

A literature review of primary caregiver perceived barriers and/or facilitators of children aged 3-11's adventurous play & an RTA analysis exploring perceptions of adventurous play in primary caregivers of children with anxiety.

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THESIS PORTFOLIO: CANDIDATE DECLARATION

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Declaration and signature of candidate

I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work.

I confirm that the decision to submit this thesis is my own.

I confirm that except where explicitly stated, the work has not been submitted for another academic award.

I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis.

Signed:


A. Finney

Date: 29/04/2024

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THESIS ABSTRACT

As part of the fulfilment of a Professional Doctorate in Clinical Psychology, the author presents this thesis investigating primary caregiver's perceptions of adventurous play. This investigation includes a literature review of primary caregiver perceived barriers and/or facilitators of children aged 3-11's adventurous play. Paper, one presents a systematically conducted review of the literature on primary caregivers and adventurous play. Seventeen papers were identified, and the findings were critically appraised, analysed, and synthesised. Utilising a narrative synthesis strategy, the following key barriers and facilitators were identified: children's characteristics, primary caregiver's characteristics, primary caregivers' perceptions of adventurous play, primary caregiver and child interaction, supervision, peers, location, and safety. Paper two presents a qualitative study exploring perceptions of adventurous play in primary caregivers of children with anxiety. Eight eligible participants took part in semi-structured interviews. Reflexive Thematic Analysis was utilised and revealed three themes and eight subthemes, which described caregivers' perceptions that they encourage adventurous play due to perceived benefits, factors that influenced their perceptions, and how anxiety influences perceptions of adventurous play. Paper three is an executive summary, which is an accessible report of paper two, targeted at caregivers and caregivers of children with anxiety. Summarised are the background, aims, method, key findings, implications, recommendations, and limitations of the empirical study.

PAPER ONE: Literature Review

Primary Caregiver perceived barriers and/or facilitators of children aged 3-11's
adventurous play.

Author note

Target Journal: This paper has been prepared with the intention of publication in "*Journal of Early Childhood Research*" (See Appendix A). Before submission to the journal, further amendments will be made to ensure all submission guidelines are met.

Word Count: 7,858

Abstract

This review aimed to search and appraise the literature exploring primary caregiver perceived barriers and/or facilitators of children aged 3-11's adventurous play. A total of seventeen papers were included varying from low-good quality. The review used a narrative synthesis strategy. Key barriers and facilitators were identified as children's characteristics, primary caregiver's characteristics, primary caregivers' perceptions of adventurous play, primary caregiver and child interaction, supervision, peers, location, and safety. Based on the review's findings recommendations for future research to aid adventurous play interventions are needed.

Keywords: adventurous play, risky play, play with risk

Introduction

Children are recognised to have the right to play (United Nations Convention, 1989). Childhood play is noted to have physical and mental health benefits (Alexander, Frohlich & Fusco, 2012), including increased physical activity, decreased inactive behaviour (Aggio, 2017), and reduced risk for obesity (Grey, 2015). Play is an opportunity to learn vital skills such as conflict resolution, emotion regulation, negotiation, impulse control and sharing (Grey, 2011). Additionally, play supports children in their cognitive development through learning, decision-making, and problem-solving (Barros, 2009). Public Health England recognises that childhood play involving adventure, challenge and risk is important for physical and mental health (Frohlich, 2014). Current research is dominated by pretend play and locomotor (physical) play has been largely ignored by psychological investigations (Pellegrini, 2009; Lillard, 2013).

Specifically, it is noted that risk in play can have a positive impact on children's developmental, emotional, and social needs, and physical and mental health (Gill, 2007). Adventurous play, synonymous with risky play, is defined as "child-led play where children experience subjective feelings of excitement, thrill and fear; often this occurs in the context of age-appropriate risk-taking" (Dodd & Lester, 2021, p.1). Sandseter (2007) identified six categories of risky play; play at great heights, at high speed, with dangerous tools, near dangerous elements, rough and tumble play, and where children can disappear/ get lost. Dodd and Lester (2021) theorised that adventurous play could be protective against children developing anxiety, through exposure and providing learning opportunities where children can manage uncertainty and arousal. Sandseter and Kennair (2011) suggest that adventurous play allows children the opportunity to be exposed to fears and as such naturally experience exposure to feared stimuli. Exposure therapy is often used as part of the process of targeting phobias, thus exposure through adventurous play is theorised to underpin the same mechanisms to support anxiety reduction (Dodd & Lester, 2021).

Research shows that children would like the right to assess their own risk and enjoy engaging in adventurous play (Coster, 2008). A commonality across children is noted to be a desire to experience thrilling play (Sandseter & Kennair, 2011). Despite children's noted enthusiasm for adventurous play, within Western society, it is evidenced to be on the decline (Brussoni, 2012; Dodd, 2021). Compared to previous

generations, children now play outside less and have increased supervision compared to their parent's generation (Karsten, 2005; Dodd, Watson & Nesbit, 2021). This decrease in children's adventurous play has been ascribed to societal concerns about their safety (Clements, 2004). Dodd and Lester (2021) in their conceptual model theorised the importance of emphasising the social environment to ensure adventurous play can be facilitated. They suggest that supervision and policies act as constraints, reducing children's ability to engage in adventurous play. As adventurous play is associated with injury and mortality (Heggie, 2008), concerns about children taking risks in play are valid. Across the world unintentional injury is a leading cause of child death (Peden, 2008). However, the leading cause of hospital admissions for unintentional injury in children is falls within the home (Centres for Disease Control and Prevention, 2019). Research suggests that while at play children can utilise strategies to prevent injury or death (Christensen & Mikkelsen, 2008). Injuries requiring medical attention from children's play are rare and risks of injury during play are very low (Nauta, 2015).

The noted decline in children's adventurous play is cause for concern, due to negative connotations for children and adolescents' health, specifically their mental health (Grey, 2011). Children need opportunities to take risks so they can learn to effectively judge risks and continue risk assessment from adolescence to adulthood (Smith, 1998). Caregivers are responsible for the children in their care and ultimately facilitate or bar children aged 3-11's access to adventurous play, as well as hold the responsibility for any consequences associated with their adventurous play (e.g., injury) (Adam, Beck & Van Loon, 2000). Furthermore, primary caregivers' beliefs and attitudes about risk have been correlated with children's exposure to adventurous play (Dodd *et al.*, 2021).

This review aims to bring together findings from the research which provide insights into primary caregivers' perceived barriers and facilitators of adventurous play globally. The aim is to increase understanding of the barriers and facilitators of adventurous play, which may then aid caregiver buy-in to initiatives to facilitate adventurous play.

Method

Scoping Searches

An initial scoping review was conducted and current gaps in the existing literature base were established, determining the viability of the review (Booth, 2018).

Staffordshire University, Google Scholar and Psych articles databases were utilised to conduct a preliminary literature search, revealing two reviews had been conducted on perceived barriers and facilitators of adventurous play in Britain and schools (Oliver, Nesbit, McCloy, Harvey & Dodd, 2022; Nesbit, Bagnall, Harvey & Dodd, 2021). At the time of the scoping search, no current reviews specifically investigated primary caregivers' perceived barriers and facilitators of adventurous play globally.

Search Strategy

Databases

Databases searched included PsycARTICLES, PsycINFO, PubMed, Web of Science, ProQuest, Education Research Complete, EThOS and Google Scholar. The following search terms were used to replicate Nesbit (2021) and Oliver *et al.* (2022): terms relating to adventurous play (“adventurous play” OR “risky play” OR “dangerous play” OR “risk-taking in play” OR “risk in play” OR “play with risk” OR “challenging play” OR “rough and tumble play”) AND terms relating to the evaluation of adventurous play (“attitudes” OR “perceptions” OR “barriers” OR “facilitators” OR “belief” OR “feelings” OR “experience”).

Inclusion Criteria

- Work concerning play for children aged 3-11 (primary school aged).
- Refer to adventurous play or risky play.
- Qualitative, quantitative, and mixed methods where primary caregiver perceived barriers or facilitators could be isolated.

Exclusion Criteria

- Articles not in English, as the researcher was unable to translate.
- Reviews and theoretical papers.

Publication Bias

Publication bias was considered when conducting this review. Publication bias refers to evidence that studies demonstrating positive findings are more likely to be published, which results in gaps in our knowledge base (Sutton, 2009). Additionally,

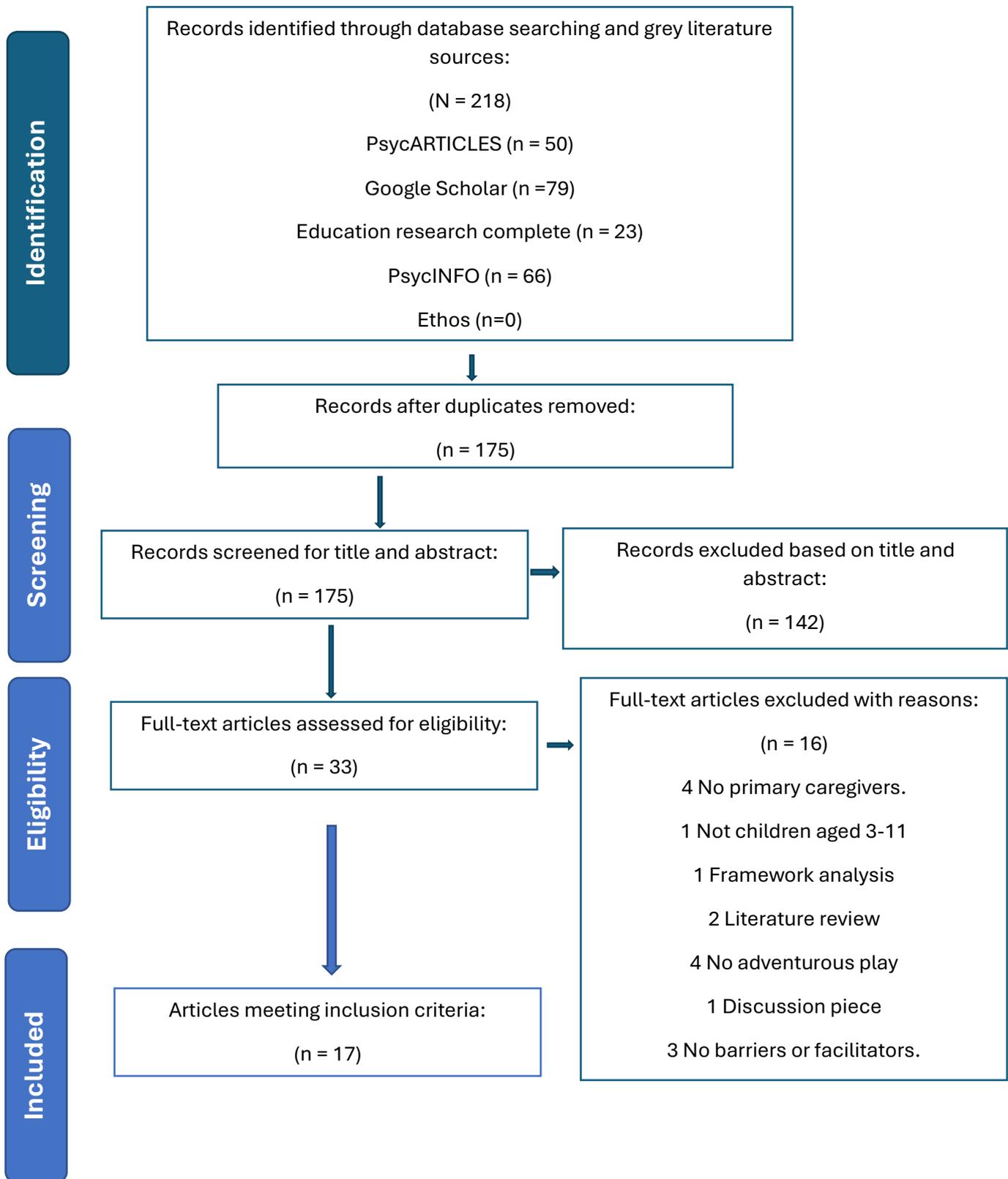
peer-reviewed journals are more likely to present positive findings or significant results (Vasilev, 2013), as well as researchers admitting to falsifying results (John, Loewenstein & Prelec, 2012). To try and mitigate this grey literature was searched using ETHOS and Google Scholar, but no articles were found that met the inclusion criteria.

Search Strategy and Study Selection

The full search results and selection process are detailed in **Figure 1**.

A total of 218 articles were initially identified. Of these, 175 duplicates were removed. 142 records were excluded based on their abstract and title. The remaining 33 articles were screened and 16 were excluded: 4 did not include primary caregivers; 1 did not include primary caregivers of children aged 3-11; 1 was a framework analysis; 2 were literature reviews; 4 did not include adventurous play; 1 was a discussion piece, and 3 did not include barriers or facilitators. 17 articles were deemed to meet the criteria for eligibility for inclusion within the final analysis of the review.

Figure 1: Literature search and screening diagram.



Quality Assessment

Research quality is assessed via critical appraisal tools (Young & Solomon, 2009). For qualitative and quantitative studies, the design-specific Joanna Briggs Institute (JBI) tool was used, as it demonstrates efficacy (Hannes *et al*, 2010) and user acceptability (Munn *et al*, 2014). The Mixed Methods Appraisal Tool (MMAT) (Hong *et al.*, 2018) was used to assess the quality of the mixed methods studies as it demonstrates efficiency and inter-rater reliability (Pace *et al.*, 2012), as well as promoting rigour in health research (Oliveira *et al.*, 2021). As papers had different methodologies, the JBI and MMAT were selected. As the MMAT does not produce a critical appraisal score like the JBI, one was created to correspond with the MMAT. Criteria rated as met were given a score of 2, and when partially met 1. To not overestimate the quality if criteria were unclear or unmet, it was given a score of 0. Criteria rated as not applicable were not rated and excluded (table 1).

Table 1: Critical appraisal scoring system.

