The other main concern was the nature of the play itself (6) in terms of the

need for more stimulation and the need for play situations to be more open ended and child centred so that children can react to the play process in their own way.”

Improved attitudes and awareness on the part of staff was mentioned, together with better access generally, help with transport, and the provision of suitable equipment.

“Train the staff to understand the differing needs of children and teach them basic sign language.”

More physical 1:1 support from people experienced in working in this area.”

“On-going, in-service training for staff regarding inclusion and manual handling.”

“Adequate supervision and support, staff training, planning time, access to equipment, financial supports if necessary.”

“More stimulation helps to challenge and educate the child in social and play skills.”

“Group children of similar abilities and modify activities so that they can join in.”

“Inclusion of children with special needs in such schemes, taking into consideration that play should be on their level of function and development.”

“Children with special needs if they had the right equipment would not feel left out and would benefit socially and physically from a mixed play area.”

6.1.10 In what ways does your organization support or provide opportunities for children’s play?

The range of provision is outlined for each of the relevant organisations that responded to this question, based on the information received. It is acknowledged that this may differ from the services that are actually available throughout the organisation. The responses give an indication of the range of play services available to children with disabilities.

Mid Western Health Board

Play therapy, training in play work, playground on the premises.

Brothers of Charity Early Intervention Unit, Newcastle West.

Sensory room and soft room, play therapy training in play for parents, special play schemes.

South West Area Health Board.

Summer camp, school playground, class playroom.

St. Michael’s House.

Playgrounds on the premises, indoor playrooms, play therapy.

Central Remedial Clinic

Summer camps held on site, occupational therapy, summer holiday to a recreational centre, playground on site, use play in therapy to develop skills.

Arch Clubs

Recreation club

Muscular Dystrophy

Very little, mostly respite work, after school and summer camps.

KARE

Summer school, playground on premises needs to be updated, indoor play rooms.

Western Care Association

Special play schemes, playgrounds on premises, indoor play room, play therapy, training in play work, toddler groups, parent education, specialised pre-school support in access to community facilities.

Brothers of Charity Services, Limerick

Visit homes and pre-schools to help achieve child development goals, assessments through play therapy, staff employ and train pre-school assistants to carry out 1:1 play based learning support.

Irish Wheelchair Association

Sports clubs, coaching, swimming, archery, athletics, presentations to university courses on sports training.

Midland Health Board

Indoor play rooms, play therapy, working through the medium of play. Summer camps of one week for children over 11 years and of three days for younger children.

Ballyowen School

Children are brought to play areas, riding, swimming, indoor play centre. Play therapy in class, indoor play room.

6.1.11 Does your organization use trained play workers?

The overwhelming response was ‘no’. Fourteen organisations do not employ playworkers or staff specifically involved with helping children to play. It was clear from the responses that no-one is employing staff specifically trained in playwork, as distinct from child care or play therapy which have different roles and backgrounds. There are few organisations with staff trained to work with children, other than in an educational capacity. These are mainly the Health Boards employing child care workers, play therapists and occupational therapists, who have professional training, usually at third level, including the three year Early Childhood Studies degree. Training would include early years care, behaviour management, sensory integration, sign language and the floortime approach of Greenspan. Teachers in special schools would usually have Froebel or Montessori training. These staff would be involved with early years care or with therapy and assessment of children with impairments within an overall medical or therapy setting, rather than with assisting and facilitating children’s play within the public play or adventure playground setting that is the normal ‘habitat’ of the trained playworker.

While in no way criticizing the excellent and needful work of the staff in these situations, this finding reflects once again the overwhelming medical attitude to children with disabilities in Ireland that sees the impairment as a problem, rather than the social model of facilitating the child’s development through play within the wider community, which is the specific role of the trained playworker.

6.1.12 What benefits would trained playworkers bring to the work of your organization?

There was a wide range of responses to this question, some of which implied a lack of understanding of what a playworker does. However, the responses also indicate that playworkers are needed by all children, and especially for children with disabilities.

“If our children are to benefit from the play experience that we present, then the staff must be trained to adequately support them.”

“The needs of children would be more appropriately met within an inclusive setting.”

“They would make a great difference as they would know how to get the best from our children.”
“Knowledge of appropriate toys to present to children of varying disabilities and the use of play as a medium to progress work on goals set by therapists.”
“Greater knowledge of how to develop play skills and their purpose.”
“Reduce the need for play therapists to do play development work.”
“They would be as beneficial as to any child.”
“More understanding, more skills.”
“Understanding the needs of the children –the ability to cue into their interests.”

6.1.13 What examples of good play facilities/best practice could you recommend?

The responses included references to specific playgrounds and also to suggestions for improvement of play facilities generally and many responses reiterated comments that had been made before.

Specific playgrounds

Albert Park playground, North Dublin was mentioned by three respondents.

Port Laoise

Sidmonton Park, Bray

“Adventure playgrounds with supervision, as in the UK.”

General Improvements

“Include parents/disability groups in planning for playgrounds. Have more local play facilities – playgrounds with a range of equipment.

“Play appropriate to the child’s needs and understanding.”

“Develop sport facilities for teenagers and make them more accessible to children with disabilities.”

“Accessible disability- friendly playgroups in the community to promote inclusion.”

“Integrated environments, opportunities for development of a wide range of play skills, focus on developing early physical education through fun and play.”

“The best kind of support for play facilities would be to provide staff members on site who can tailor assistance to the specific needs of children using the facilities.”

“Toy libraries, Snoezelen rooms, soft play, play combined with leisure pursuits.”

“Parent groups with a play worker to promote parent emphasis on play and its benefits and perhaps to look at ways to adapt games and activities.”

6.1.14 Comments

Respondents were invited to make any other relevant comments on the subject.

“No existing playgrounds in Co. Offaly at present despite the obvious need for same.”
“Need a person trained in early childhood studies and appointed as play therapist to co-ordinate between the Health Board and the Council to set up play facilities in parks of major towns.”

“We would like to see play facilities on estates – like you see in Barcelona and other parts of Spain and Italy etc. all kids play on cheap equipment that is widely available and totally accessible.”

“There are loads of information available on how to encourage play in children, especially those with special needs. It would be beneficial to involve occupational therapists in play development and planning as they are very skilled in such areas.”

“Playgrounds should have signs/policies that positively welcome all children and families, with staff trained and confident to support children with disabilities.”

“Disabilities are so diverse. In my opinion much more research needs to be carried out. Much more input from parents/carers. This could easily be achieved through information days and workshops. Children need to be understood and their ability challenged.”

“The Irish Sports Council and each body of sport should have a children’s officer.”

“The major barrier is public attitudes rather than the physical environment once safety and security is taken care of. There are too few playgrounds so it is a major outing to go to them. The playground needs to be near a car park and toilet facilities. Childhood disability has a huge impact on family life, including non-disabled siblings.”

“I came to the conclusion long ago that playgrounds along with many other areas and facilities just would not be appropriate for my daughter and we have limited ourselves to the same few activities we can do as a family i.e.: walk around the Phoenix Park, swim at special needs pools and wander up and down the brightly lit and wide retail corridor at Liffey Valley shopping center. Your article made me think that maybe she should have the same opportunity to play in public parks and I will try to locate and use those facilities which can offer her that chance and hope that improvements can be made and the disabled taken into account during the planning of playground areas.”

These more general comments also reflected many of the points already raised by other respondents, namely the lack of playgrounds generally, the need for supervision of play areas, the barrier of public attitudes and the difficulty that parents have in finding suitable play facilities for their children.