Critical appraisal scoring	
Rating	Score
Yes	2
Partially met	1
Unclear	0
No	0
Not applicable	Excluded

As design-specific tools were utilised, each checklist had differing types of criteria assessed. To mitigate the difference, scores were converted to percentage scores so that the studies could be quality compared. The MMAT dictates that the quality of mixed-methods studies should be determined by both components, with the lower score taking precedence. Papers that scored over 70% were considered “good quality”, 50%-70% were considered “moderate quality” and those scoring below 50%, were considered “low quality”. Overall quality scores were in the range of 35%-95%.

Results

Study Characteristics

Ten qualitative, three quantitative, and four mixed methods papers were included and reviewed. **Table 2** summarises the key study characteristics. Four studies reported on mixed-methods survey research designs (Gull, Goldstein & Rosengarten, 2019; Little, 2010; Little, Wyver & Gibson, 2011; McFarland & Laird, 2017). Of these, two described a mixed methods survey design (Gull *et al.*, 2019, McFarland & Laird, 2017) and two studies described mixed methods of survey and semi-structured interviews, including naturalistic observation (Little, 2010; Little *et al.*, 2011).

Three studies described qualitative work with interventions (Fletcher *et al.*, 2021). Two of the studies were based on secondary analysis of interviews obtained as part of randomised, mixed-methods controlled trials (MacQuarrie *et al.*, 2022 & Stilianesis *et al.*, 2021). Of the qualitative studies, five used thematic analysis (Bauer, Giles & Brussoni, 2021; Bauer, Giles & Brussoni, 2022 (a); MacQuarrie *et al.*, 2022; Obee, Sandseter, Gerlach & Harper, 2020; St George, Goodwin & Fletcher, 2018), two used critical discourse analysis (Bauer & Giles, 2019; Bauer, Giles & Brussoni, 2022(b)); one used qualitative descriptive design (Fletcher *et al.*, 2011); one used an Inductive Thematic Approach (Stilianesis *et al.*, 2021); and one used inductive and deductive content analysis (Waddington & Pearson, 2021).

Three quantitative studies included cross-sectional questionnaire designs (Cevher-Kalburan & Ivrendi, 2016; Dodd *et al.*, 2021, Jelleyman *et al.*, 2018). Included papers originated from seventeen studies.

Six of the seventeen studies were conducted in Canada; the remaining studies were conducted in Australia (n=5), New Zealand (n=1), Britain (n=1), Turkey (n=1), Norway (n=1), USA (n=1) and USA and Australia (n=1). Three papers included mothers only; three included fathers only; two papers included participants defined as parents and guardians/caregivers and the remaining papers included parents. Qualitative samples ranged from 4-53 participants; quantitative samples ranged from 890-2003 participants; and mixed-methods studies samples ranged from 25-112 participants.

Table 2: Key study characteristics									
	Author, Year & Title	Location	Sample	Methodology	Analysis	Findings	Strengths	Limitations	Quality Score
Key	AP = adventurous play								
1	Bauer & Giles, 2019 Exploring Single, Stay-at-Home, and Gay Fathers' Perspectives of Masculinity and the Influence These Have on Their Understandings of Their 4- to 12-Year-Old Children's Outdoor Risky Play	Canada	Fathers: N=12	Qualitative: Semi-structured interviews.	Critical Discourse Analysis	Fathers' role in facilitating AP. Limits to AP. Perceptions of AP.	Methodology fits research aims. Underrepresented sample.	Sample not homogeneous. Validity not considered. Limitations not considered.	65 % Moderate overall quality
2	Bauer, Giles & Brussoni, 2021 "I've Seen What Evil	Canada	Military Mothers: N=16	Semi-structured interviews.	Reflexive Thematic Analysis	Safety Important Perceptions of AP	Researcher and epistemological reflexivity detailed.	Limitations not detailed.	90% Good quality

	Men Do": Military Mothering and Children's Outdoor Risky Play								
3	Bauer, Giles & Brussoni, 2022 (a) "As long as there's no mortal risk": the perspectives of members in combat arms occupations on children's outdoor risky play	Canada	Parents in Canadian Armed Forces: N= 7. Female: N=1 Male: N=6	Semi-structured interviews.	Reflexive Thematic Analysis	Perceptions of AP Parental role	Description of analysis. Reflexivity is discussed in depth.	Limitations not detailed.	95% Good quality
4	Bauer, Giles & Brussoni, 2022 (b) Military mothering, responsibility, and children's	Canada	Military Mothers: N=16 Children aged (4-12)	Semi-structured interviews.	Critical Discourse Analysis	Child characteristics Perceptions of AP	Justification for methodology and data collection explored in depth.	Validity was not discussed in depth. Issues of consent not discussed.	85% Good quality

	outdoor risky play: “I do not want my children to be afraid to try things”						Future research areas were explored.		
5	Cevher-Kalburan & Ivrendi, 2016 Risky Play and Parenting Styles	Turkey	Patents: N=890. Female: 67.6% Male: 29.6% Missing: 2.8 %	Cross-sectional, Questionnaires	Factor analysis, multiple regression	Parenting styles Child characteristics Perceptions of AP	Acceptable internal consistency of measure.	Generalisability Response bias	43.8 % Low quality
6	Dodd, Fitzgibbon, Watson & Nesbit, 2021 Children’s Play and Independent Mobility in 2020: Results from the British Children’s Play Survey	Britain	Parents/ caregivers: Total N=1919. Male: N=881 (46%) Female: N=1038 (54%)	Cross-sectional and observational Questionnaire	Rasch analysis	Attitudes to AP.	Nationally representative sample. Reliability and internal consistency. Missing data considered in depth.	Missing Data	93.8 % Good quality
7	Fletcher, May, St George,	Australia	Fathers (overweight	Semi-structured interviews.	Qualitative Descriptive Design.	Perceptions of AP.	Under-represented group.	No justification for methodology	35 %

	Morgan & Lubans, 2011 Fathers' perceptions of rough-and-tumble play: Implications for early childhood services		or obese): Total N=53.			Father-child interaction.	Good inter-coder reliability.	Generalisability Ethical considerations	Low quality
8	Gull, Goldstein & Rosengarten, 2019 Fathers' Roles, Attitudes, and Practices Regarding Tree Climbing	USA	Fathers: Total N=105	Follow-up questionnaire	Survey, Mixed Methodology	Father's perceptions. Supervision	Good integration of mixed methods.	No justification for methodology. Divergences not discussed. Data analysis not discussed.	36.7% Low quality
9	Jelleyman, McPhee, Brussoni, Bundy & Duncan, 2018	New Zealand	Parents: Total N=2003. Male: N=629	Cross-sectional Questionnaire	Survey	Societal pressures. Perceptions of AP	Sample representative	Low response rate (19%).	81.3% Good quality

	A Cross-Sectional Description of Parental Perceptions and Practices Related to Risky Play and Independent Mobility in Children: The New Zealand State of Play Survey		Female: N=1374.			Child characteristics	Validated questionnaires.		
10	Little, 2010 Relationship between parents beliefs and their responses to children's risk-taking behaviour during outdoor play	Australia	Parents: Total N=26 (Mothers)	Questionnaire & semi-structured interviews.	Mixed Methodology	Societal pressures. Perceptions of AP Child characteristics	Effectively integrated methodologies.	No justification for the methodology used. Size and homogeneity of the sample.	46.7 % Low quality
11	Little, Wyver & Gibson, 2011	Australia	Mothers: Total N=24.	Semi-structured interviews and	Mixed Methodology	Environmental factors.	Methodologies integrated.	No justification for the methodology.	50 %

	The Influence of play context and adult attitudes on young children's physical risk-taking during outdoor play			naturalistic observations		Perceptions of risk.	Suggests further research.	Sample not representative	Moderate quality
12	MacQuarrie, McIsaac, Cawley, Kirk, Kolen, Rehman, Spencer & Stone, 2022 Exploring Parents' Perceptions of Preschoolers' risky outdoor play using a socio-ecological lens	Canada	Parents: Total N=19 Mothers: N=16 Fathers: N=3	Semi-structured interviews.	Thematic Analysis	Children's characteristics Perceptions of AP. Role of parent	Appropriate recruitment strategy. Clear data collection process. Good justification for methodology	Coded by one researcher. Transferability	70 % Moderate Quality
13	McFarland & Laird, 2017	Australia & USA	Parents: Total N=112	Survey	Mixed Methodology	Parental Characteristics	Appropriate recruitment strategy.	Generalisability	80 % Good

	Parents' and Early Childhood Educators' Attitudes and Practices in Relation to Children's Outdoor Risky Play					Parental perspectives Environmental factors	Clear data collection process. Good justification for the methodology chosen.	Non-random selection.	Quality
14	Obee, Sandseter, Gerlach & Harper, 2020 Lessons Learned from Norway on Risky Play in Early Childhood Education and Care (ECEC)	Norway	Parents: Total N=4	Semi-structured interviews	Thematic Analysis	Perceptions of AP Social factors.	Ethics considered. Value of research considered.	Transferability Bias Analysis	40% Low quality
15	St George, Goodwin & Fletcher, 2018 Parents' Views of	Australia	Parents: Total N=52 Female: N=36 Male: N=16.	Semi-structured interviews and video stimulus.	Thematic Analysis	Location Physical benefits Connection	Methodology justified. Ethics detailed.	Video stimulus leading Transferability Biases	95 % Good quality

	Father-Child Rough-and-Tumble Play					Child characteristics Parental views	Transparent data analysis	Data saturation	
16	Stilianesis, Spencer, Villeneuve, Sterman, Bundy, Wyver, Tranter, Naughton, Ragen, & Beetham, 2021 Parents' perspectives on managing risk in play for children with developmental disabilities.	Australia	Parents of children with developmental disabilities: Total N=17. Mothers: N=15 Fathers: N=2.	Semi-structured interview	Inductive Thematic Approach (Denscombe, 2014).	Duty of care Social context Parental perspectives	Methodology justified. Data collection methods Multiple researchers	Biases Transferability Researcher stance not discussed	65% Moderate quality
17	Waddington & Pearson, 2021 Parental Perspectives	Canada	Parents: Total N=10 Mothers: N= 7	Semi-structured interviews	Inductive and Deductive Content Analysis.	Duty of care. Location Parenting styles.	Appropriate methodology Justified design.	Recruitment process	85 % Good quality

	on the Barriers and Facilitators to Risky-Play in Preschool Children		Fathers: N=2 Guardian N=1.				Role of the researcher discussed. Ethics		
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Critical Appraisal

Recruitment and sampling

Four studies used an online survey, (Dodd *et al.*, 2021; Gull *et al.*, 2019; Jelleyman *et al.*, 2018; St George *et al.*, 2018) which increased the risk of bias as some populations do not have access to the internet or digital technology. These studies also utilised multiple questionnaires, which has implications for validity and generalisability as there is an increased risk of participant dropout. However, online surveys often have higher external validity and power due to their convenience allowing for a higher response rate (Barker *et al.*, 2015).

Two studies used questionnaires, alongside semi-structured interviews, completed by the participants in person, with researchers (Little, 2010; Little, *et al.*, 2011). The questionnaires were completed in the participant's homes at their convenience; however, this may have increased the risk of response bias, as the researchers were present, affecting the study's validity and reliability. One study (Cevher-Kalburan & Ivrendi, 2016) used teachers to distribute their questionnaires and had participants return the questionnaire to teachers. Involving teachers in the study's data collection reduced the validity and reliability, due to ethical concerns raised regarding data protection.

Eight studies had an uneven gender split of parents, with more mothers participating than fathers (Bauer *et al.*, 2021; Cevher-Kalburan & Ivrendi, 2016; Dodd *et al.*, 2021; Jelleyman *et al.*, 2018; MacQuarrie *et al.*, 2022; St George *et al.*, 2018; Stilianesis *et al.*, 2021; Waddington & Pearson, 2021). One study claimed to provide parent perspectives on adventurous play but only included mothers (Little, 2010). Two studies did not specify the gender demographics of their participants (McFarland & Laird, 2017; Obee *et al.*, 2020). One provided no demographic information for their sample (Obee, 2020). One study only included fathers (Gull *et al.*, 2019) and one only included mothers (Little *et al.*, 2011).

Four studies used narrow inclusion criteria: single, stay-at-home, or gay fathers (Bauer & Giles, 2019), military mothers (Bauer *et al.*, 2021; Bauer *et al.*, 2022(b)), parents in Canadian armed forces (Bauer *et al.*, 2022(a)) and overweight fathers (Fletcher *et al.*, 2011). Due to the stringent criteria of these studies, their

transferability is limited and thus their validity. However, they provide valuable insight into unique marginalised groups.

Sample sizes were scored as good for Dodd *et al.* (2021) and Jelleyman *et al.* (2018), with power analysis being utilised by both. Dodd *et al.* (2021) had a substantial amount of missing data, but power was maintained despite this. Cevher-Kalburan and Ivrendi (2016) had a 68% response rate and did not include a power analysis. The quantitative studies' sample sizes are important to consider, as a greater sample size may indicate more power to determine a significant difference.

Methodology

Six of the ten qualitative studies discussed their philosophical/epistemological stance congruent with their methodology (Bauer & Giles, 2019; Bauer *et al.*, 2021); Bauer *et al.*, 2022(a); Bauer *et al.*, 2022(b); St George *et al.*, 2018; Waddington & Pearson, 2021). Four studies made no clear statement about their philosophical/epistemological stance (Fletcher *et al.*, 2011; MacQuarrie *et al.*, 2022; Obee *et al.*, 2020; Stilianesis *et al.*, 2021). All studies showed congruity between their methodology and research question/objectives, data collection methods, analysis/ representation of data and interpretation.

Studies utilised Braun & Clark's (2006) Thematic Analysis (MacQuarrie *et al.*, 2022; Obee *et al.*, 2020; St George *et al.*, 2018); Braun & Clark's (2019) updated; Reflexive Thematic Analysis (Bauer *et al.*, 2021); Bauer *et al.*, 2022(a), Denscombe's (2014) Inductive Thematic Approach (Stilianesis *et al.*, 2021), Critical Discourse Analysis (Bauer & Giles, 2019; Bauer *et al.*, 2022(b)), Qualitative Descriptive Design (Fletcher *et al.*, 2011), Inductive and Deductive Content Analysis (Waddington & Pearson, 2021).

Three studies used cross-sectional designs (Cevher-Kalburan & Ivrendi, 2016; Dodd *et al.*, 2021; Jelleyman *et al.*, 2018). Cevher-Kalburan and Ivrendi (2016) explored the relationship between parenting styles and risky play; Dodd *et al.* (2021) considered correlates between socio-demographics and geography on children's adventurous play; and Jelleyman *et al.* (2018) looked at the relationship between parent's perceptions of risky play and the level of risky play permitted by parents. The cross-sectional design allows a snapshot of relationships between variables at a specific time point and is convenient to conduct, therefore, it is advocated as a

design. However, conclusions cannot be drawn about the cause and effect between the variables.

Quantitative measures of adventurous play

Quantitative and mixed-methods studies measured parental perceptions of adventurous play via self-reported questionnaires. Cevher-Kalburan and Ivrendi (2016) developed their own Likert scale called the *Parents' Thoughts about Children's Risky Play (PTaCRP)* and used the Parent Attitude Scale (PAS) (Demir and Sendil, 2008). Using two Likert scales that measure the same thing was a weakness of this study, as the two scales did not add any differing information and meant participants had to answer questions unnecessarily. Jelleyman *et al.* (2018) and Dodd *et al.* (2021) used *The Tolerance of Risk in Play Scale (TRiPS)* (Hill, 2012), which includes "yes or no" answers. Jelleyman *et al.* (2018) also used the *Extraneous Barriers to Risky Play* Likert scale and questions on participation in risky play activities (e.g., age allowed to play adventurously). Little (2010) and Little *et al.* (2011) used the *Attitudes Towards Risk Questionnaire* (Franken, 1992) Likert scale. Cevher-Kalburan and Ivrendi (2016) measured the reliability scores of their measure. To improve the content validity of their self-developed scale, three experts in the field of early childhood education examined their items. All other papers did not discuss the validity and reliability of their measures, which limits the assessment of their suitability.

Bias

Qualitative research should consider the researcher's theoretical position to ensure that its influence on research can be explored (JBI, 2020). Four out of ten studies considered the researcher's theoretical position and referenced the researcher's profession and experiences (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (a); St George *et al.*, 2018; Waddington & Pearson, 2021). A criticism of the qualitative studies appraised was that there was a notable lack of discussion around theoretical position, lacking in six out of the ten studies. Nine qualitative studies showed good trustworthiness by having multiple researchers involved in all stages of the research, specifically using joint coders (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (a); Bauer *et al.*, 2022 (b); Fletcher *et al.*, 2011; MacQuarrie *et al.*, 2022; St George *et al.*, 2018; Stilianesis *et al.*, 2021; Waddington & Pearson, 2021). One study showed poor

reliability, as the first author was the only coder and analyst (Bauer & Giles, 2019). One study made no mention of who was involved in data analysis (Obee *et al.*, 2020). Overall consideration of the relationship between the researcher and participants upon the research was poor.

Two quantitative studies attempted to mitigate coverage bias through transparency of participant demographics and using nationally representative samples (Jelleyman *et al.*, 2018; Dodd *et al.*, 2021). Cevher-Kalburan and Ivrendi's (2016) study is not representative and as such had coverage bias, as they do not include any participant demographics, other than gender, and were recruited from one area of Turkey.

Ethical Issues

Fifteen studies outlined that they gained appropriate ethical approval before commencement and thirteen obtained informed consent. Two studies did not outline ethical approval or informed consent (Fletcher *et al.*, 201; Gull *et al.*, 2019). Cevher-Kalburan and Ivrendi (2016) gained ethical approval but did not discuss informed consent. Waddington & Pearson (2021) considered ethical issues in detail, including confidentiality and anonymity, which increases confidence in their study and quality.

Analysis and Conclusions

All three quantitative studies demonstrated appropriate statistics, with multiple regression being used by all. All quantitative studies had an appropriate response rate, suggesting good external validity, however, Dodd *et al.* (2021), had a substantial amount of missing data. All mixed-methods studies demonstrated appropriate analysis, and conclusions utilised both qualitative and quantitative results.

All qualitative papers adequately represented participant voices apart from Waddington & Pearson (2021) as they used content analysis, which is to be expected. Mixed-method studies also included quotation extracts, strengthening their findings. Most studies omitted to detail demographics alongside pseudonyms, meaning it was hard to determine if quotes were evenly representative and if the participant's themes varied.

Quality Appraisal Summary

Papers in this review varied from low-good quality. Findings of studies rated low should be interpreted with caution (Cevher-Kalburan & Ivrendi, 2015; Fletcher *et al.*, 2011; Gull *et al.*, 2019; Little, 2010; Obee *et al.*, 2020). Most qualitative studies lacked depth in researcher reflexivity, specifically epistemological reflexivity, which would have helped the reader to understand the lens through which analysis took place. None of the qualitative research detailed a reflexive diary. The qualitative methods in mixed-methods studies were superior to the quantitative methods. Two of the quantitative studies were of good quality, utilising similar procedures, methods and analysis but conducting research in different countries (Jelleyman *et al.*, 2018; Dodd *et al.*, 2021). Both studies also had a low risk of selection bias and good validity as their dropout rates were low (Moola *et al.*, 2015).

Synthesising the findings

This review aimed to explore primary caregivers' perceived barriers and facilitators of adventurous play. By synthesising the findings, pertinent conclusions can be deduced from the literature.

Perceptions of adventurous play

The primary finding of this review was that caregivers' perceptions of adventurous play were a barrier or facilitator of children's engagement in it. Fifteen of the seventeen studies identified this (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (a); Bauer *et al.*, 2022(b); Cevher-Kalburan & Ivrendi, 2016; Dodd *et al.*, 2021; Fletcher *et al.*, 2011; Gull *et al.*, 2019; Jelleyman *et al.*, 2018; Little, 2010; Little *et al.*, 2011; MacQuarrie *et al.*, 2022; McFarland & Laird, 2017; Obee *et al.*, 2020; St George *et al.*, 2018; Waddington & Pearson, 2021). Unanimously finding that caregivers with a positive perception of adventurous play acted as a facilitator and those with a negative perception acted as a barrier. Caregivers perceived that adventurous play was beneficial for their child's physical and emotional development (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (a); Gull *et al.*, 2019; Little *et al.*, 2011; McFarland & Laird, 2017, Obee *et al.*, 2020; St George *et al.*, 2018), risk assessment skills (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (b); Fletcher *et al.*, 2011; Gull *et al.*, 2019; Little, 2010; Little *et al.*, 2011; MacQuarrie *et al.*, 2022; Obee *et al.*, 2020), and creativity and imagination (Bauer *et al.*, 2022 (a); Bauer *et al.*, 2022(b)), and as such were

motivated to facilitate it. Studies found that caregivers positive perceptions of adventurous play increased the number of hours children played adventurously (Dodd *et al.*, 2021; Jelleyman *et al.*, 2018).

Caregivers' negative perceptions of adventurous play were found to be a barrier to engagement (Cevher-Kalburan & Ivrendi, 2015; Dodd *et al.*, 2021; Little, 2010; Little *et al.*, 2011; St George *et al.*, 2018; Waddington & Pearson, 2021). Perceptions that adventurous play was dangerous or risky were a barrier (Cevher-Kalburan & Ivrendi, 2015; Dodd *et al.*, 2021; Little, 2010; Little *et al.*, 2011; St George *et al.*, 2018; Waddington & Pearson, 2021). Caregivers reported that the language “risky” used to describe the play influenced their perception of it as dangerous, so they barred it (Waddington & Pearson, 2021). However, there was also a conflict within caregivers' perceptions, as some felt that adventurous play was dangerous but were willing to allow their child to engage in it due to the perceived advantages to their child's development, risk assessment and imagination and creativity (Bauer *et al.*, 2021); Bauer *et al.*, 2022 (a); Fletcher *et al.*, 2011; Gull *et al.*, 2019; Little, 2010; Little *et al.*, 2011; McFarland & Laird, 2017; Waddington & Pearson, 2021). Suggesting that negative perceptions of adventurous play do not always act as a barrier if caregivers are aware of its advantages for their child.

Factors that influenced perceptions of adventurous play

Though the primary finding identified that the caregiver's perceptions of adventurous play ultimately acted as a barrier or facilitator, some variables impacted this. Specifically, caregivers' overall perception of adventurous play could be positive and thus a facilitator, but factors such as their child's age, gender and disability impacted their facilitation of the activity.

Children's characteristics

Caregivers identified that their child's characteristics influenced their perception of their ability to cope with adventurous play and thus could act as a barrier or a facilitator (Bauer & Giles, 2019; Cevher-Kalburan & Ivrendi, 2016; Dodd *et al.*, 2021; Jelleyman *et al.*, 2018; MacQuarrie *et al.*, 2022; McFarland & Laird, 2017; Stilianesis *et al.*, 2021).

Child age. Caregivers perceived their child's age to influence their ability to cope with adventurous play, specifically, younger children were seen to be less able to

cope with the risks of playing adventurously, whereas older children were encouraged (Bauer & Giles, 2019; Jelleyman et al., 2018; MacQuarrie et al., 2022; McFarland & Laird, 2017). However, Dodd et al. (2021), found younger children were significantly more likely to be playing adventurously in Britain, suggesting that caregiver perceptions may not be in line with younger children's capabilities to cope with adventurous play.

Child gender. Caregivers reported in Britain that their male children were playing significantly more adventurously than females (Dodd et al., 2021). As quantitative data, it is lacking contextual information about caregivers' perceptions as to why gender may play a role in barring or facilitating adventurous play but does demonstrate that caregivers are noting a significant difference in adventurous play based on gender. Juxtaposed to this, Cevher-Kalburan & Ivrendi (2016) found that caregivers did not perceive their child's gender to influence their access to adventurous play. However, Cevher-Kalburan & Ivrendi's (2016) study was conducted in one area of Turkey and thus lacks transferability, whereas Dodd et al. (2021) used a nationally representative sample of Britain making the findings more generalisable. Cultural differences in children's gender norms may also be influencing the contrasting findings.

Child disability. Two studies referred to caregivers perceiving their child's disability as a barrier to their engagement in adventurous play (Dodd et al., 2021; Stilianesis et al., 2021). Dodd et al. (2021) found that children without a disability are significantly more likely to play adventurously than those with a disability. Stilianesis et al. (2021) were able to add context to this, finding caregivers were concerned for their child's physical, emotional, and social safety (Stilianesis et al., 2021). There was a perception from caregivers of children with a disability that their children lacked the social interaction skills they felt were necessary for adventurous play and as such their disability was deemed to be a barrier, even though they perceived the activity to be worthwhile (Stilianesis et al., 2021).

Primary caregiver's characteristics

Parenting style. Six studies found that caregivers perceived their parenting styles to act as a barrier or facilitator for their children's adventurous play (Bauer & Giles, 2019; Bauer et al., 2022 (b); Cevher-Kalburan & Ivrendi, 2016; Fletcher et al., 2011;

McFarland & Laird, 2017; Waddington & Pearson, 2021). Citing that their perception of themselves as overprotective parents meant that they were prone to bar activities such as adventurous play as it involved an element of risk (Bauer & Giles, 2019; Bauer et al., 2022(b); Cevher-Kalburan & Ivrendi, 2016; Fletcher et al., 2011; McFarland & Laird, 2017). One study found that caregivers perceived their overprotective parenting style to be a social norm within their social group (military wives) and as such there was an expectation that they would bar adventurous play, regardless of their views on the activity (Bauer et al., 2022(b)). In contrast, parents who perceived themselves to be democratic in their parenting style felt that they were more inclined to facilitate adventurous play, despite concerns they may have around risk (Cevher-Kalburan & Ivrendi, 2016).

Primary caregiver's gender. Four studies found that caregivers perceived their gender to act as a barrier or facilitator of children's adventurous play (Bauer & Giles, 2019; Bauer et al., 2022 (b); Cevher-Kalburan & Ivrendi, 2016; Fletcher et al., 2011). Specifically, Fathers perceived themselves to be facilitators of adventurous play (Bauer & Giles, 2019; Fletcher et al., 2011; Cevher-Kalburan & Ivrendi, 2016). Cevher-Kalburan & Ivrendi (2016) found that mothers perceived themselves to be less supportive of adventurous play than their children's fathers. However, Bauer et al. (2022) found that military mothers perceived their role as a mother to conflict with their role in the military, with most of the mothers feeling that mothers facilitated adventurous play but their status as a military mother conflicted with this, often acting as a barrier as aforementioned. Bauer et al. (2022(b)) looked at a specific population and thus may not be transferable across female caregivers.

Primary caregiver and child interaction

A unique finding, specific to studies that explored rough and tumble play, found that caregivers perceived the element of parent-child interaction during the play to be a facilitator (Fletcher et al., 2011; St George et al., 2018). Caregivers stated that they perceived the bonding that occurred between them and their child during the play as motivation for its facilitation. This was not observed by studies that explored adventurous play more generally.

Supervision

Studies found that how caregivers perceived supervision was a barrier or facilitator to adventurous play (Bauer & Giles, 2019; Bauer et al., 2021); Bauer et al., 2022 (a); Gull et al., 2019; Little, 2010; MacQuarrie et al., 2022; McFarland & Laird, 2017). Specifically, six studies found that caregivers perceived themselves as the only appropriate supervision to facilitate adventurous play and did not feel comfortable with their child engaging in adventurous play without them (Bauer & Giles, 2019; Bauer et al., 2021); Bauer et al., 2022 (a); Gull et al., 2019; Little, 2010; McFarland & Laird, 2017). One study highlighted caregivers perceived supervision to be an important facilitator of children's adventurous play, but that neighbourhood children or siblings would suffice (MacQuarrie et al., 2022).

Peers

A conflicting finding was that caregivers' perceptions of the social benefits or risks of adventurous play were a barrier or facilitator (Little et al., 2011; MacQuarrie et al., 2022; Stilianesis et al., 2021). Some considered adventurous play to be a social activity, involving peers, and as such there was a risk of children experiencing bullying or being excluded, which acted as a barrier (Little et al., 2011; Stilianesis et al., 2021). One study found that caregivers found the potential social element of adventurous play acted as a facilitator, as it encouraged children's socialisation (MacQuarrie et al., 2022). Demonstrating the importance of how caregivers perceive the social element of adventurous play for its facilitation.