7.0 PROVIDING FOR PLAY

7.1 Introduction

Advice on establishing, managing and operating a play facility for children with disabilities is detailed in the two Kidsactive publications, *“It Doesn’t Just Happen – Inclusive management for inclusive play,”* and *“Side by Side – guidelines for inclusive play.”* These are considered to be essential reading for voluntary groups and other agencies who wish to set up an inclusive play project. Even though they are written for the UK situation their general advice would still apply in Ireland. At the present time there are no adventure playgrounds in Ireland, no training or employment structure for qualified playworkers and very few play facilities of any kind that may be suitable for disabled children, outside of institutional and therapy settings. Prohibitive levels of insurance prevent voluntary bodies from becoming involved in this area.

There is a small but growing number of fixed equipment play areas being provided around the country by local authorities, as they are the main agencies with a remit to provide for recreation and they have the staff and insurance capacity to maintain play areas. Much of this impetus has developed from the National Children’s Strategy and the impending National Play Policy, which require local authorities to designate a play development officer and to produce a local play policy. The introduction of Irish/European standards for play equipment and surfacing, annual independent playground inspections and risk assessments by The Royal Society for the Prevention of Accidents (RoSPA) to these standards and the provision of training in playground inspection and maintenance for local authorities by groups such as ILAM Ireland, have also had a significant impact in the provision of new facilities.

These play areas are usually unstaffed and are located within enclosed parks, but a growing number are associated with existing community facilities or local leisure centres, where there is at least some informal supervision and management involvement, such as the playground at the Newbridge Leisure Centre in Kildare. There is no reason why all new playgrounds should not be designed for inclusive play based on the principles of universal design. However, given the specific needs of children with physical, intellectual and multiple disabilities it is hoped that an adventure playground specifically designed for children with physical, sensory and intellectual impairments, but open to all, and staffed by trained playworkers can be established in Ireland in the near future. Such a centre could be a resource for existing organisations concerned with child development and could also provide respite care for parents at particular times.

7.2 Developing an Inclusive Play Policy.

Local authorities are in the process of drawing up their play and recreation policies through the Departments of Community and Enterprise. These policies should declare for inclusive play for all as part of the local authority’s response to the Barcelona Declaration. However, it is not enough to leave it at that. The policy provides a framework for good practice and should indicate how the objective is to be achieved.

This approach is also needed by community groups and other agencies who are considering setting up a playground. Some key points, identified by Scott (2000), are:

- Have an agreed mission and objectives – ensure a commitment to the inclusion of disabled children in play opportunities.
- Be user focused and child centred – understanding the needs of children is the key to good play provision. Involve children as far as possible from the initial design stage through to evaluation of services. This is now a requirement under the National Children’s Strategy.
- Be accessible to all – pay attention to design issues, to the location of the play area, the surfacing of the play area, paths and car park, and the accessibility of the equipment and safety.
- Work in partnership – involve the community, especially local neighbours, local schools, the county childcare committee and any voluntary groups concerned with disability.
- Ensure routine monitoring – for a service to be effective and to sustain funding, it needs to be regularly monitored and evaluated, involving the users in the process.
- Be flexible to the changing needs of the users – adapt to the needs of the children. This may mean alterations to the environment, including new equipment or staff training.

7.3 Universal Design

A number of terms are currently being used in this area, namely universal design, universal access or accessibility, and inclusive design. Universal accessibility may be defined as a situation where every given environment can be accessed, used and egressed by everyone, irrespective of their varying degrees of physical, sensory, mental or ‘hidden’ abilities to undertake work, leisure, business and productive activities (J. Winters. NDA. pers. comm.). A useful discussion of these principles is also given in the TAS report on accessible transport (2003).

The Council of Europe adopted Resolution ResAp 2001 on the principles of universal design which should be applied to the curricula of all occupations working on the built environment. The Council of Europe gave the following definition of universal design in the resolution.

“Universal Design is a strategy, which aims to make the design and composition of different environments and products accessible and understandable to, as well as usable by everyone, to the greatest extent in the most independent and natural manner possible, without the need for adaptation or specialised design solutions.”

The intent of the universal design concept is to simplify life for everyone by making the built environment, products, and communications equally accessible, usable and understandable at little or no extra cost. The universal design concept promotes a shift to more emphasis on user-centred design by following a holistic approach and aiming to accommodate the needs of people of all ages, sizes and abilities, including the changes that people experience over their lifespan. Consequently, universal design is a concept

that extends beyond the issues of mere accessibility of buildings for people with disabilities and should become an integrated part of architecture, design and planning of the wider environment.

For the purpose of the Council of Europe’s resolution the terms “integral accessibility”, “design for all” and “inclusive design” are understood to have the same meaning as the term “universal design”.

The increasingly preferred term is inclusive design as universal design implies that there are universal solutions to meet the needs of all people. Inclusive access is also sometimes used but design involves a wider approach than just access.

7.3.1 Principles of Universal or Inclusive Design

There are a number of key principles identified by the Centre for Universal Design who were one of the first to define the terms (www.design.ncsu.edu). These principles are:

Equitable use – The design is useful to people with diverse abilities. It provides the same means of use for all users, avoids segregating or stigmatizing users, provides for security and safety and makes the design appealing to all users.

Flexibility in use - The design accommodates a wide range of preferences and is adaptable to the user’s abilities.

Simple and Intuitive – The use of the design is easy to understand, regardless of the user’s experience or knowledge.

Perceptible Information - The design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.

Tolerance for error- The design minimizes hazards and the adverse consequences of accidental or unintended actions.

Low physical effort – The design can be used efficiently and comfortably and with a minimum of fatigue.

Size and space for approach and use – Appropriate size and space is provided for approach, manipulation and use regardless of the user’s body size, posture or mobility.

7.4 Applying Universal Design to Children’s Play Areas

All of these principles should be adopted in the design of play areas. With a playground, the principles of universal or inclusive design would ensure that the play area is close to or within seventy metres of the car park, which itself has a firm surface with disabled parking bays delineated. The path to the play area should be firm to allow for access for those with reduced mobility, laid to an even gradient suitable for wheelchair access. The gate to the play area should be wide enough to accommodate a wheelchair and should not

be so heavy that they can only be opened with difficulty. Signs should welcome differently able children. Key information might be in Braille and may include pictograms showing how equipment may be used which would be useful to those with learning difficulties.

The equipment and surfacing of the play area should be to Irish and European safety standards, ISEN 1176, with impact absorbing surfacing (IAS) beneath the equipment (ISEN 1177). The IAS should be suitable to allow access for wheelchairs and those with mobility problems. In practical terms, loose fill materials, such as sand, bark or pea gravel would not be used as a general surface and only in specific situations, such as a sand play area, or a bark surface beneath a cable runway. The general circulation surface, including steps and changes of level, may be different, in terms of materials, colour and texture, to that around the equipment, which would help the visually impaired.

There should be a sufficient range of equipment to cater for the gross motor skills of swinging, sliding, climbing and balancing. Children who are disabled should be able to access a play item providing for at least one of each of these skills without undue physical effort on their part or their carer’s part. Fine motor skills may be provided for by activity panels that may be accessible to wheelchair users at ground level. There must be something there for children with any level of ability to play with.

Access onto equipment should be via a transfer platform or sometimes a ramp. Items should be designed and chosen that are suitable for all. For example, if more than one spring rocker is provided, one should have a back rest and sides to support children with postural problems. Swinging may be provided for by a cantilever basket swing that is popular with all children, rather than having a separate ‘disabled’ swing. Sand and water play are the ideal play materials for children of all ages and abilities.

Seats should always be provided with backrests for elderly or disabled carers and benches should be designed to allow for disabled access. A playground should have a quieter area where children may relax to read or talk, such as a willow dome, natural area or a space that is partially enclosed yet open to view by adults. Such an area would be especially useful for children with autistic spectrum disorder.

The use of universal or inclusive design principles should overcome some of the conflicts that may arise in the design of play areas for children with different levels of abilities. Such conflicts can include the excessive use of ramps for wheelchair access or heavy wheelchair swings that can be dangerous to other users, both of which “label” the facility as being for the disabled. There may also be conflicts in terms of providing for different types of disability. Clear differences in surfaces, with raised edges, fences and rails that may help visually impaired children, may be obstacles to the movement of children with physical disabilities. Children who are able to leave their wheelchairs will try out and be subjected to unaccustomed movements, so they will need design help to compensate for their lack of mobility and strength with transfer platforms with plenty of handgrips, and wider shallower steps.

7.5 Designing the Play Area

There are many publications on designing for children’s play, in terms of public access playgrounds, play for children with special needs, inclusive play, natural and environmental play settings and fully supervised adventure play centres. These include; *Play for all Guidelines – the planning, design and management of outdoor play settings for all children*, by Moore et al (1992), two publications from Learning Through Landscapes; Stoneham (1996) *Grounds for Sharing: a guide to developing special school sites* and Titman (1994) *Special Places, Special People. Designing for Play* by Barbara Hendricks (2001) is based on new understandings from research into child development and child psychology. *Playgrounds for Children with Special Needs*, by Hicks and Heseltine (2001) focuses on access and playground design in response to the Disability Discrimination Act in the UK. Kate Bishop (2002) gives sound guidance in *Designing Sensory Play Environments for Children with Special Needs*. In addition, some Continental play equipment manufacturers have focused on producing play items suitable for inclusive play by examining the research themselves and designing accordingly (Kompan, 1993. *Outdoor Play for all Children*). Most manufacturers are now providing inclusive play items, largely due to the influence of the Disability Discrimination Act in the UK and the Americans with Disabilities Act in the USA, although their approach is still very “wheelchair/mobility” oriented. The NDA publication, *Building for Everyone*, has good general advice and details on designing the outdoor environment.

Bearing in mind the first National Goal of the National Children’s Strategy, it is the responsibility of local authorities to consult with children on the design of play spaces.

7.5.1 Basic Issues – What Play Should Provide

This study focuses on public play provision for children with disabilities, because for the moment, this is almost the only form of play provision for such children in Ireland. This inclusive approach has to deal with a great range of disabilities and levels of impairment as well as providing for the play needs of those without impairments. For children in special schools, or in a therapy situation, custom designed sensory play environments can be provided with equipment and focused play opportunities that are not possible in a public setting.

In designing any play area, the first questions to be asked are; whom is the play area for? What is the role of the play environment in these children’s lives? Play environments in schools, early intervention centres and non-profit organisations, are largely educational and therapy environments and are coupled with the intervention programmes already in place. Hospitals are increasingly providing play environments based on their value in helping children to cope with the abnormal experience of hospitalisation. They provide distraction, enjoyment and when a hospital play specialist is employed, can provide vital therapeutic play. Different types of public play areas may also have different roles depending on whether they serve a residential area, neighbourhood or the whole town and also whether children are able to get to the play area themselves or will be taken by their carers. The publication *Best Play* (NPFPA, 2000), cited on p. 5 above, details a range of benefits that play facilities should provide for children of all abilities.

Bishop (2002) identifies a number of key functions that should be provided by a play environment for children with learning difficulties, based on the understanding that a child’s development is directly linked to its ability to interact with its environment. These include:

- Helping them discover the joy of play
- Encouraging children to play by presenting an environment that is attractive to them, on their levels of ability, which absorbs their interest and rewards their interaction
- Developing social skills among peers
- Developing skills for daily living
- Providing experiences which can be understood by both parents and children and generalized to contexts outside of the play situation
- Helping intervention programmes to channel challenging or anti-social behaviors into more productive learning
- Providing a setting in which best practice or recommended intervention can be observed.

Many of these functions may also be provided by a well designed public access play area. It should be borne in mind that there is a lot more to playground design than just selecting fixed equipment from a supplier’s catalogue. While many modern items of play equipment are designed to cater for disabled users, it must be remembered that play equipment is the equivalent to furniture in a room. It doesn’t make the whole play space. A play area that is just a few items of fixed equipment in a level area of rubber matting has little to hold a child’s interest. A play area should be fun. It should be magical and should develop the child’s imagination. There should be sand and water play, boulders and logs, slopes to roll down, places to hide, things to challenge, sounds, light and colour, plants, flowers and insects. Gilfoyle, Grady and Moore (1990) describe four major functions of a play environment which are common to all design solutions. These include:

- Holding function – providing bodily support
- Facilitating function – providing stimulation, reward, arousal, intent and motivation to move
- Challenge function – helping participants reach higher levels of self potential
- Interactive function – providing an interplay between the individual and the environment.

7.5.2 Key Definitions

The following key definitions are taken from the RoSPA booklet, *Playgrounds for Children with Special Needs* (Hicks and Heseltine, 2001) produced in response to the Disability Discrimination Act in the UK.

- **Accessible** – An item or area that, when viewed in its entirety, can be accessed, in whole or in part, and used by people with disabilities. The acceptance of partial access being non-discriminatory is essential. The concept requires that “like or similar” experiences are available to all users. In other words, each of the gross motor skills, such as climbing, sliding or swinging, should be available to all children.

- **Accessible routes** – These should run through the play area and connect all of the main elements. Providing wider paths with smooth surfaces aids people with disabilities without highlighting their problems. Routes between equipment need not be impact attenuating.
- **Accessible surfacing** – provides a firm, stable and slip resistant surface beneath and between play items. This generally consists of impact attenuating rubber tiles or a rubber crumb “wet pour”. Loose fill surfaces, such as gravel, bark or sand pose particular problems for those with mobility impairments, although sand is valuable in its own right as a play element.
- **Manual access** – A child sitting in a wheelchair has a forward and side reach of between 51 cms. and 91 cms. All relevant play or control items in sand or water play raised areas, ground panels and similar play objects should fall within this range. A clear space 91 cms by 1m 40 cms should be reserved at points central to any relevant raised play space to accommodate a chair or other mobility aid.
- **Multi-play units** are made up of two or more components, on a number of levels, allowing movement up and across linked and integrated parts. They are commonly made up of towers linked by ladders, ramps, nets and bridges with fireman’s poles and slides. Integral play houses and small manual tactile and acoustic items, such as puzzles, mirrors and abacuses can be incorporated into this framework, preferably at ground level.
- **Transfer and transfer points** are places at which a combination of low level decks/platforms and steps supplemented by rails, handles, slots and other handhold aids permit person transfer from a wheelchair to an elevated and accessible point on a multi-play or similar unit. They should be located as near as possible to the slide platform or other unit that they serve. *Lifting children up and onto play equipment cannot be viewed as being acceptable as a transfer means or as providing access.*

7.5.3 Providing Access to the Play Area

Much of the advice in this section is adapted from the RoSPA booklet, *Playgrounds for Children with Special Needs*, (Hicks and Heseltine, 2001). Guidelines are also given in the NDA publication “*Building for Everyone*” (2002). The key consideration is to provide access to the play area so that children with disabilities can play freely with their siblings and friends.

Parking should be one of the first considerations when providing for inclusive play. The surface of the car park should be suitable to accommodate wheelchair access, with no pot holes, loose gravel, and mud or grass ruts. Bituminous materials in urban areas and consolidated, crushed stone for rural locations, not gravel, are both suitable. Spaces clearly marked for disabled people’s use should be reserved at the nearest point to the main access to the play area.