Location

Several studies cited caregivers' perception of the safety of the location of play to be a barrier or facilitator (Dodd et al., 2021; MacQuarrie et al., 2022; Stilianesis et al., 2021; Waddington & Pearson, 2021). Caregivers perceived rural locations to be facilitators of adventurous play, whereas urban areas were barriers, due to the perceived increased risk of traffic and stranger danger (MacQuarrie *et al.*, 2022; Stilianesis *et al.*, 2021; Waddington & Pearson, 2021). However, Dodd et al. (2021) found no significant differences in children's levels of adventurous play across Britain between urban and rural areas. Stilianesis et al. (2021) found that caregivers perceived outdoor adventurous play to be a barrier and would prefer their child to play adventurous in enclosed spaces. It is noteworthy that Dodd *et al.* (2021) found

that, in Britain, children's play was reported to be the most adventurous away from home and that the highest levels occurred in green spaces.

Perceived safety

Seven studies noted that caregivers identified an activity's perceived safety as a barrier or facilitator of their child's adventurous play (Bauer et al., 2021), Bauer et al., 2022 (a), Bauer et al., 2022 (b), Gull et al., 2019, McFarland & Laird, 2017, Stilianesis et al., 2021, Waddington & Pearson, 2021). Of the seven studies, all primary caregivers stipulated barriers to children engaging in adventurous play would include risk of injury or mortal risk. It was clear in these studies, that despite caregivers who perceived adventurous play as positive, if they perceived their child to be at risk then this would outweigh, and they would bar their child from engaging. All studies that identified risk of injury or death as a barrier, also identified activities perceived as safe to be a facilitator of their child engaging in adventurous play.

Discussion

This review aimed to provide insight into primary caregivers' perceived barriers and facilitators of children aged 3-11's adventurous play by bringing together global findings. Consistent with other literature reviews on childhood adventurous play (Dodd et al., 2021; Nesbit et al. 2021; Lee *et al.* 2021), 94% of the studies reflected Western primary caregivers' perspectives. There was representation from a Middle Eastern country (Turkey), however, this was a limited quantitative study involving participants from one area of Turkey and lacked generalisability. Most included papers were qualitative and added rich experiential information from caregivers' perspectives of adventurous play.

What are primary caregivers' perceived barriers and facilitators of adventurous play?

The findings demonstrate that the caregiver's perceptions of adventurous play are the key linchpin that all other findings are centred around and were felt by caregivers to ultimately influence whether adventurous play is barred or facilitated. Finding that caregivers seem to hold conflicting beliefs, that they do not want their child to be at risk during play, but also see the benefits of allowing their child to take risks. From an evolutionary perspective, caregivers are motivated by the survival of their offspring, leading to behavioural changes associated with risk aversion, caution, and

carefulness towards their offspring (Cameron *et al.*, 2010). This is corroborated by caregiver-perceived barriers to adventurous play, found in the literature, such as their negative perspectives, their belief that their child could not cope with the activity based on their characteristics, their own characteristics meaning they cannot cope, inadequate supervision, social danger, location of play and safety. The findings correspond with evolutionary psychological theories that state that the primary directive of a caregiver is protection and as such they lack motivation to allow their offspring to engage in activities involving risk (Cameron *et al.*, 2010; Chaulk *et al.*, 2003). However, the literature showed that despite the primary urge of a caregiver to protect their child, they were able to facilitate adventurous play and perceived it to be a benefit for their child.

The findings suggest that caregivers perceived facilitators to be their positive perceptions, their belief that their child could cope with the activity based on their characteristics, their belief that they could cope based on their own characteristics, adequate supervision, social inclusion, connection with their child, and safety. We can make sense of these conflicting findings and contextualise them by considering them in relation to cognitive dissonance theory (Festinger, 2001). This states that individuals can hold conflicting or dissonant beliefs (Festinger, 2001). Caregivers were found to perceive things as barriers and facilitators of adventurous play and hold conflicting views, such as wanting their child to avoid risk and seeing the benefits of risk-taking for their child. This dissonance observed is helpful to consider, as we know that the greater the dissonance, or being psychologically uncomfortable, the greater the motivation to reduce the dissonance (Harmon-Jones & Mills, 1999; Festinger, 2001). This suggests that interventions that aim to support caregivers in facilitating adventurous play may need to focus on targeting the cognitive dissonance identified in perceptions of risk aversion and risk-taking.

Furthermore, social psychology suggests that an individual's perceptions of an activity impact their behaviour and motivations to engage in it (Badura, 1986), suggesting that caregivers' perceptions of adventurous play will influence their motivation to allow their child to engage in it, something corroborated by the review. For example, caregivers perceived adventurous play to be beneficial but also perceived that their child, due to their young age, couldn't cope with the risks

associated with adventurous play, and thus barred them from engaging in it. This was a key finding of the review, that caregivers' perceptions influenced their motivation to bar or facilitate adventurous play. Finding that caregivers' motivation to facilitate adventurous play was changeable based on their perception of the findings. Therefore, interventions may want to focus on caregivers' perceptions of adventurous play, and perceived barriers to increase their motivation to facilitate the play.

Moreover, the findings can be understood in relation to Bronfenbrenner's (1994) ecological model as it provides insight into their hierarchical and interconnecting nature. Bronfenbrenner's (1994) socio-ecological model identifies layers of influence including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. At a microsystem level, or the child's immediate environment, caregivers perceived their children's characteristics, their own characteristics, their perceptions of adventurous play and the potential for interaction with their child, as barriers or facilitators of adventurous play. As found in other reviews, caregivers' perceptions of the adventurous play itself act as a barrier or facilitator, highlighting the importance of either fostering or changing this to support children's engagement in the activity (Oliver *et al.* 2022). Consideration of the unique finding in rough and tumble play, that caregivers perceived the connection with their child as a facilitator, could be used to increase buy-in for adventurous play.

At a mesosystem level, or connections between different influences in the microsystem, caregivers perceived factors such as supervision and their child's interaction with peers as barriers or facilitators of adventurous play. Caregivers perceived supervision to influence and be influenced by other levels and, similarly, there was an apparent interaction between peers and supervision. For example, caregivers reported being more comfortable with the social element of adventurous play if they were able to supervise. As well, as being more comfortable allowing the play with peer interaction, as by default that provided an element of supervision. These are important findings to consider as they indicate that supporting caregivers to allow appropriate unsupervised adventurous play may be individualised and dependent on differing factors.

Furthermore, at an exosystem level, or links that might exist between the different settings, caregivers reported that location acted as a barrier or facilitator of adventurous play. Dodd *et al.*'s (2021) findings that caregivers reported no significant difference in adventurous play by location were contradicted by the qualitative study's findings. However, the qualitative studies provide context lacking in Dodd *et al.*'s (2021) study. They suggested that again, caregivers' perception of a location's perceived safety was key to their motivation to allow their child to play there. For example, rural areas were perceived to be safer to play adventurously in due to the open space and lack of traffic but could also be perceived as dangerous if near open water (Waddington & Pearson, 2021). Perhaps adding context to Dodd *et al.*'s (2021) findings that caregivers perceived no significant difference in their child's adventurous play by localities, as other perceived factors (e.g., safety) influenced caregivers' motivation to allow their child to engage in adventurous play by location. Suggesting that location alone does not act as a barrier or facilitator of adventurous play, but rather a caregiver's perception of the location's perceived safety does.

Findings at a macrosystem and chronosystem level, or dominant and cultural beliefs, values and trends, and political and economic systems and changes which occur over time suggested that perceived safety acted as a barrier or facilitator to adventurous play. This is a vital finding given societal shifts towards child safety and risk elimination (Brussoni *et al.*, 2012; Sandseter and Sando, 2016). Therefore, education around the actual risks of adventurous play, as opposed to the perceived risks may need to be evidenced to reduce negative perceptions (microsystem) of the activity.

Strengths and Limitations

Papers not written in English were excluded, meaning that relevant studies may have been missed. To improve the reliability of the review a second reviewer would have been desirable, as only one person conducted the search, selection, and appraisal of papers. The use of different appraisal tools and marking criteria is a limitation of this review, as items may have been weighted differently and having different approaches to scoring may have impacted conclusions drawn around study quality (Whiting *et al.*, 2005). The methodological-specific critical appraisal tools

have missing aspects such as ethical considerations for quantitative studies and a lack of consideration for recruitment in qualitative, which would have improved quality assessment. However, using method-specific appraisal tools made for a more thorough appraisal. One of the studies included in the review focused specifically on caregivers of children with disabilities (Stilianesis *et al.*, 2021). As Nesbit et al (2021) suggest in their review, unique barriers and facilitators of adventurous play may be present for children with disabilities, however, due to the small sample used within this review, recommendations could not be provided, specific to children with disabilities.

The studies included in this review were predominantly from Western countries, but barriers and facilitators likely vary depending on cultures and countries. The aim of this review was to look at caregiver-perceived barriers or facilitators globally, but global research at this time is limited to more Western cultures. However, the strength of this review is that it collated the current caregiver perspectives on adventurous play available globally, whereas previously it has only been explored in Britain, thus adding to the literature.

Research recommendations

Four of the studies reviewed used data from intervention studies, suggesting that there is a lack of empirical research into this topic, something also found by Nesbit et al (2021) when exploring barriers and facilitators in schools. This work would provide rich information to inform interventions designed to facilitate childhood adventurous play or to improve primary caregivers' perceptions of adventurous play.

Although this review included primary caregivers generally, most of the studies included biological parents and disproportionately more mothers. Therefore, further research may look at the perceptions of guardians, as there may be nuances in their views in comparison to parents. Similarly, although not looked at in this review, anecdotally differences were observed between fathers' and mothers' perceived barriers and facilitators of adventurous play. Therefore, future research may consider formally looking at the differences in maternal and paternal perceptions.

Conclusion

The literature on primary caregivers' perceptions of adventurous play ranged in quality from low-good. Limitations such as a lack of reflexivity, transferability, generalisability, and biases need to be considered when interpreting the findings. The review indicates that primary caregivers perceive a multitude of factors that act as barriers or facilitators to adventurous play. The findings demonstrated that caregivers' perceptions were key motivators to facilitate adventurous play. The finding will help to inform future interventions, through design and implementation, that look to increase childhood adventurous play.

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Appendices

Appendix A: Guidelines for the “Journal of Early Childhood Research”.

[Manuscript Submission Guidelines: Journal of Early Childhood Research: Sage Journals \(sagepub.com\)](https://www.sagepub.com/journalsPermissions.nav?lang=en&path=/journals/00130651/home)

Key points from guidelines:

- The paper should be between 2000 and 8000 words.
- Formatting and referencing must adhere to the SAGE Harvard referencing style.
- All cited material to be included in the reference list.
- The paper should include a 100 word abstract and include key words

Appendix B: Mixed Methods Appraisal Tool (MMAT) Scoring and Analysis Table.

Mixed Methods Appraisal Tool (MMAT) Scoring and Analysis Table.										
Key	Y= Met, PM= Part Met, N= Not Met									
	Qualitative Criteria					Quantitative Descriptive Criteria				
	1 Appropriate approach	2 Data collection methods adequate	3 Findings adequately derived from the data	4 Interpretation of results sufficiently substantiated by data	5 Coherent between qualitative data sources, collection, analysis, and interpretation	1 Relevant sample strategy	2 Representative sample	3 Appropriate measures	4 Low risk for nonresponse bias	5 Appropriate statistical analysis
Gull et al. (2019)	2 (Y)	2 (Y)	1 (PM)	1 (PM)	0 (N)	1 (PM)	1 (PM)	0 (CT)	0 (N)	0 (CT)
Little (2010)	2 (Y)	2 (Y)	0 (N)	0 (N)	0 (N)	2 (Y)	1 (PM)	2 (Y)	0 (N)	2 (Y)
Little et al. (2011)	2 (Y)	2 (Y)	0 (N)	0 (N)	1 (PM)	2 (Y)	1 (PM)	2 (Y)	0 (N)	2 (Y)
McFarland & Laird (2017)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	1 (PM)	1 (PM)	2 (Y)	1 (PM)	2 (Y)

	Mixed Methods					
	1 Adequate rationale	2 Effective integration of study components	3 Integration of components adequately	4 Divergences/ inconsistencies adequately addressed	5 Different components adhere to quality criteria	Quality Score % (MMAT quality interpretation)
Gull, Goldstein & Rosengarten (2019)	0 (N)	1 (PM)	1 (PM)	0 (N)	1 (PM)	36.7% Low overall quality
Little (2010)	0 (N)	1 (PM)	1 (PM)	0 (CT)	1 (PM)	46.7 % Low overall quality
Little, Wyver & Gibson (2011)	0 (N)	1 (PM)	1 (PM)	0 (CT)	1 (PM)	50 % Moderate overall quality
McFarland & Laird (2017)	2 (Y)	2 (Y)	2 (Y)	0 (N)	1 (PM)	80% Good overall quality

Appendix C: JBI Checklist for Qualitative Research Scoring and Analysis Table.

JBI Checklist for Qualitative Research Scoring and Analysis Table.

Key	Y= Met, PM= Part Met, N= Not Met										Quality Score (%)
	1 Congruity: Philosophical perspective & methodology	2 Congruity: Methodology & research question/objectives	3 Congruity : Methodology & data collection methods	4 Congruity: Methodology & analysis/representation of data	5 Congruity: Methodology & interpretation	6 Location of researcher theoretically/culturally	7 Influence of research/research	8 Adequate representation of participant voices	9 Ethics & ethical approval	10 Conclusions	Quality Score (%)
Bauer & Giles (2019)	2 (Y)	2 (Y)	1 (PM)	1 (PM)	1 (PM)	0 (N)	1 (PM)	2 (Y)	1 (PM)	2 (Y)	65 % Moderate overall quality
Bauer et al. (2021)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	1 (PM)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	90 % Good overall quality
Bauer et al. (a) (2022)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	95% Good overall quality

Bauer et al. (b) (2022)	2 (Y)	0 (N)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	85% Good overall quality				
Fletcher et al. (2011)	0 (N)	1 (PM)	1 (PM)	1 (PM)	1 (PM)	0 (N)	0 (N)	2 (Y)	0 (N)	1 (PM)	35% Low overall quality
MacQuarrie et al. (2022)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	0 (N)	0 (N)	0 (N)	1 (PM)	2 (Y)	70% Moderate overall quality
Obee et al. (2020)	0 (N)	1 (PM)	2 (Y)	1 (PM)	1 (PM)	0 (N)	0 (N)	0 (N)	2 (Y)	1 (PM)	40% Low overall quality
St George et al. (2018)	2 (Y)	2 (Y)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	95% Good overall quality				
Stilianesis et al. (2021)	0 (N)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	0 (N)	0 (N)	2 (Y)	1 (PM)	2 (Y)	65% Moderate overall quality
Waddington & Pearson	2 (Y)	2 (Y)	1 (PM)	0 (N)	2 (Y)	2 (Y)	85%				

(2021)												Good overall quality
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Appendix D: JBI Checklist for Analytical Cross-Sectional Study Scoring and Analysis Table.