Paths providing access to the play area from the car park or road should:

- Have a gradient less than 1:20 (5%),
- Have a camber or cross slope less than 1:50 (2%)

- Have a minimum width of 1.2 metres. On long sloping paths level passing and resting places set back from the main path should be provided with a seat. Gates into a play area should be at least 1.2 m wide to accommodate a wheelchair.
- Be made of suitable firm materials, such as concrete, tarmac, modular paving, or stone or concrete paving slabs. Natural stone, bound gravel, epoxy bound gravel, consolidated crushed stone and timber paths are suitable for rural areas. Gravel, bark and sand should not be used. Dog grids may pose difficulties for those with mobility problems.

For details on paving and tactile paving, ramps, steps, site furniture, bollards and road crossings, all of which may be relevant to playground access, reference should be made to *Building for Everyone* (NDA, 2002).

Ramps should have a gradient of 1:15, with a minimum width of 1.2 m. They need at least one, and preferably two sturdy support handrails at a height of 1.0 to 1.2 m, with a second rail at 600 mm for children, with a grasp of between 45 to 50 mm. Ramps should be used as an alternative access, not as a replacement for steps. People with conditions affecting balance, and people with vision problems or reduced mobility but who are not wheelchair users, may find ramps tiring or difficult to use.

Location of the play area is also important as it is not reasonable to expect disabled people to cross extensive grass areas to get to the playground or to find that the play area is at the far end of the park from the car park. If an existing play area is more than 75 m from the car park, a level resting area with a seat, should be provided half way along the path, or at regular intervals along it.

7.5.4 Access to Play Equipment

Impact absorbing surfacing to testable European standards is now required under and around all play equipment with a fall height in excess of 600 mm. There should be no hard surfaces under any play items no matter what their height. When correctly laid, tiles and poured rubber compound provide a smooth, firm and non-slip surface. The latter is available in a wide range of colours, patterns and designs which enhance the play area and can provide directional and warning help for those who have visual impairments. In terms of access to equipment, loosefill surfaces, such as bark and gravel, should be avoided. They can be used, however, to provide general surface variety as they have some play value themselves and can provide a positive challenge to those with mobility problems. A recent test of bark and woodchip surfaces in the UK has shown that an engineered wood fibre surface is easier for wheelchairs to negotiate than bark. (Melcourt, 2003).

Varying levels and surfaces make for exciting and challenging play for disabled children as much as for others. A play area does not have to be flat. Grass slopes to roll down and embankments with slides, as well as bridges, steps and ramps may provide access between different levels, with varying degrees of challenge, which may also provide a suitable learning experience for mobility impaired children. Loose fill, such as bark, is required under cable runways for safety reasons. Sand is one of the most valuable items one could have in a play area, especially combined with water play. Raised sand

tables should allow for wheelchair access and enclosed sand play areas should have a transfer platform and handrail to enable physically disabled children to get into the sand play area. Very long ramps should be avoided as taking up too much space and transfer platforms may be considered instead.

Equipment that is properly designed for inclusive play should not “label” a play area as being for “the disabled”. When items such as multi-play units are equipped with ramps or transfer points, shallow steps together with wide slides, there is no reason why disabled children and their carers should not enjoy a range of play activities together as much as anyone else (Hicks and Heseltine, 2001).

Transfer points should include a turning area for wheelchairs. Transfer points may also be considered in relation to embankment slides, which when provided with a gradual approach, shallow steps and handrails allow many children with quite serious impairments to use them without great difficulty or the need for assistance. A narrow slide enable the child to be supported and provides a feeling of security, while a broad slide enables joint play and allows an adult to slide with the child.

Many low level crawling and climbing nets, tunnels and tubes forming a part of multi-play units can be used by children with even serious mobility problems. The easiest way to climb is to keep the centre of gravity in front of the body. It is easier to climb on sloping netting than on vertical netting, which also allows an adult to assist and take part in the activity.

Special swing seats designed for children with motor disorders and balance problems, and which provide back and side support, are now available. Perhaps the best type of swing for inclusive play is the single arm ‘cantilever swing’ with a large basket on which several children may play. Even a profoundly disabled child can enjoy the swinging and rotating movements. Special seats with harness or wheelchair swings are not appropriate for public playground due to vandalism and the danger that the latter may pose on unsupervised sites. Wheelchair accessible roundabouts however, are now available.

‘Adventure Trails’ including parallel bars can provide a stimulating play experience for disabled children. These items provide balance and support aids in use and encourage the development of arm and upper body strength, as well as increased confidence.

Shops and play houses can encourage integration, imaginative play and shared role play. Other examples of easy access, free standing play items include mounted picture puzzles, mirrors, alphabets, fine movement control games, noughts and crosses and abacuses. Musical play items include chimes, speaking tubes and parabolic dishes, wooden xylophone frames, sound chambers and musical hopscotch panels.

Children who use a wheelchair every day should be encouraged as far as is possible to get out of their chairs and take an active part in play. Fortunately, many children who are in wheelchairs can enjoy active play without it as long as the play item is suitable. A child can sit down quite well without a chair provided that the sitting posture is ergonomically correct and the child is comfortable. A good sitting posture is best achieved from below, in other words, good support at the feet stabilizes the rest of the body. The correct sitting

height is also important. Seats in corners with two firm sides give support to the body and leave the hands free for manipulative play.

Good hand grips are also important, especially on movable items, such as seesaws and spring rockers. The latter are usually of two types. One has sides and a back rest which is suitable for children with postural problems and the other is the normal ‘astride’ position, where it is easier to help a child on and off. Even with a good foot support and hand grips, back support may be needed, which can be provided by a friend or adult sitting behind the child.

Seesawing in a sitting position can often be difficult for children whose lower body is paralysed. The rocking motion requires active use of the muscles around the hips in order to stabilize balance. A wide seat and good hand grips are a great help. For children who cannot sit up a gentle swing in a net, hammock or cantilever swing basket may be a possibility.

Activities for older children should also be considered, such as table tennis tables and basketball and specially designed seats and shelters for young people to ‘hang out’ and chat (Hampshire & Wilkinson, 2002, *Youth Shelters and Sports Systems*).

Most manufacturers and suppliers will now provide modular play items on a ‘pick-and-mix’ basis which allow the designer to provide a range of experiences for disabled children similar to those enjoyed by others.

Planting

Planting with scented and textured herbs and shrubs can be provided on slopes and raised areas to provide reference points and direction. Planting can be used to partially enclose or screen quiet areas or separate different parts of the playground. Natural and wildlife areas can also be incorporated into a play area with shrubs that attract butterflies or which have winter berries for bird food. Herbs and edible shrubs can also be included. Plants that produce a lot of pollen and which may cause allergies are best avoided. Robust planting, using willows, elder, alder and other shrubs which grow up again from the base if they are broken, can be used on the edges of the play area and can often be woven into play structures and fences themselves. Advice on these matters is available from another RoSPA booklet, *Growing Spaces for Play*, (Wood, 2001), as well as from the publications of Learning Through Landscapes in the UK.

Colours and Materials

The author is indebted to Kompan (1993) for this information. Children at play ‘observe’ with all of their senses but use sight very intensively. The child judges distances, sizes, heights and what it sees is translated into a clear visual picture. This picture is achieved by the eye muscles constantly focusing. These movements are controlled by a delicately constructed system of nerves and muscle which slowly mature during the first decade of a child’s life. The more immature the nervous system is, the slower it works, so that in the younger child it takes longer to focus and to fine tune the picture observed. As children rarely stay still while they play, the overall picture which a young child gains of its play environment is usually blurred and unclear. This can make play difficult for those

children who are motorically unsteady. It is also a special problem for children who have impaired vision.