JBI Checklist for Analytical Cross-Sectional Study Scoring and Analysis Table.									
Key: Y= Met, PM= Part Met, N= Not Met									
	1 Clearly defined inclusion criteria	2 Detailed description of participants & setting	3 Exposure measurement: Valid & reliable	4 Use of objective/ Standard criteria for measuring condition	5 Confounding factors	6 Strategies to deal with confounding factors	7 Outcomes measures in reliable and valid way	8 Appropriate statistical analysis	Quality Score (%)
Cevher-Kalburan & Ivrendi (2016)	0 (N)	1 (PM)	1 (PM)	1 (PM)	0 (N)	0 (N)	2 (Y)	2 (Y)	43.8 % Low overall quality
Dodd et al. (2021)	1 (PM)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	2 (Y)	93.8 % Good overall quality
Jellyman (2018)	2 (Y)	1 (PM)	2 (Y)	2 (Y)	1 (PM)	1 (PM)	2 (Y)	2 (Y)	81.3% Good overall quality

PAPER TWO: Empirical Paper
**Exploring Perceptions of Adventurous Play in Primary Caregivers of Children
with Anxiety**

Author Note

This paper has been prepared with the intention of publication in the '*Journal of Early Childhood Research*' (Appendix A). Further amendments will be made before submission to the journal to ensure all submission guidelines are met.

Word Count: 7,987

Abstract

This study aimed to explore perceptions of adventurous play in caregivers of children with anxiety. Eight interviews were conducted between January and November 2023. Reflexive Thematic Analysis revealed three themes and eight subthemes which described caregivers' perceptions that they encourage adventurous play due to perceived benefits, factors that influenced their perceptions, and how children's and caregivers' anxiety influences perceptions of adventurous play. Findings contribute to the understanding of perceptions of this population, with implications for how carers are supported to manage their own and their children's anxiety when playing adventurously.

Keywords: adventurous play, risky play, caregivers, perceptions

Introduction

Childhood is a time for learning to manage risks and increase independence from caregivers, partially through play (Little, 2011). Play is recognised as a right of childhood (United Nations Convention, 1989), offering a range of benefits for children's physical and mental health (Alexander, 2014). Despite this, concerns have been raised about children's opportunities to play, especially adventurously, with opportunities declining over time (Dodd, FitzGibbon, Watson & Nesbit, 2021). Children need opportunities to take healthy risks in play (Alexander, 2014) and stringent risk minimisation has been linked to poorer outcomes for children's development and psychological well-being (Tranter, 2005). Adventurous play, synonymous with risky play is defined as "child-led play where children experience subjective feelings of excitement, thrill, and fear; often this occurs in the context of age-appropriate risk-taking" (Dodd & Lester, 2021, p. 164). Sandseter (2007) further classifies it as play with great heights, high speed, harmful tools, dangerous elements, rough-and-tumble play and where children can disappear or get lost. The term adventurous play has been selected over risky play as it is predominantly used within research in the UK (Dodd & Lester, 2021).

Anxiety disorders often begin in early life, with over half before the age of eleven (Hudson and Dodd, 2012). In the UK 5-19% of all children are estimated to be affected by anxiety (NHS, 2024). Anxiety in childhood has been associated with cognitive and behavioural factors such as child temperament, behavioural inhibition, avoidance, uncertainty intolerance, and over-involved parenting (Chronis-Tuscano, 2009; Lahat, 2011). Dodd and Lester (2021) proposed a cognitive model which hypothesises that adventurous play during childhood (ages 3-11) could target cognitive and behavioural factors associated with anxiety and, in doing so, decrease the risk of anxiety developing (Dodd & Lester, 2021). The model suggests adventurous play could be utilised as a preventative intervention for the development of childhood anxiety through exposure rather than avoidance, learning to cope, tolerate uncertainty, and to be able to interpret physiological arousal (Dodd & Lester, 2021). Interventions that suggest proactively targeting anxiety before it reaches a clinical level are important as current waiting times for children's mental health support are long and their conditions worsen while they wait, with some never

accessing treatment (Government Association, 2024). Notable consequences identified in the literature of children developing anxiety are poorer self-esteem and a lack of self-confidence (Fernandes, 2022).

Primary caregivers influence whether their children engage in adventurous play (Watchman & Spencer-Cavaliere, 2017). Caregivers are responsible for risk-related decisions, such as if a child engages in something that could cause injury and are responsible for any consequences of that decision (Adam, Beck, & Van Loon, 2000). Caregivers' perceptions of adventurous play are identified as the linchpin of their child's engagement (Waddington, 2022), and caregivers' perspectives, perceptions, and behaviours around risk have an impact on children's anxiety (Bauer, Giles & Brussoni, 2021).

Rationale and Aims

Qualitative research demonstrates that caregivers widely perceive adventurous play as beneficial and are aware of the negative physical and mental consequences of depriving their children, but they are still unwilling and/or lack the confidence to facilitate it (Brussoni, 2012; Jelleyman, 2019). Previous research that has explored caregiver perceptions has offered valuable insight into the general area but does not offer an understanding of caregivers of anxious children. The literature suggests that caregiver's perceptions of adventurous play are facilitators to their child's engagement in the activity (Bauer, 2021; Bauer, 2022 (a); Bauer, 2022 (b); Cevher-Kalburan & Ivrendi, 2016; Dodd, 2021; Fletcher, 2011; Gull, 2019; Jelleyman, 2018; Little, 2010; Little, 2011; MacQuarrie, 2022; McFarland & Laird, 2017; Obee, 2020; St George, 2018; Waddington & Pearson, 2021). Therefore, caregivers of anxious children's perceptions would need to be explored before Dodd and Lester's (2021) model of adventurous play could be integrated into a successful intervention to support childhood anxiety. This project aimed to understand caregivers of anxious children's perceptions so that caregivers can make informed choices about their children's activities to support their development, and to aid any future interventions proposed for adventurous play to support childhood anxiety. This research is vital to better understand how any negative perceptions and subsequent avoidance could inadvertently perpetuate further anxiety in children.

Research Question

What are primary caregivers of children with anxiety's perceptions of adventurous play?

Method

Ethics

Ethical approval was granted by Staffordshire University Ethics Committee (Appendix B). Consideration was given to issues of informed consent, confidentiality, and safeguarding/risk management throughout. Participants were reminded of their right to pause interviews, decline to answer, and withdraw should they experience distress or any other reason. No negative effects were reported by participants. Support agencies were provided via the participant information sheet. To ensure anonymity participants were assigned self-chosen pseudonyms.

Design

Due to the exploratory and under-researched nature of the research question, detailed experiential accounts were deemed justified and so a qualitative design was essential. Reflexive Thematic Analysis (RTA) seeks to describe patterns (themes) within data by organising and describing the data, as well as interpreting aspects of the research topic (Braun & Clark, 2006). RTA was selected as it allowed the researcher to conduct analysis thoughtfully by reflecting on their own experience about the topic, finding meaning in patterns within the data that relate to the purpose of this study (Braun and Clarke, 2019). RTA has been selected over other approaches, such as Interpretative Phenomenological Analysis, as it keeps the focus on primary caregivers' perceptions, as opposed to the researcher's interpretation (Braun & Clarke, 2006). As this is an area of research not explored before, participants' perceptions were deemed more vital to the research, than the researcher's interpretation.

Semi-structured interviews were selected for data collection, as they provide the means to tailor the conversation to specific topics and provide a way for the researcher to probe participants' responses (Kajornboon, 2005).

Recruitment

Recruitment took place from January- November 2023. Participants were largely recruited via an advert (Appendix C) placed on parenting websites and social media platforms (Appendix D). One participant was recruited via snowballing, following his wife taking part in the study. Four caregiver consultants were identified via Mumsnet to provide feedback on the participant information sheet. An expert by experience created the artwork for the advert and the Executive Summary. Consultants' feedback ensured that the study material was reader-friendly and engaging, to ensure that their involvement was ethical their feedback on study materials was utilised by the researcher. Caregivers registered their interest via email and were provided with the participant information sheet (Appendix E) and consent form (Appendix F) to review so they felt confident with the materials and were encouraged to ask questions. Consent Forms (Appendix F) were filled in by the researcher over Microsoft Teams with the participants in attendance, they were then sent to the participant via email for their records.

Sampling and Participants

Following guidelines for doctoral research, a sample of 6-10 participants was considered appropriate (Braun & Clarke, 2013). Caregivers were eligible to participate if they met pre-defined criteria (Table 1). Only one in three children with a mental health condition receive a diagnosis (YoungMinds, 2022), so many caregivers with valuable perceptions would be missed by limiting inclusion criteria to children with diagnosed anxiety. The study focused on caregivers who self-assessed their child to be anxious. A definition was offered via the participant information sheet to support caregivers' self-assessment of their child's anxiety. The age range of caregivers of children aged 3-11 was selected as this study utilised Dodd and Lester's (2021) conceptual model for adventurous play as a mechanism for reducing risk for childhood anxiety as its rationale and, within this, it is hypothesised that the

model is relevant for children aged 3-11. Similarly, middle childhood has been identified as a crucial period for the development of children’s anxiety-related problems (Dodd and Lester, 2021). Dodd and Lester’s (2021) model only stipulated potential benefits of adventurous play for childhood anxiety, therefore, caregiver anxiety or mental health was not specified as an inclusion criterion. Participants were excluded if they (1) did not have sufficient use of English due to the study’s lack of facilities or funds to offer an interpreter, (2) did not have frequent access to the internet, due to the study lacking the ability to offer access to the internet for participants, and (3) did not consent to provide their geographical county, if safeguarding concerns were raised.

Table 1

Eligibility criteria

Inclusion criteria	Exclusion criteria
Primary caregivers of children (aged 3-11) who they have assessed to be anxious or have anxiety or have a diagnosis of anxiety.	Non-English speaking No frequent access to the internet Does not consent to provide geographical location

Thirteen caregivers enquired about participation. Five did not respond to follow-up emails. Eight participated in the study. Participants were asked if they would be willing to provide information about the age and gender of the children they were caregivers for, but that this information was not essential to take part. All participants were happy to share this information. Demographic information was obtained by giving participants a choice about what they disclosed, leading to limited demographic information. This is a notable limitation to be discussed, due to not obtaining valuable information pertaining to ethnicity. In line with Braun and Clarke’s (2021) recommendations on utilising ideas of information power, recruitment stopped once the researcher reflected on the richness of their dataset in line with the research aims (Malterud, 2016). Five mothers and three fathers aged 32-44 years participated, with children they perceived to be anxious aged 4-11 years. Participants

all had a shared understanding of adventurous play, due to the definition provided by research and was confirmed during interviews.

Table 2*Participant demographics*

Pseudonym	Age	Gender	Role	No. Anxious children	Anxious Child Age & Gender
Aaron	34	M	Father	1	4(F)
Ben	43	M	Father	1	7(F)
Harriet	40	F	Mother	1	7(F)
Holly	40	F	Mother	1	4(M)
Jason	40	M	Father	2	5(F) & 7(M)
Lily	42	F	Mother	1	7(F)
Lola	44	F	Mother	2	9(F) & 11(F)
Sagari	32	F	Mother	1	8(F)

Procedure

A semi-structured interview schedule was developed (Appendix G). Due to participants' location and ease, interviews were conducted by video call over Microsoft Teams. Interviews lasted on average 57 minutes and were recorded and transcribed verbatim. Participants were informed at the outset of the potential for them to be involved in supporting analysis and dissemination. Participants were all offered the opportunity to provide feedback on their transcripts and were informed of their right to opt out. No feedback was received. Participants were sent the Executive Summary to provide feedback.

Analysis

Analysis was conducted based on Braun and Clarke's (2021) six stages of RTA. Data familiarisation was achieved through immersion with the dataset by completing multiple transcript re-readings. Labels were then attached to sections of the dataset for code generation. Codes were generated at a range of levels (semantic and latent) (Braun & Clarke, 2021) (Appendix H & I). Initial theme generation was conducted by compiling codes with shared meaning relating to the research question, creating candidate themes (Appendix J, K & L). The full dataset was then consulted to revise and define candidate themes, leading to clear themes included in the final stages of analysis (Appendix M). During this process, central organising concepts were developed and the relationship between themes was explored (Appendix N). Themes were then refined and named. Decisions around theme dominance were made based on their importance to the research question.

Reflexivity and Epistemology

The researcher was guided by social constructionism which takes a bidirectional stance on understanding the relationship between language and experience, whereby language is viewed as contained in the social production and reproduction of meaning and experience (Burr, 1995). Taking a social constructionist stance meant that the researcher positioned meaningfulness as highly influential in the development and interpretation of codes and themes (Byrne, 2022). Meaningfulness

was conceptualised by the researcher as themes that were relevant to the research question and the importance participants assigned. Adopting a constructionist epistemology, the researcher acknowledged the importance of the recurrence of themes in data but prioritised meaningfulness as the central criterion in the coding process (Bryne, 2022). The researcher also had an ideological and epistemological position as a feminist which guided their approach to the research.

The researcher utilised a reflexive approach throughout the creation of the study by reflecting on their experience of adventurous play and how this may have influenced their approach to the research. Consideration was given to how their positive experiences of adventurous play as a child increased the likelihood of assumptions being made during interviews and analysis. A reflexive process was necessary throughout to ensure awareness of personal biases (Braun & Clarke, 2021). A reflexive diary (Appendix O) was kept by the researcher throughout the research process (Braun & Clarke, 2021) to reflect on biases, and to strengthen the result's trustworthiness. Within this diary, the researcher acknowledged their own experiences and interpretations, and the inevitability of them seeping into their approach to the research and reflected on the assumptions in qualitative research in approaches to reflexivity in general (Finlay, 2002). The researcher used reflexivity to try to centre the participants' perceptions in the research. Although not a parent, the researcher has worked within a child mental health team specifically with children with anxiety, thus contributing to biases around childhood anxiety. However, having experience in the context explored was also an asset when interviewing participants as it allowed the researcher to connect with the content provided and helped with rapport. Utilising a reflexive diary and supervision facilitated reflection on the researcher's thoughts before/during data collection and was essential during the analysis to how the themes identified may relate to the literature on adventurous play and what conclusions may be drawn from the findings (Braun & Clarke, 2019).

Results

Analysis produced three themes and eight subthemes (Table 3) reflecting perceptions of adventurous play in primary caregivers of children with anxiety.

Table 3

Themes and subthemes

Themes	Subthemes
"It's an important part of childhood"	<i>"It's important for all aspects of their development"</i> (8) <i>"I would always encourage it"</i> (8)
"There are nuances to it in different contexts"	<i>"I think your children are all different"</i> (8) <i>The multiple influences on parenting</i> (6) <i>The paradox of safe risk-taking</i> (8)
The power of anxiety	<i>"Helps with anxiety"</i> (5) <i>"Anxiety gets in the way"</i> (7) <i>"I don't always know how to deal with it."</i> (2)

***Number in brackets indicates how many participants discussed the theme**

Theme 1: "It's an important part of childhood" (Ben, lines 64-68).

All caregivers discussed their perception that adventurous play is important and beneficial for their anxious children to experience, and encourage it.

"It's important for all aspects of their development" (Holly, line 24).

All caregivers identified benefits to their children engaging in adventurous play, ranging from “their social and physical development, and knowing the boundaries of their body” (Holly, lines 24-26). Citing that adventurous play provided children with the opportunity to “learn new skills” (Sagari, lines 4-5), such as managing risk. Lola suggested, “Children need to be able to take risks to develop feelings that they can deal with the consequences” (lines 18-19). Caregivers concluded that their children being exposed to risk to learn risk management was “risks worth taking” (Ben, line 68).

Caregivers recognised that adventurous play was a mechanism for children to “build self-esteem and confidence” (Lola, line 56) and experience “some pride” (Ben, line 236). Caregivers spoke of adventurous play as an important part of childhood naming the benefits as “the core memories... that stay with you forever” (Sagari, lines 289-292). Caregivers overarching perceptions appeared to be that adventurous play was vital, this was apparent by how repeatedly they spoke about it and its benefits. This suggests the importance caregivers place on adventurous play for their children and indicates that they prioritise activities that develop their children’s self-esteem, confidence, and pride.

“I would always encourage it” (Lily, line 178).

All caregivers reported that they “actively encourage” (Holly, line 122) adventurous play, due to the perceived benefits of “how good it can be” (Lily, lines 177-178) for children. This leads to questions about how much adventurous play would be encouraged by caregivers who do not identify benefits.

Caregivers reflected that they have noticed that most children seek adventurous play and that sometimes the role of the caregiver is about giving “permission to do it rather than encourage” (Lola, lines 48-49). However, there was a sense from caregivers that they played an active role in engagement through encouragement:

“All they need is a kick up the butt or a bright idea...then that’s them sold on adventurous play.” (Jason, lines 219-221).

A seemingly juxtaposed distinction was made by Holly who reflected that while she does encourage her children to play adventurously and they do play adventurously due to her partner's support, she “wouldn’t specifically encourage them to take risks.”

(lines 59-61). This leads to questions about how adventurously children can play if there is no risk.

Caregivers made further distinctions by highlighting the importance they placed on encouragement for their anxious children. Caregivers all felt that they “have to encourage [their children] more than other parents because of their anxiety” (Jason, lines 100-101). There was a sense from participant accounts that their anxious children do not initiate adventurous play and that caregivers encourage and give permission for them to.

Theme 2: “There are nuances to it in different contexts” (Holly, lines 51-52).

Many nuanced and interdependent factors influenced caregivers' perceptions and facilitation of adventurous play, as well as caveats and limitations.

“I think your children are all different” (Ben, line 157).

All caregivers identified factors about their children that influenced their perception of adventurous play. Four caregivers discussed how they perceived their child’s age as a barrier:

“She's the littlest and I feel like she's the more vulnerable one.” (Harriet, lines 53-55).

Caregivers had conflicting views on whether the gender of their child influenced their perception of adventurous play. There was a sense of dissonance in narratives around gender with some caregivers believing that gender-based social ideas influenced how they parented. Jason reflected that he is “old-fashioned” (line 113) and that he will “push [his] son more to play adventurously than [he] will [his] daughter” (line 117). Here the researcher noted the incongruence between Jason’s acknowledgement of his “old-fashioned” (line 113) position on abilities based on gender and his parenting around adventurous play based on gender. Aaron furthered this by discussing how he had a “protective element” (line 129) towards his daughter’s adventurous play due to his perception that women are “more vulnerable” (line 133). Aaron discussed how he rejects more modern narratives where “we're told nowadays that men and women are the same and obviously we're not” (lines 129-

130). Whereas Lily and Sagari did not believe gender influenced their parenting around adventurous play:

“I don’t think that there is anything a girl can do that a boy can’t do and vice-versa” (Lily, lines 304-305).

As a feminist and a woman who engaged in adventurous play as a child, the researcher aligned with Lily and Sagari’s position but remained curious and receptive to Aaron, Jason, and Harriet’s views, to ensure rapport and understanding. This led to further discovery that Harriet and Jason felt that the influence of gender intersected with the influence of their children’s ages stating: “I don’t know if that’s an age thing or a gender thing” (Harriet, 191), suggesting that the findings are more nuanced.

Holly, Jason, and Ben noted how their child’s personalities influence their engagement with adventurous play and ultimately dictated facilitation:

“They engage in adventurous play differently because of their personalities.” (Jason, lines 123-124).

Lola suggested that her daughter’s other diagnoses were an influential factor in her facilitation of their adventurous play, discussing how their ADHD means that they “tend to push the boundaries further than I would like them to” (lines 27-28). Which Lola reflected made her cautious of facilitating some activities.

This suggests that individual child factors and social narratives around child characteristics have the potential to influence caregiver perception.

The multiple influences on parenting

Caregivers perceive multiple factors to influence how they parent around adventurous play. Factors such as their professions childhood experiences of adventurous play, partner influence, play companions and societal influence. There was a sense that these influences ultimately decide if caregivers concluded that adventurous play was a risk worth taking.

Holly discussed how risk exposure through her job as a nurse influenced how safe she viewed adventurous play, as she has “seen adverse outcomes of things” (Holly, lines 69-70), causing her to parent more cautiously. Contrastingly, caregivers spoke

of how the “positive peer pressure” (Ben lines 129-131) and perceived increase in safety, through supervision, associated with play companions (e.g., friends and siblings) caused them to parent more liberally around adventurous play.

Furthermore, caregivers perceived their childhood experiences to influence their parenting. There appeared to be a sense from participants who did not have parents who encouraged adventurous play, that this acted as a driving force for them to encourage it for their children. For example, Lily spoke of her mother saying she “should only do certain things” (line 298) and believed that this “encouraged [her] to push [her] children more” (line 299). Suggesting, that transgenerational perceptions around adventurous play do not necessarily predict current perceptions.

Harriet, Sagari and Aaron discussed how though their partner “parents very differently to [them] around...risky play” (Aaron lines, 191-192), their pro-adventurous play stance has influenced how the other parents. This is key as it demonstrates that the interaction between caregivers’ perceptions can influence the overall facilitation of adventurous play, which has implications for single-parent households where the dominant narrative is that adventurous play should not be engaged.

Caregivers also discussed how “societal attitudes have changed” (Lola, line 153) around adventurous play and that the fear of judgement from others (Lola lines 149-151; Aaron, line 55-56) influences their parenting. For example, Lola reflected on how the judgement she received from others around her children’s unsupervised play led her to question allowing her children to play unsupervised (line 152). Many caregivers believe that as a society we have become more averse to adventurous play, which Lola suggested “is contributing majorly to the mental health crisis in children” (Lines, 159-161).

There appeared to be a process that occurred whereby the influences discussed could alter perceptions and subsequent parenting of adventurous play, whether that be towards facilitation or barring.

The paradox of safe risk-taking

There was a paradoxical process occurring in caregivers’ accounts, whereby they promoted adventurous play but simultaneously were averse to their children being

unsafe. All caregivers identified that the perceived safety of the activity ultimately determined their perceptions of adventurous play and whether it should be facilitated.

Caregivers noted that the risk of “injury” (Holly, line 49) and their child becoming “agitated” (Sagari, line 89), would stop facilitation. Most caregivers discussed how their perceptions of adventurous play were positive if the risks did not outweigh the benefits:

“I am a big believer in adventurous play and a big believer in safe risk-taking, which is a bit of an oxymoron.” (Holly, lines 19-21).

This finding is paradoxical to the finding that caregivers perceived adventurous play to be “risks worth taking” (Ben, line 68). There was a sense that perhaps caregivers perceived adventurous play to be worth the risk but that putting this into practice was hard for them when the risks were not hypothetical. If caregivers did not perceive the act of adventurous play to be safe enough, then they would bar it, suggesting that safety outweighed the perceived benefits identified in adventurous play. Aaron was the exception to this, believing that “everything has to be a risk assessment nowadays” (line 51) and that “sometimes overeducating around risk takes away from finding out by making mistakes” (lines 350-352).

Most caregivers believed that the context and location of the adventurous play influenced how they perceived its safety. With the “playground” (Holly, line 37), “village” (Lola, line 130), “garden” (Jason, line 47), “park” (Lily, line 146), and “countryside” (Ben, line 305) all being perceived as safe. Whereas, playing “out the front” (Jason, line 47), and a “bigger town” (Ben, line 306) were deemed as unsafe. Within this Jason and Ben believed that adventurous play was “probably less likely in the home” (Ben, line 45). The researcher's reflections on this were that Jason and Ben appeared to feel that adventurous play was synonymous with risk, whereas being home was synonymous with safety. This narrative has implications for children who cannot classify their home as safe, as it perhaps alludes to locations holding inherent zones of safety, whereas for some children there are no safe spaces. Similarly, perceptions of locations as either safe or unsafe have implications as to how children's play areas are designed, with things such as softer flooring and lower bars, which increase safety but eliminate opportunities for risk in play.

Caregivers all spoke of supervision as an influence on their perceptions. Holly, Harriet and Sagari, respond that they “would always want to supervise” (Holly, line 34) their children’s while playing adventurously. Due to their children not being able to “regulate risk brilliantly” (Holly, lines 32-34), for them to feel “comfortable” (Harriet, line 74) and to support when their child “need[s] help” (Sagari, line 111). Whereas Lola, Jason and Aaron’s “general views [were] that children need unsupervised playtime” (Lola, lines 33-34). The narrative around the need for supervision implied that adult supervision decreased risk but led to the question if it then constituted adventurous play.

Theme 3: The power of anxiety

Caregivers all perceived that anxiety and adventurous play were influenced by one another. They identified that their and their children’s anxiety could act as a barrier to adventurous play. Contrastingly, engagement in adventurous play was perceived to be beneficial for anxiety. There was a sense of uncertainty about parenting around anxiety and adventurous play.

“Helps with anxiety” (Lily, lines 270-271).

Some caregivers perceived that adventurous play “helps with anxiety” (Lily, lines 271). Holly reflected that she believes that adventurous play turns her son’s “anxiety into a healthy kind of adrenaline rush” (lines 115-118), suggesting that “on the face of it may seem like a very simple act of adventurous play, they can derive huge benefits from that” (lines 26-29). Jason shared Holly’s perception and discussed how he has observed his children to be “in a better mood after [adventurous play]” (lines 14-16), noting, “they are just more relaxed, less likely to have a tantrum” (line 19). This suggests that caregivers perceived there to be a deeper process going on than just basic development through risk-taking. Caregivers noted that adventurous play specifically addresses anxiety through regulation, redirecting excitement, and repetition and therefore could result in desensitisation.

Two caregivers reflected on how adventurous play was beneficial for all their children but “more so for [their] child who is anxious” (Holly, lines 209-212). Similarly, Ben reflected that his non-anxious children “probably needed less” (lines 181) than his anxious daughter. Here is an example of how perceived benefits can increase the

frequency of an activity. This has implications for caregivers of anxious children who do not recognise or are not aware of the potential benefits of adventurous play on their child's anxiety, as they may be missing out on a helpful way to regulate.

“Anxiety gets in the way” (Jason, lines 143-144).

Caregivers spoke of how their and their children's anxiety can present during adventurous play. Noting that their children's anxiety occurs “with other people” (Lola, lines 81-83), when they “try new things” (Sagari, lines 41-43), are “too scared” (Jason, lines 136-138), “don't feel safe” (Jason, lines 136-138), when they “can't mentally bring [themselves] to do it” (Lily, lines 214-215), when “assessing problems” (Aaron, lines 245-245) and when they “don't feel confident enough” (Ben, lines 73-75).

Caregivers perceived that the consequences of their children's anxiety acting as a barrier was that they missed out on engagement with others (Lola, lines 81-83); they get “upset” and that it “can be upsetting for everybody” (Harriet, lines 100-103); that they are “missing out...on what other children of [their] age are doing” (Sagari, lines 159-162); can turn “adventurous play negative” (Jason, lines 157-160) and can cause them to feel “less confident in [their] own abilities” (Ben, lines 101-104). Ben (lines 70-71) reflected:

“When anxious she would be less likely to feel confident enough to go and do those things.”

This is notable, as caregivers perceived that engaging in adventurous play builds confidence in their children. Caregivers went further to suggest that not engaging in adventurous play due to a lack of confidence and subsequent anxiety, was further detrimental to their anxiety. Suggesting that characteristics that are initiating anxiety in their children could be developed by engaging in adventurous play.