Fortunately there are ways of improving a child’s visual perception. This may be achieved by putting surroundings together so that the child has clear points on which to focus. This can be done by using contrasting colours and shapes in the design of the play equipment. As the surroundings of playgrounds are frequently green, brown or grey, the natural contrast to these would be yellow, blue and red/orange. These colours are also called primary or ‘fast’ colours, as they are perceived faster than the secondary colours. This difference in the speed of perception is not great to an adult, but to a child it is of great importance to be able to identify, by means of colour contrasts, the components that make up their environment.

A sight disability rarely means total blindness, and many people with such a visual impairment can perceive light and shade and various contrasts. A play area arranged with good colour contrasts and visual perspective will be of an advantage to all children but particularly to those who may have a visual or mental difficulty in perceiving their surroundings.

The tactile sense of touch is also very important for young children in gaining a knowledge and an understanding of their environment. The feel of wood, metal, plastic, earth, sand and water helps a child to learn about texture, temperature, weight, sizes and many other conceptual responses that provide the basis of more formal learning later on. The importance of manipulative play at an early stage in the child’s life has been shown to be vital in developing the neural pathways in the brain that lead to the development of empathy and social interaction (Hughes, 2001). Loose materials and manipulative play are therefore essential in any quality play environment.

Providing access to unstaffed public playgrounds and designing them for inclusive play is a just and essential aspect of providing for social inclusion and will benefit children of all abilities. However, for many children with physical, intellectual and sensory problems, those with multiple impairments and children with learning and behavioral problems, ordinary play facilities do not cater for their needs.

7.6 Adventure Play

The concept of adventure play is one that has developed throughout the world as being central to providing for the play and developmental needs of disabled children, but also for inclusive play generally. The concept is not easy to understand by those who have little experience of the playwork process. Currently, there are no adventure playgrounds in Ireland. The following concise description is a good summary:

“The Adventure Playground grew out of a movement dedicated to children’s freedom of expression in an outdoor environment and the children’s involvement in using tools and materials to adapt and construct on the outdoor space remains an important feature. Building camps, cooking on open fires, digging gardens, tending animals and generally playing with, and in, the outdoor space are all typical activities. The adventure

playground is now also associated with play equipment, known as play structures, built from timber such as telegraph poles, joists and planking along with cable, tyres, nets and ropes. Because of the size and technical competence involved, these structures require adults to take the lead in their design and construction. However, children and young people can also be involved wherever it is appropriate."

Paul Bonel and Jennie Lindon in 'Good Practice in Playwork' (1996)

Tony Chilton writing about Play in Newcastle upon Tyne (1988) comments about adventure playgrounds that:

"Their primary function is to help to create an atmosphere which is child centred; where there are no meaningless limitations or restrictions, apart from precautions necessary against injury; where guidance and help is given when asked for or needed. The relationship between the playworker and individual children is of great importance: they must know when to help a child and when to withdraw so that the child can work through a problem with or without assistance and thus develop confidence through co-operation and self-help."

These comments do not mean that life on the adventure playground is unstructured. Playground life is organized very largely by the children themselves; the adults work alongside to get them involved in play in as many ways as possible. The playworkers enable the child to continue to explore a particular; interest, idea, project or development by providing advice, guidance, materials etc. Thus, the child is encouraged to live, work and play in a free, friendly and self-disciplined way in the adventure playground.

The advantages of adventure playgrounds include the tremendous diversity of available activities, the flexibility created by all the "loose parts" in the environment, the sense of competence and responsibility instilled in children through being able to build and shape their own environment, and the skills that are learned in the process of building structures. Generally, children engage in a far greater variety of activities on adventure playgrounds than they do on either traditional or contemporary play areas. Adventure play challenges children and encourages them to go beyond what they know and feel safe with. This is especially important with disabled children and those with special needs, many of whom lead overprotected lives. It enables them to take risks, explore their surroundings and try out new activities. It teaches them to test themselves and to discover what they can and cannot do. To do this within a supportive and encouraging environment, in a place where safety precautions are taken, can lead to a real sense of achievement, together with growth in confidence and self esteem.

The principles of adventure play are:

- The approach is child led
- Children have the freedom to choose what they want to do
- The focus is on children’s individual needs and abilities
- Children are encouraged to take risks within a supportive environment
- All activities are available to all children, and

- If it is fun for the child, it is a successful activity.

There are adventure playgrounds throughout Europe, North America and Japan, including over 80 in London alone run by local authorities, local residents and voluntary groups and charities, such as Islington Play Association, with six being specially designed for disabled children, which are run by Kidsactive. Adventure playgrounds are open on a daily basis and are run by full time, trained playworkers. Kidsactive playgrounds support children with various disabilities attending schools and mainstream after schools clubs and playschemes. Children visit with their families and the service also offers respite day care.

Case Study 1. Kidsactive Palace Adventure Play Centre, Fulham, London.

The adventure playground lies between Fulham Palace and Bishops Park close to the River Thames. The playground has been in operation for a number of years. The site is relatively small yet it includes a play building which contains a large soft play area, an art room, toilets, a kitchen and an office. Outside there is a large timber play structure with ramps allowing wheelchair access with towers, nets, ropes and platforms with swings and slides. There is also a sand pit, a shallow pool with gently sloping sides, an area for barbeques, a sensory garden and space for developing a garden and for keeping animals. Hard surface pathways are laid around the site to provide access to these items and to provide for a play ‘circuit’. The centre is enclosed within a secure fence with a spring loaded gate wide enough for wheelchair access.

There are three full time playworkers with special needs training. Schools, after schools clubs and playgroups book for an hour at a time, and all other children are signed in. Vandalism has not been much of a problem after local children who were suspected of causing damage were invited in and asked to help out.

Kidsactive adventure playgrounds have several features that set them apart from most mainstream provision, namely:

- They are staffed by trained playworkers who have experience in meeting the care needs of disabled children.
- Suitable ratios of playworkers to children are always maintained to give each child as much support and encouragement as they need to participate fully in activities. Sometimes this ratio is 1:1.
- They are specially designed and resourced to meet the needs of disabled children.
- They are enclosed and secure. This is essential in making playgrounds accessible to the many children who need the security of physical boundaries and whose appreciation of everyday risks and hazards may be limited
- Transport is provided to and from the playgrounds. Many disabled children would be unable to attend without it.
- They provide respite for parents and carers.

Case Study 2. Scotland Yard Adventure Centre, Edinburgh.

Scotland Yard Adventure Centre, known as the ‘Yard’, provides indoor and outdoor play facilities for children and young people with special needs. The Centre is specifically designed as a place where the children are fully accepted and can, through adventure play, explore, experiment and expand their abilities at their own pace in a supporting and constantly changing and developing environment. The children are supported by experienced playworkers and trained volunteers.

The Centre was opened fifteen years ago on land owned by Edinburgh City Council and is held on a 25 year lease. The facilities include an outdoor $\frac{3}{4}$ acre playground which includes a covered play area, sand and water play, a sensory garden, music and sound garden, communal swings, a climbing structure and a wheelchair accessible circuit for a range of bikes and trolleys, within a naturalistic setting in the heart of the city. The focus of the Centre is a large single storey play building. This large and airy space includes a range of soft play equipment, a sensory room, an art room, dressing up corner, wheelchair accessible toilets, a kitchen, meeting room and an office.

The Centre is used by special schools, special needs clubs, residential care units and hospitals who book the Centre for hour long periods during the week. The Centre can cater for a maximum of 60 children. At the weekend children with special needs come with their families, siblings and friends. As a community based centre local families are able to visit on Saturday afternoons. As well as playschemes during the holidays, the Centre runs a teenage afternoon club and a teenage girls club. A playwork outreach service is being developed with three schools in the area. Last year over 90 different groups used the Yard and the total number of visits made was 8,512.