A conflicting finding was how caregivers perceived their anxiety to influence their children's engagement with adventurous play. Lola and Aaron both discussed how they believe parental anxiety around adventurous play is a barrier to children's engagement:

“It's increased parental anxiety because we know the dangers that are out there.”

(Lola, lines 142-143).

Aaron believed that due to caregiver anxiety children are “mollycoddled to always take the safer route” (lines 42-43).

Holly, Harriet and Lily identified themselves as “anxious” (Holly, line 9; Harriet, line 16; Lily, line 189) when it comes to adventurous play, but they all spoke of how they were “mitigating [their] own fears and trying not to transfer that to [their children]” (Holly, lines, 84-85). Ben did not state if he viewed himself as an anxious parent but reflected when discussing his daughter’s engagement with adventurous play:

“If we’re anxious then she will be” (Ben, lines 133-135).

Caregiver’s perceptions of their own and their children’s anxiety around adventurous play seemed to be centred around the fear of the risk involved, or the potential for harm. This further feeds into the previous finding that adventurous play is perceived as acceptable and engaged in if deemed safe. Further adding to the paradox found that risk is acceptable and tolerable if safe, something that is seemingly unattainable.

“I don’t always know how to deal with it.” (Jason, lines 144-145).

There was a sense from caregivers that they struggled with the uncertainty of adventurous play. Specifically, the uncertainty around the potential for the risk of harm and there was also a sense of uncertainty about how to parent around their children’s anxiety about adventurous play.

Caregivers identified some strategies that they use to support their children’s anxiety during play, such as “modelling” (Sagari, line 61) and offering “advice” (Ben, line 157). However, these strategies suggest that caregivers are required to play an active role in supporting their child’s anxiety while playing adventurously, leading to questions about how this may be facilitated for anxious children without actively involved caregivers and feeding into the idea that adventurous play requires supervision.

A minority of caregivers identified that they believed that there was a need for further guidance around supporting their children’s anxiety around engaging in adventurous play:

“Like there isn’t a guide...maybe I respond wrong and make it worse when I’m trying to make it better.” (Jason, lines 164-168).

Although only two caregivers identified this as a concern, it felt like a meaningful finding due to the repetition of the lack of knowledge. Sagari and Jason expressed multiple times that they do not always know what to do to support their child’s anxiety when it comes to adventurous play (Sagari, lines 143-144; Jason, lines 144-145) and that “guidance feels important” (Sagari, lines 149-152). This appeared to speak to the idea that caregivers struggled with uncertainty associated with adventurous play and sought a guide to contain some of this uncertainty. Engaging in adventurous play requires an element of tolerating uncertainty, as by its nature adventurous play requires a level of risk and uncertainty.

Discussion

This study aimed to generate an understanding of the perception of adventurous play in primary caregivers of children with anxiety. Considering the results in line with the study's aims, caregivers' perceptions of adventurous play can be viewed as positive and beneficial to their anxious child, with some caveats and limitations. Caregivers also perceived that their and their children’s anxiety could act as a barrier to engagement in adventurous play and experienced uncertainty around tolerating risk and supporting their children to play adventurously.

Through reflexive thematic analysis, three main themes emerged from the data:

- 1) “It’s an important part of childhood”
- 2) “There are nuances to it in different contexts”
- 3) The power of anxiety

The findings that caregivers unanimously believed that adventurous play is beneficial for their children is supported by the current global evidence base on caregivers' perceptions of adventurous play (Bauer, 2021; Bauer, 2022 (a); Bauer, 2022 (b); Cevher-Kalburan & Ivrendi, 2016; Dodd, 2021; Fletcher, 2011; Gull, 2019; Jelleyman, 2018; Little, 2010; Little, 2011; MacQuarrie, 2022; McFarland & Laird, 2017; Obee, 2020; St George, 2018; Waddington & Pearson, 2021). The physical

and emotional benefits identified by caregivers have also been noted by other studies (Bauer, 2021; Gull, 2019), as well as benefits around risk assessment skills for children (Bauer, 2021; Obee, 2020). One frequently perceived benefit was to their children's self-esteem. This is a key finding as anxiety is known to impact heavily on children's self-esteem (Heidari, 2016), making it a potential additive benefit of using adventurous play as a mechanism to target childhood anxiety (Dodd & Lester, 2021).

Positive caregiver perceptions of adventurous play have been found to indicate an increase in the number of hours children play adventurously (Dodd, 2021; Jolleyman, 2018), in line with the study's findings that perceived benefits lead to caregivers' encouragement. This is supported by social psychological theories that a person's perception of an activity impacts their motivation to engage in it (Bandura, 1986), and is important as within Western culture adventurous play is on a noted decline (Brussoni, 2012; Dodd, 2021). Research is currently primarily limited to Western cultures, however, a study in Turkey found that caregivers consider adventurous play not to be an important cultural practice (Cevher-Kalburan & Ivrendi, 2016).

Caregivers identified several factors that influenced their perceptions. The finding that some caregivers are more encouraging of adventurous play in their sons than daughters correlate with quantitative data from the British Children's Play Survey finding that male children are playing significantly more adventurously than females (Dodd, 2021). The findings add helpful contextual information, missing in quantitative data, by suggesting that there is an incongruence in caregivers' perceptions of whether gender determines the barring or facilitation of adventurous play. This is important as girls are significantly more likely to develop an anxiety disorder than boys (Farhane-Medina, 2022). This suggests that some female children in Britain could be missing out on a helpful strategy to manage their anxiety through adventurous play, especially as there is no difference in girls' or boys' abilities to perform tasks in free-play scenarios (Morrongiello & Dawber, 2000).

Another child factor found to influence perceptions of adventurous play was a child's age, with caregivers facilitating less play in younger children, which is supported by the evidence base (Bauer & Giles, 2019). This has implications for the specific population studied as early to middle childhood is noted as the period of development of anxiety-related problems in children (Dodd & Lester, 2021), so for

adventurous play to be a preventative strategy for anxiety, children need to be engaged to participate in it sooner rather than later.

A unique finding was that a caregiver felt that their child's diagnosis of ADHD and anxiety impacted their perception of their child's ability to cope with adventurous play. This is relevant as anxiety disorder rarely occurs in isolation in children, with comorbid diagnoses likely (Mobach, 2020). Interventions targeting anxiety through adventurous play may want to consider the implications comorbid diagnoses have on caregivers' perceptions and facilitation.

This study highlighted how the role of partners is important in influencing caregiver's perspectives, inferring that household perspectives can be juxtaposed, and adventurous play can still be facilitated. Further research should focus on the mechanisms used by partners to facilitate perspective changes to create a dominant discourse of adventurous play as positive. The finding that mothers are less likely to facilitate adventurous play is supported by the current evidence base (Bauer & Giles, 2019; Fletcher, 2011; Cevher-Kalburan & Ivrendi, 2016) but within this study, the findings were more nuanced, suggesting that transgenerational experiences of play may be a bigger indication of facilitation.

Caregivers recognised that societal influences influenced their perceptions of adventurous play in line with the current discourse towards child safety and risk elimination (Brussoni, 2012; Sandseter and Sando, 2016). It has been identified that external factors such as the media also contribute to caregivers' fears about their children's safety during play (Little, 2015). This suggests that the media could also be used as a medium to address some of the safety concerns circulating about adventurous play and decrease the chance of judgment from others around its facilitation. Similarly, the notion that people formulate a shared understanding by interacting with others (e.g. media, government, peers) is rooted in a sociocultural approach (Blumer, 1969), implying that a fear of judgment from others can subsequently impact engagement with an activity (Seal, 2022).

Findings that risk of harm, injury or distress is an influential factor on perceptions have been consistently found in the evidence base (Stilianesis, 2021, Waddington & Pearson, 2021). This is concurrent with evolutionary psychological theories in which caregivers' sole directive is to protect their offspring, and activities with risk, such as

adventurous play, violate that directive (Cameron, 2010; Chaulk, 2003). Concurrent with attachment theory caregivers' aversion to their children experiencing harm, or anxieties around risk, could be related to their attachment styles (Bowlby, 1982).

The findings also support the evidence base that suggests caregivers perceive rural locations and outside the home to be where adventurous play occurs (Dodd, 2021; MacQuarrie, 2022; Stilianesis, 2021; Waddington & Pearson, 2021). The finding that some caregivers don't believe that adventurous play can occur in the home adds contextual information to Dodds's (2021) findings in the British Children's Play Survey that children are playing more adventurously outside the home. This suggests that sociocultural theory (Blumer, 1969) could also be used to influence caregivers' perceptions that adventurous play is synonymous with specific locations, thus allowing for more facilitation.

Caregivers held conflicting views around their beliefs about unsupervised play, with half feeling it was important and the other half not. The evidence base suggests that caregiver's consensus is that it should be supervised (Bauer, 2021). In line with sociocultural theory (Blumer, 1969), caregivers might fear judgment if they went against the dominant narrative, which could suggest why currently adventurous play is heavily supervised. For caregivers to feel more comfortable with facilitating unsupervised adventurous play, the dominant discord would have to change so that they did not fear judgment from others.

This study's findings advance current understandings of caregivers' perceptions of adventurous play due to studying a currently unexplored demographic of caregivers of anxious children and found that this sample identified benefits of adventurous play for their children's anxiety. The novel finding that caregivers perceived adventurous play as beneficial for their children's anxiety corroborates Dodd and Lester's (2021) cognitive model that suggests that adventurous play may reduce the risk of anxiety. Caregivers' perceptions that their children's anxiety is reduced by playing adventurously indicate that an adventurous play intervention could support childhood anxiety.

Caregivers identified that parental anxiety could act as a barrier to adventurous play, however, caregivers in the study made conscious efforts to manage their anxieties to allow its facilitation. This is crucial as anxious caregivers may need support in

managing their anxiety around adventurous play to support its facilitation. Brussoni (2021) conducted a randomised control trial in Canada from 2017-2018 which included an intervention to influence mother's tolerance for adventurous play through video exposure, finding that post-intervention mothers had a higher tolerance for adventurous play. Suggesting that something similar could be beneficial if targeted at anxious caregivers.

Avoidance is a known behavioural response to anxiety and leads to the maintenance of anxiety (Hofmann, 2018). Therefore, the finding that caregivers perceive that their children's anxiety is a barrier to them playing adventurously suggests that children's assessment of adventurous play may be triggering an anxiety-related avoidance response. This is important as caregivers reflected that they would stop trying to engage their child in adventurous play if their anxiety becomes pronounced, which may perpetuate avoidance and inadvertently cause the maintenance of their child's anxiety response. The most effective strategy to support treating anxiety is exposure (Hofmann, 2018), however, caregivers by large described that they allowed avoidance if anxiety became a barrier. Vygotsky's (1978) theory of zones of proximal development (ZPD), which refers to the range of abilities an individual can complete with the assistance of more capable people but cannot perform on their own, is a helpful model to consider how one might support anxiety as a barrier. Caregivers intuitively described strategies that facilitated their children's engagement with adventurous play when they were within their ZPD, such as encouragement, play companions, modelling, and advice. We know that modelling (Askew and Field 2008) and information transfer (Muris and Field 2010) help to expand a child's ZPD. However, there was a sense that once their child was outside their ZPD, caregivers perceived they did not have the current knowledge or skills to support their children to go back within their ZPD. This suggests that support is needed for caregivers around how to widen their children's "stretch zone", which is an area of discovery, growth, and risk (Vygotsky's, 1978) so that they can play adventurously without going outside their ZPD and become anxious. Similarly, there was a sense that support is needed so that caregivers can widen their "stretch zone" around sitting with uncertainty when their children play adventurously.

Clinical Implications

Further research is needed to test the findings' external validity and must be considered in line with the study's limitations. However, findings tentatively corroborate the idea that adventurous play could be used as a mechanism to support childhood anxiety (Dodd & Lester, 2021), which could potentially lead to targeted innovative interventions involving adventurous play for anxiety.

However, this study also highlights how support may be needed to manage caregiver's and children's anxiety around adventurous play. Therefore, in line with current National Institute for Health and Care Excellence (NICE) (2023) recommendations for supporting anxiety, exposure, mindfulness, breathing techniques and virtual reality could be considered to support anxiety that occurs concerning adventurous play. Caregivers' request for guidance would benefit from clinical oversight and consideration.

There is an apparent need for narratives and dominant discourses around adventurous play to shift to help influence caregiver perceptions, in line with sociocultural theory (Blumer, 1969). The evidence base is used to determine best practice and influences decision-making, and so the findings will add to the evidence base and will contribute to the narrative that adventurous play is perceived as beneficial for anxiety. Clinicians are led by the evidence base when implementing interventions for anxiety for children and as such there is potential for the findings to contribute to future evidence-based practices involving adventurous play to support management of childhood anxiety.

Strengths and Limitations

This study provided insight into the perceptions of a population that has not been explored before. To ensure the robustness of the analysis, each stage was cross-referenced by another researcher who was experienced in RTA. To check the credibility of transcripts, participants were sent copies and encouraged to provide feedback as to whether they accurately captured the interviews. A strength of this study is that it was able to capture both mothers' and fathers' perceptions of adventurous play, as historically fathers have been difficult to recruit for academic research (Cryer-Coupet, 2023).

Participants who took part in the study all had preexisting positive perceptions of adventurous play, which was perhaps one of the reasons they were drawn to take part in the study. However, this does therefore mean caregivers of children with anxiety who do not have positive perceptions of adventurous play were not captured in this study. This is important as caregivers with negative perceptions of adventurous play are more likely to bar it (Bauer, 2021) so their perceptions of adventurous play are essential to capture to ensure that strategies can be accommodated to support facilitation. Sample bias is a limitation of this study, this could be mitigated in future research by recruitment taking place via random sampling through a CAMHS service, which would also improve the external validity of findings. Participants in this study needed to either have a child with a diagnosis of anxiety or be perceived to be anxious by them, meaning that the study relied on caregivers to be able to assess that their child was anxious. This could mean that vital perceptions of some caregivers who are not able to assess that their child is anxious, but they are, may have been missed. The study also did not explore caregivers' mental health or anxiety explicitly, which could have been a helpful inclusion criteria and is an area identified for future research. While online recruitment facilitated a greater reach to potential participants, the need for a device that was able to connect to the internet excluded those without the resources. This study did not collect extensive demographic information from the participants, as it aimed to be explorative in a currently unexplored population therefore cultural differences in perceptions were not captured and it is not clear if diverse populations contributed.