The Yard employs four full time playworkers and two play volunteers. There are a total of 15 volunteers who receive training and there is a full time manager for the volunteers as well as a Development Manager. The Yard has established a link with Viborg National Institute for Social Educators in Denmark and benefits from six month student placements.

The Centre has its own Management Board including two people from the local community. Three programmes are funded through the National Lottery Community Fund, The Scottish Executive Special Educational Needs Innovation Grants Programme and the Childcare Strategy Funds. Funds for maintenance, staff salaries and equipment are met from private Trusts and Foundations, donations and fundraising work. Expenditure for 2001-2002 amounted to £ 194,000.

An adventure playground that is used by children with disabilities should include:

- Play structures and equipment
- An accessible play building which can be used for activities, arts and crafts and music
- Space for outdoor games and exploration
- Sand and water features
- Bicycles and other mobility equipment
- A small sensory garden where children can touch and smell plants
- Fixed or semi-fixed equipment, such as musical structures
- Soft play equipment.

However, from the author’s observations of adventure play areas for this study, the quality of the playworkers and trained staff is of far greater importance than the equipment provided. Advice on establishing, equipping, and managing an adventure play centre is given in the two Kidsactive publications, *Side by Side – guidelines for inclusive play* (Scott, 2001) and *It Doesn’t just happen – inclusive management for inclusive play* (Douch, 2002).

While there are a number of models for providing for adventure play for disabled children (others are the Play Plus playworker outreach programme run by Stirling Council in Scotland) the type of play provision provided by Scotland Yard or Kidsactive, would be the most appropriate form to develop in Ireland. It is recommended that a priority action would be the establishment of an adventure play centre in the Dublin area. From information provided by the Dept. of Education, there are forty special schools in the Dublin area that could avail of the services and facilities provided by such a centre, quite apart from its use by families of children with disabilities.

An adventure play centre could be established within a park in Dublin as a partnership between Dublin City Council, the Eastern Health Board and a voluntary organization, such as the Dublin Catholic Youth Council, for example. The centre should be community based and should provide a developmental and social resource for disabled children, their siblings and neighbourhood children in the spirit of inclusive play. It would be important that secure recurrent funding be agreed prior to the start of the project. A similar, successful partnership between Dun Laoghaire Rathdown County Council and the Dun Laoghaire Youth Service, runs the Library Road Play Centre but this does not have a specific disability focus. Suntower Gardens in Clondalkin are on the site of Scoil Mochua, a school for physically disabled pupils from 3 to 18 years of age and incorporates Ireland’s first working multi-disability gardens. While this has a number of play features, play is not the focus of the project.

7.7 Playwork Training

One of the main issues that were raised by respondents to the organizational survey used in this study was the lack of support from trained staff that could assist children with disabilities in playgrounds. Traditionally, on adventure playgrounds, this is the role of the playworker who has undergone a specific course of study and training that is quite different to that in childcare, play or occupational therapy, youth work or teaching. In a play environment that is used by children with disabilities, the role of the playworker is to empower the children by:

- Enabling and encouraging children to play
- Motivating and supporting children in play
- Playing with children individually and in groups
- Overcoming obstacles and providing solutions in play
- Withdrawing from children when necessary
- Ensuring the children’s safety
- Responding to children’s needs.

‘Playworker’ is the term used to describe people, whether paid or voluntary, who work within services which aim to provide for children’s play. These services may have play as their sole objective, such as adventure playgrounds, as well as out-of-school settings including after-schools clubs, playgroups and holiday play schemes. A service may have entirely different objectives which are addressed through playwork, such as play in hospitals. A fuller description of the role of the playworker is given in “*Best Play – what play provision should do for children*” by NPFA (2000). The accompanying publication, (Playlink, 2001) “*Making Sense – Playwork in Practice*” is also recommended.

In the UK and in Europe there are recognized training courses to degree level in playwork and an accepted career structure. In Ireland, while the need for playworkers exists, there is no recognized playwork training, no employment structure and no playworkers. The only playwork training in the whole of Ireland is provided by the Belfast College of Further Education who run a course to the British NVQ Level 2, which includes a module on ‘play for all’. Training in playwork is also provided by the consultancy PlayShare, based in Galway. It is hoped that recognized playwork training qualifications will be established in Ireland in the near future. In the UK the document *Quality Training, Quality Play*, sets out the National Strategy for Playwork Education, Training and Qualifications. Although there are no playwork courses dealing exclusively with disabled children, most courses in the UK include equal opportunities and the inclusion of disabled children as part of the course. It is, however, important to realize that working with disabled children does not necessarily demand ‘specialist’ knowledge of disability issues. It is more about a commitment to an inclusive environment and a determination to meet the needs of all children, no matter what their level of ability.

7.8 Play in Hospital

Children’s play in hospital may be considered as a particular form of public play provision. In such a stressful environment as a hospital it is important that the child’s emotional and psychological needs are catered for. Disabled children may spend more time than most in hospital. With children’s medical services now concentrated in fewer hospitals, disabled children, those attending for assessment, therapy, hospitalization or attending out patient’s clinics and their able-bodied siblings face long travel distances by car or public transport. In all of these cases, a play environment within the hospital is essential, both as a distraction and to let off pent-up energy. A hospital playgroup provides one useful means of achieving these aims. Play workers with an understanding of children’s feelings and an insight into their view of the world can help the child to cope with their illness, the fear of hospital and can reassure parents about the child’s normal reactions to these circumstances. Medical staff can use the medium of play to build up relationships with young patients and prepare them for medical or surgical procedures. Studies show that proper provision of play for child patients can speed recovery, thereby reducing the length of hospitalisation. Cost benefits can be assessed in terms of a shorter hospital stay and the avoidance of psychological disturbances. An extensive report was produced in 1993 by Mary O’Connor of the Association for the Welfare of Children in Hospitals entitled, *Play for Child Patients in Irish Hospitals*, which came up with a series of recommendations on play facilities, personnel, finance and types of play.

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Table 2: The Provision of Play in Main Hospitals Caring for Children

Hospital	Hospital/ Unit Description	Professional	Volunteers	Community Employment
Our Lady’s Hospital for Sick Children, Crumlin	330 bed children’s hospital	4 Full-Time HPS Positions	120 CHI Play Volunteers 10 CHI Information and Activity Volunteers	None
The Children’s University Hospital, Temple Street	140 bed children’s hospital	3 Full-Time HPS Positions	10 CHI Play Volunteers 15 CHI Information and Activity Volunteers	2
National Children’s Hospital, Tallaght Hospital	70 bed children’s hospital	1 Full-Time HPS Positions 2 Job-Share HPS Positions	10 CHI Play Volunteers 20 CHI Information and Activity Volunteers	None
Limerick Regional Hospital	57 bed children’s unit	1 Full-Time HPS Position	25 CHI Volunteers	6
Cork University Hospital	50 bed children’s unit	1 Full-Time HPS Position	2 CHI Volunteers	4
Mercy Hospital, Cork	44 bed children’s unit	1 Full-Time HPS Position (not yet filled)	None	None
South Infirmary, Victoria Hospital, Cork	15 bed children’s ward	None	None	None
University College Hospital, Galway	36 bed children’s unit	1 Full-Time HPS Position	None	None
Letterkenny General Hospital	30 bed children’s unit	1 Part-Time HPS Position	None	None
Beaumont Hospital	28 bed children’s unit	None	3 CHI Volunteers	None
Cappagh Orthopaedic Hospital	17 bed children’s ward	None	None	None
Our Lady of Lourdes Hospital, Drogheda	25 bed children’s unit	None	18 CHI Volunteers	None
Sligo General Hospital	25 bed children’s unit	1 Full-Time HPS Position	None	None
Mayo General Hospital	25 bed children’s unit	None	None	None
Portiuncula Hospital	20 children’s bed unit	None	None	None
Tralee General Hospital	20 bed children’s unit	2 Part-Time HPS Position	None	None
Wexford General Hospital	20 bed children’s unit	None	6 CHI Volunteers	None
St Lukes, Kilkenny	20 bed children’s unit	None	None	None
St Joseph’s, Clonmel	14 bed children’s unit	None	None	None
Cavan General Hospital	16 bed children’s unit	1 Part-Time HPS Position	None	None
Eye and Ear Hospital	10 bed children’s ward	None	12 CHI Volunteers	None
National Rehabilitation Hospital	8 bed children’s ward	None	12 CHI Volunteers	None

Source: Children in Hospital Ireland

The Association, now Children in Hospital Ireland, produced a series of leaflets with the Irish Association of Hospital Play Staff (2000) called The Hospital Playlink, which is a collection of practical suggestions and activities designed to assist hospital staff working with sick children in a variety of settings, especially where there is no Hospital Play Specialist. CHI has also produced Guidelines for Care of Children with Special Needs in Hospital (2000). This refers to the need for play for all children but draws attention to the

fact that children with special needs - both intellectual and physical need additional encouragement and support. This Guideline refers to the need for play for all children but draws attention to the fact that children with special needs - both intellectual and physical need additional encouragement and support. The Guidelines also provide some basic information on what is needed and offers suggestions on a number of sources from which further advice and help can be sought. The Guidelines were compiled in consultation with a wide range of chronic illness and condition support groups. One example of good practice in the design of play facilities in a hospital in Ireland, is the Ark Children’s Unit in the Limerick Regional Hospital.

8.0 PLAYGROUND DISABILITY ACCESS AUDITS

8.1 Introduction

In order to assess how accessible playgrounds were for children with disabilities in Ireland an access audit was carried out during the period of the study. Twenty playgrounds were randomly assessed around the country. The assessment was carried out using the access audit produced by the Royal Society for the Prevention of Accidents (RoSPA). This audit was devised by RoSPA to assist local authorities in the UK with preparing for the implications of the Disabilities Discrimination Act. The audit form is shown in Appendix 2. It was felt that the audit system would also be suitable for use in Ireland, except for the presence/absence of sand and water play, as these are play value items rather than access issues and they are almost always absent from Irish playgrounds, so these items were not scored. This audit covers both the access to the area and the play area itself. The report form is designed in such a way that an operator can assess for themselves the most cost effective way of increasing accessibility by reworking the calculations to evaluate the effects of any changes that they might make. In terms of the access to the play area the following accessibility definitions have been used:

- Level 1: Fully accessible: *A play space totally accessible to those with severe disabilities*
- Level 2: Generally accessible: *A play area accessible to most but not all people.*
- Level 3: Some accessible features: *A play area which presents problems to the majority of people with disabilities but which may be able to be accessed with help*
- Level 4: Severely limited access: *A play area which presents a serious barrier to use by disabled people, even with help*
- Level 5: Inaccessible: *A play area which present challenges to able bodied users and is inaccessible to those with disabilities*

Parking/access distance is an essential component of accessibility for those with mobility difficulties. The level of accessibility of the play area is immaterial if children/carers cannot get to it. The final scores for the play area itself, in terms of equipment and surfacing, were ranked according to the following groups:

Fully Accessible	(Score <25)	Generally Accessible	(Score 25-55)
Some Access Features	(Score 56-79)	Severely Limited Access	(Score 80-90)
Inaccessible	(Score 91+)		

8.2 Findings

The scores for the playgrounds examined during this study are set out in Table 3. While Table 3 is only a random selection of playgrounds in Ireland, around 10% of the total number of playgrounds at the present time, it does illustrate a number of points. It should be borne in mind that issues relating to access to the play area and onto the equipment are largely concerned with problems of mobility and to a lesser extent with other physical impairments. In terms of the assessed level for parking and distance, most of the poorer scores relate to the distance of the play area from the car park, illustrating the importance of getting the location of the play area right before designing it. The problem can be reduced somewhat by placing seating at intervals along the path so that those with mobility problems, or who are pushing a wheelchair, can take a rest. If a car park has a poor surface with gravel or potholes, then access to a play area is restricted.

Generally speaking, the older playgrounds have the worst scores, such as Tymon Park, Malahide Park and St. Stephen’s Green. Marley Park, although not assessed in this exercise, would also come under this category of “some accessibility”. This is largely due to the main play surfaces being of gravel, equipment not conforming to standards and the lack of any integrated play items. It is the latter criterion that mainly applies to St. Stephen’s Green. Even a new playground, if it is surfaced with gravel, such as at Newbridge House, Fingal, can have a poor assessment. Against that, however, it is the only one of the assessed playgrounds to have full time supervision and a disabled access toilet.

The newer playgrounds, with a firm impact attenuating surface and integrated play items or equipment with access aids, such as transfer platforms, generally have a better level of assessment and would come under the “fully accessible” category, in which there is access to at least one of each of the main play types. The majority of the playgrounds examined come under the “generally accessible” category. These playgrounds have a firm impact attenuating surface and would be accessible to those with intellectual, and possibly sensory impairments. Those children with physical impairments may be able to use certain items with help.

This is only a preliminary assessment but it does give an overall picture of the levels of access at individual sites. However, there is still some subjectivity in the process and the audit is in the process of revision by RoSPA in the light of experience gained in its use in the UK and Ireland. Nevertheless, the audit can be used by playground operators to estimate the level of accessibility of their play facilities and it will help them to develop a cost effective programme of playground improvements to enhance accessibility.

Table 3. Disability Access Audits for a Random Selection of Playgrounds in Ireland

Playground	Assessed Level (Parking/Distance)	Access Score (Equipment/Surface)	Assessed as:	Comments
Galway Millenium Park	1	18	Fully accessible	Ramp, transfer platform present
Fitzgerald Park, Cork	1	18	Fully accessible	Access aids, special swing
Riverwood, Blanchardstown	1	20	Fully accessible	
Albert College Park, nr. DCU, Dublin	3	23	Fully accessible	Distance from car park. Transfer platform present
Cabinteely Park, DLR.	3	23	Fully accessible	Distance from car park, path slope
Jobstown, Tallaght	1	23	Fully accessible	Access aids present
Newbridge Sports Centre	1	30	Generally accessible	No access aids, but ground level play panels
Tramore	1	30	Generally accessible	No access aids or transfer platforms
Ballywaltrim, Bray	1	31	Generally accessible	No access aids
Clara, Co. Offaly	1	32	Generally accessible	No access aids
Port Laoise	3	32	Generally accessible	Distance from park entrance, has sand play, bark surface
St. Michael’s Ho. Ballymun	1	33	Generally accessible	
Gardiner St., Dublin	1	34	Generally accessible	No access aids
Douglas, Cork	3	36	Generally accessible	Poor car park surface. No access aids
Enniscorthy	1	41	Generally accessible	No access aids
Fermoy	1	41	Generally accessible	No access aids to main structure
Fr. Griffin Park, Galway	2	47	Generally accessible	No access aids, grass surrounds
Newbridge, Fingal	1	51	Generally accessible	Gravel, toilets for disabled, supervised
St. Stephens Green	2	60	Limited accessibility	No integrated play items
Malahide	4	64	Limited accessibility	Distance from car park, gravel,
Tymon Park, S. Dublin	3	66	Limited accessibility	Distance from car park, gravel, no integrated play items.

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Appendix I. Organisational Survey

The study will examine the play needs and the existing current public provision for children with disabilities. This study is sponsored by the National Disability Authority and is undertaken by Sugradh, the charity supporting the child’s right to play.

We would be grateful for your time in answering this questionnaire. Please respond in relation to the children who have the disability for which your organization is concerned. You may wish to consult with other group members/parents and children in relation to your response. Direct comments from parents and especially children would be particularly valuable.

1. Is the disability experienced by children in your client group:
 - a. Sensory
 - b. Physical
 - c. IntellectualPlease state their age range.
2. Please describe how the children’s play is affected by their disability?
3. Describe the barriers for children with such a disability in accessing playgrounds and in using play equipment within playgrounds.
4. What barriers are faced by parents/carers who are themselves disabled and who wish to accompany their children to a playground?
5. How could existing playground facilities be improved for the children in your client group?
6. Describe the specific needs in relation to playground equipment for children in your client group?
7. What types of play and movement/development skills would be:
 - a. most beneficial
 - b. best avoided
8. Describe the barriers for children with such a disability in accessing public play services e.g. holiday play schemes that are open to all children.
9. Could you please comment on how inclusive play services e.g. holiday play schemes, could be more satisfying for children with special needs.
10. In what ways does your organisation support or provide opportunities for children's play?
 - a. Special play schemes (holiday, after school etc.)
 - b. Playgrounds on your premises
 - c. Indoor play rooms

- d. Play therapy
 - e. Training in play work
 - f. Others (specify)
11. Does your organisation use trained play workers? Yes/No
 12. What is the ratio of playworker:children?
 13. If Yes please describe the training they will have received
 14. What benefits would trained play workers bring to the work of your organisation?
 15. What examples of good play facilities/best practice could you recommend?
 16. Any other comments

Appendix 2. Disability Access Audit

Client: _____ Site: _____

Date: _____ Inspector: _____

This audit covers both the play area and the access to the area. The report form is designed in such a way that the operator can assess themselves the most cost effective way of increasing accessibility by reworking the calculations to evaluate the effects of any changes that they might make.

For the purposes of this evaluation the following accessibility definitions have been used

- Level 1: Fully accessible; *A play space totally accessible to those with severe disabilities*
- Level 2: Generally accessible: *A play area accessible to most but not all people.*
- Level 3: Some accessible features: *A play area which presents problems to the majority of people with disabilities but which may be able to be accessed with help*
- Level 4: Severely limited access: *A play area which presents a serious barrier to use by disabled people, even with help*
- Level 5: Inaccessible: *A play area which present challenges to able bodied users and is inaccessible to those with disabilities*

Parking/Access distance

Parking/access distance is an essential component of accessibility for those with mobility difficulties. The level of accessibility of the play area is immaterial if children/carers cannot get to it.

Access Level	1	2	3	4	5
Disabled Car Parking Spaces (Min of 2 recommended)					
Disabled bays by access route					
Surfacing material					
Car Parking slope					
Distance from parking to play area					

The Level of accessibility of the play area is that of the highest rated component items 3-5 of the above table.

Assessed level: Level 1 2 3 4 5

ACCESS AUDIT

Access Levels	1	2	3	4	5
Route to the play area clear and accessible					
Route from entrance and between equipment					
Paths meet access requirements					
Surfacing meet access requirements as well as HIC requirements					
Seat provided					
Any play items easily accessible by any child					
Do access aids (ramps, ropes, hand rails) meet advised requirements					
Are access aids present (ramps, transfer points, extra hand holds etc)					
Total ticks					
Total ticks x Access level					
Total Section score					
Play opportunities equally accessible to all children					
Accessibility of integrated play items					
Total ticks for section x Access level x 5					
Total Section score					
Site total score					
Site assessed as:					
Fully Accessible (Score <25)		Generally Accessible (Score 25-55)			
Some Access Features (Score 56-79)		Severely limited access (Score 80-90)			
Inaccessible (Score 91+)					

Appendix 3. Useful Sources of Further Information

Advice on establishing, equipping, and managing an adventure play centre is given in the two Kidsactive publications, *Side by Side – guidelines for inclusive play* (Scott, 2001) and *It Doesn’t just happen – inclusive management for inclusive play* (Douch, 2002).

Americans with Disabilities Act Guidelines. A copy of the guidelines for play areas may be downloaded from www.access-board.gov/play/guide/intro.htm.

Barcelona Declaration. The IDD Project Team has been developing a model of good practice, which includes a training programme, and guidelines for selection and implementation of projects and actions. www.idd.ie/barcelona_declaration.htm.

Centre for Universal Design www.design.ncsu.edu.

Fair Play for Children, www.arunet.co.uk offers one of the best descriptions of the adventure play approach.

Inspiring ideas for creating natural play spaces may be found in www.earthplay.com and www.naturallearning.org.

The National Children’s Office, www.nco.ie, can provide information on the National Children’s Strategy and copies may be obtained from them.

Playlink info@playlink.org.uk provides a list of adventure playgrounds in London, including those for children with disabilities.

Playshare is a Galway based consultancy providing training in playwork. (playshare@iol.ie)

Playwork unit of SPRITO in the UK www.playworknvq.org.uk gives information on playwork training.

Royal Society for the Prevention of Accidents (RoSPA) publishes a series of booklets on aspects of playground safety which may be obtained from info@rospaplaysafety.co.uk or www.rospa.co.uk. These include:

Playgrounds for Children with Special Needs

Growing Spaces for Play

A guide to the European Playground Equipment and Surfacing Standards

Regular Inspection of Children’s Playgrounds

Assessing Risk on Children’s Playgrounds

Safety Recommendations for Recreational Facilities for Young People.

Sugradh – Celebrating the Child’s Right to Play www.playireland.ie The website includes information on play policies, designing a playground, community involvement in establishing a playground, funding, a list of playground suppliers and links to other sources of information..

Appendix 4. Organisations Contacted as Part of This Study

Local Authorities

Senior staff in the Parks Departments of the following local authorities were contacted by phone in relation to the existence of play policies and all responded. In the case of Cork County Council, enquiries were made to the personnel officer, and to the sports officer in the case of Laois County Council.

Dublin City Council
Dun Laoghaire Rathdown County Council
Fingal County Council
South Dublin County Council
Cork City Council
Cork County Council
Galway City Council
Limerick City Council
Laois County Council

Health Boards

The Disability Officer in each Health Board was contacted with a questionnaire.

Organisations

The following organisations returned completed questionnaires. A further ten questionnaires were returned but did not include the name of the organization.

Asperger’s Syndrome
Ballyowen Meadows School, Beechpark, Stillorgan, Dublin
Brothers of Charity Services, Limerick – North Limerick Child Development Team
Central Remedial Clinic, OT Dept.
Cystic Fibrosis Association
Health centre, Tullamore
Irish Wheelchair Association
KARE – Promoting Inclusion for People with learning Disabilities
Kerry Network of People with Disabilities
Midlands Health Board
Mid-Western Health Board
Muscular Dystrophy Ireland
National Federation of Arch Clubs
Northwest ADHD Support group, St. Michael’s Family Life Centre, Sligo
St. Michael’s House Ballymun
South Western Area Health Board
Western Care Association

The following organisations were also sent copies of the questionnaire as part of this study:

APT
Association of Children and Adults with Learning Difficulties
Asthma Society of Ireland
Attention Deficit Disorder
Barnardos

Brainwave
Community Exchange
Disability Federation of Ireland
Down Syndrome Ireland
Enable Ireland
Irish Association for Spina Bifida and Hydrocephalus
Irish Deaf Society
Jack and Jill Children’s Foundation
Irish Society for Autism
Multiple Sclerosis Society of Ireland
National Council for the Blind
People with Disabilities Ireland