Future Research

Taking a social constructionist epistemological position facilitated the involvement of the researcher in understanding participants' subjective realities, however, it cannot make predictions. Therefore, there is a need for further qualitative studies to potentially explore caregivers' mental health and quantitative data collection methods to provide an in-depth understanding of caregivers of children with anxiety's perceptions of adventurous play and to test external validity (Aslam, 2018). Further research is required to develop an understanding of the perceptions of caregivers who do not perceive adventurous play to be positive to explore any barriers to

facilitation. An area for future research could also be looking at children with anxiety's perceptions of adventurous play. Future studies may wish to include detailed demographic information on the population studied, to explore any cultural differences that influence perceptions. Focused efforts to reach these caregivers are necessary so that any missing voices can be represented in the evidence base.

Conclusion

This study aimed to explore perceptions of adventurous play in primary caregivers of children with anxiety, via semi-structured interviews and RTA. This was important due to the theorised benefits of adventurous play for childhood anxiety (Dodd & Lester, 2021), and the fact that research suggests that caregivers' perceptions are ultimately what facilitate or prevent the activity. Findings reflected that the caregivers perceived adventurous play to be beneficial for their anxious children and encouraged it, they perceived there to be nuances and factors that influenced their perceptions and its facilitation or barring and perceived their own and their child's anxiety to be a barrier, as well as finding it hard to sit with the uncertainty associated with adventurous play. Interventions that utilise adventurous play to support childhood anxiety would seemingly be supported if caregivers' perceptions were positive. Findings highlighted considerations for clinical practice, in supporting caregivers and children's anxiety towards adventurous play and the need for further practical guidance. Caregivers with negative perceptions of adventurous play and perceptions that capture diverse narratives are missing from this study which should be reflected on when interpreting the findings and for planning future research.

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Appendices

Appendix A: Guidelines for the “Journal of Early Childhood Research”.

[Manuscript Submission Guidelines: Journal of Early Childhood Research: Sage Journals \(sagepub.com\)](https://www.sagepub.com/journalsPermissions.nav?lang=en&ref=ref)

Key points from guidelines:

- The paper should be between 2000 and 8000 words.
- Formatting and referencing must adhere to the SAGE Harvard referencing style.
- All cited material to be included in the reference list.
- The paper should include a 100 word abstract and include key words.

Appendix B: Ethics approval – Staffordshire Ethics Committee.



School of Health, Science and Wellbeing

ETHICAL APPROVAL FEEDBACK

Researcher name:	Amy Finney
Title of Study:	SU_22_027 'Exploring Perceptions of Adventurous Play in Primary Caregivers of Children with Anxiety.'
Award Pathway:	PGR
Status of approval:	Approved

(For consideration only:) 'With regards to turning off the video on MS Teams, you may find that this changes the dynamic between you and the participant. One alternative option would be to use software to separate the audio from the video after the interview and delete the video recording. You might alternatively, delete the video recording after the interview has been transcribed.'

Your project **proposal has been approved** by the Ethics Panel and you may commence the implementation phase of your study. You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved proposal. This approval is only valid for as long as you are registered as a student at the University.

You should arrange to meet with your supervisor for support during the process of completing your study and writing your dissertation.

When your study is complete, please send the ethics committee an end of study report. A template can be found on the ethics BlackBoard site.

The Ethics Committee wish you well with your research.

Signed:

A handwritten signature in blue ink, appearing to read 'Jade Elliott'.

Date: 27.10.2022

Dr Jade Elliott

Ethics Co-ordinator
Psychology
School of Health, Science and Wellbeing

Appendix D: Caregiver websites/forums and social media used for advertising and recruitment.

- Mumsnet

<https://www.mumsnet.com/>

- Easy Parenting for Busy Parents by Parenting Experts (Facebook Group)

<https://www.facebook.com/groups/parentingexperts/>

- Research Exchange (Facebook Group)

<https://www.facebook.com/groups/researchexchange/>

- Positive Parenting (Facebook Group)

<https://www.facebook.com/groups/1625864820968924/>

- Forest School Chat, West Midlands (Facebook Group)

<https://www.facebook.com/groups/695613960587967>

- Children's play ideas (Facebook Group)

<https://www.facebook.com/groups/435107309964910>

- Forest School (Facebook Group)

<https://www.facebook.com/groups/forestschool/>

- Ideas and Innovations In Early Childhood Policy, Practice and Research (Facebook Group)

<https://www.facebook.com/groups/180814255299857/>

- Research in Psychology (Facebook Group)

<https://www.facebook.com/groups/psychology.research/>

- Play in Early Childhood Development (Facebook Group)

<https://www.facebook.com/groups/218956671337/>

- Parenting Tips and Advice

<https://www.facebook.com/groups/409023036225231/>

- Mental Health (Facebook Group)

<https://www.facebook.com/groups/1180463952759597/>

- Buttercup Club Messy Play Parent & Toddler Group (Facebook Group)

<https://www.facebook.com/groups/201413894848/>

- Anxiety Support Group (Facebook Group)

<https://www.facebook.com/groups/253591040217620/>

- 2023 UK Parents Support Group (Facebook Group)

<https://www.facebook.com/groups/ukparentssupportgroup/>

- The Play Connection (a creative learning ideas network) (Facebook Group)

<https://www.facebook.com/groups/theplayconnectionlearnandplayideas/>



The researcher will then set a date to complete an interview with you that will last approximately one hour, over Microsoft Teams. This will be audio recorded. The researcher will begin the interview by asking you some basic questions about yourself, such as your age and gender. You will also be asked if you would be willing to provide information about your children's ages and genders. Following this, you will then be interviewed about your perceptions of adventurous play. The interview will then be transcribed verbatim, and you will be given the opportunity to read and review your interview transcript, and can decide if you would like to change/omit anything before the researcher analyses the interviews.

What happens to my personal information?

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR).

The data controller for this project will be Staffordshire University. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under the data protection law is a 'task in the public interest'. You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

During this study, we will collect the following personal information from you: your full name, age, and gender and contact details. We would need to collect this data from you so that we would be able to contact you during the study. Your age and gender is being collected for research purposes, as it may provide insight into gender and age differences around perceptions of adventurous play within the study.

With your permission, we will also collect the number of children you care for, their genders and ages. We are asking for this information for research purposes, as it may provide further insight into your perceptions of adventurous play. If you do not wish to provide these details in relation to the child/ children you care for then you can still take part in the study.

We will also collect the geographical county that you and the child you care for reside in. We collect this information to ensure that if you disclosed something which indicated significant or deliberate harm, we would be able to alert your local safeguarding authority. If we had to break confidence and alert safeguarding authorities, we would always try and discuss this with you beforehand.

All personal information that we collect in this study will be kept confidential and secure so only the study researchers can look at it.

If you decide to take part in the study, a pseudonym will be applied to all the research information used to identify data about you. You will be given the opportunity to decide upon your own pseudonym, if you do not wish to choose then one will be allocated to you. If you choose to have a pseudonym allocated to you, you will be told what the pseudonym is and can change it if you do not like it. We will store the pseudonyms of people's identities in password-protected encrypted files, separately from the research data. The researcher will be responsible for ensuring that this list is stored safely.

The audio recordings will be transcribed (typed up on a computer) and we will remove any identifying information, such as your name so that you cannot be recognised from it. We will then analyse the typed information and delete the recordings. Direct quotes from the anonymised

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Participant Information Sheet – v 1.0 25.05.2022



transcripts may be published in the final report and may be used in scientific publications. The data will be anonymised by stating your pseudonym rather than your real name.


STAFFORDSHIRE
UNIVERSITY

If you decide to drop out of the study, we will keep any information that you have provided up to that point. If you would prefer us to delete the information you have given to us, please let us know before the write-up of the study in December 2023, after which we will not be able to remove the information, you have provided.

Will my participation in the project be kept confidential?

Yes, all information that you provide will be held as confidential.

Staffordshire University requires that data be stored for 10 years after the end of the project, after which it is destroyed. Data such as hard copy data and data saved on a data sticks will be stored in a secure archive room at Staffordshire University. Any other personal data that we hold about you (e.g. contact details) will be destroyed at write up. All data will be used strictly within the terms of the Data Protection Act 2018.

In the instance that you share any information that raises concerns for your safety or the safety of others, or where you make any criminal disclosures, it will be necessary to break this confidentiality agreement. The research team will need to share the information you provided with relevant services or with the authorities. Participants will be informed prior to taking further action, if it is deemed safe and appropriate to do so.

What are the possible disadvantages of taking part?

We believe that participation in this research is safe and do not expect you to suffer any harm or injury because of taking part.

If you become distressed whilst taking part in interviews, we will stop the session and ask if you want to continue. If you want to continue, we will give you time to recover before continuing. If you wish to leave or end the Microsoft Team call, you are free to do so.

What are the possible benefits of taking part?

You may like to share your perceptions of adventurous play, to aid future research.

What will happen to the results of the project?

At the end of the study we will write a report to summarise what we have found and will send this to you. The report will not identify you or any other participants of the study. We will also share our findings with others through presentations, workshops and scientific publications.

Who is organising and funding this research?

This study is sponsored by Staffordshire University.

What if there is a problem?

If you have any concerns about this study, you should speak to the researcher Amy Finney who can be reached on 07811 023844, or via email f026191@student.staffs.ac.uk.

Appendix F: Consent Form.



Participant Consent Form

Exploring the Perceptions of Adventurous Play in Primary Caregivers of Children with Anxiety

Participant pseudonym:

Please **initial** box
(OR researcher to tick
for remote consent)

1. I confirm that I have read and understand the information sheet dated 25/05/2022 Version 1.0 for the above study. I have had the opportunity to ask the researcher questions and these questions have been answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my rights being affected or with any implications.

3. I agree that if I withdraw, or am withdrawn from the study for any reason, then researchers can continue to use the information I have already given them unless I contact them before write up in 01/12/2023.

5. I understand that all information will be kept confidential. My personal data will only be accessed by the study team on a need to know basis. The research data will be kept for 10 years but from this, I can only be identified by a pseudonym. I understand that confidentiality will need to be broken if there is a concern for risk to other people or to myself, or if criminal disclosures are made.

6. I agree to be interviewed about perceptions of adventurous play and for my interview to be audio recorded. I understand that the recording will be typed-up and any personal information destroyed. I agree that anonymised quotations from the interviews will be used to share the research findings.

7. I agree to take part in the above study.

Please **turn over** to finish completing this form

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Participant Consent Form – v 1.0 25.05.2022

Name of Participant

Date

Signature

(OR provided electronically by the researcher)

County participant resides in:

I have explained the study to the participant and have answered the participant's questions honestly and fully.

Name of Researcher

Date

Signature

Original for researcher file and 1 copy for participant

Appendix G: Interview Schedule.

Interview Topic Schedule

Exploring the Perceptions of Adventurous Play in Primary Caregivers of Children with Anxiety

Verbal confirmation of consent, using the Participant Consent Form to be audio recorded prior to commencing the interview.

General Introduction:

Hello my name is Amy Finney

Thank you for taking part in this research project exploring the perceptions of adventurous play in primary caregivers of children with anxiety.

Your participation is helpful as it will give us information to aid future research in the area.

Today, I just want to hear your thoughts about adventurous play, there are no right or wrong answers. The session is being audio-recorded so that we do not miss anything you say.

When speaking about adventurous play, I am defining it as "child-led play where children experience subjective feelings of excitement, thrill and fear; often this occurs in the context of age appropriate risk-taking" (Dodd & Lester 2021). When speaking about adventurous play we acknowledge that it is a play that involves an element of risk and potential harm, so we want you to feel comfortable expressing your opinions without fear of judgement. Be assured that anything that you say during the interview will be treated in confidence. Obviously, if you disclosed something today which indicated significant or deliberate harm, we would have to discuss this further with you in line with safeguarding policies. If we had to break confidence and alert safeguarding authorities, we would always try and discuss this with you beforehand.

As part of this study, it would be helpful for us to know the number of children you care for with anxiety, their gender, and ages. This information is not essential for you to continue with the study, but if you are happy to disclose this we will collect it as part of the interview.

Are there any questions about any of what I just said before we get started?

What is your age?
To which gender do you identify?
How many children are you the primary caregiver for with anxiety?
What is/are their age(s) and gender(s)?
What would you consider adventurous play to be?
What are your views on adventurous play?
What are your beliefs about children engaging in adventurous play?
What are your thoughts about your child engaging in adventurous play unsupervised?
When your child plays, is there any type of play you would consider risky?
I wonder if you would encourage your child to try play that involves some element of risk?
In what way do you think your parenting is influenced by risk?
In what way do you think your child's anxiety impacts on how you parent around adventurous play?
In what way do you think your child's anxiety has an influence on their engagement in adventurous play?
What are your views around your child's engagement with adventurous play?
What kind of adventurous play, if any, did you engage with/in as a child?

Can you tell me more about the similarities or differences in your play experiences as a child in comparison to your child?

<p>Jason: Yeah, they are just happier, more relaxed, less likely to have a tantrum. We always try and get our kids to do that more than being on their iPads, apart from when it's weather like this and raining. Obviously, you can't really do a lot of adventurous play when it's raining.</p>	<p>Benefits on wellbeing</p> <p>Weather as a barrier</p>
<p>Interviewer: Umm, is there anything that you would consider adventurous play that you could do when the weather isn't as nice or raining like today?</p>	
<p>Jason: Well, yeah, I suppose building forts in bedrooms and just boardgames. Well actually would that be adventurous play? But yeah I suppose you can play adventurously indoors when it's wet but maybe...maybe it more about it being harder, or... or more work to play adventurously when its wet.</p>	<p>Type of Adventurous Play</p> <p>Weather as a barrier</p>
<p>Interviewer: Do you mean more work for the children to play adventurously or...</p>	
<p>Jason: No, no... maybe more work for us to create an... maybe an adventurous space to play indoors. It takes more effort, doesn't it? Rather than say, I don't know...the children just going out and playing outside. You know maybe indoors we could play hide and seek and tag. Maybe old-fashioned games.</p>	<p>Location as a barrier</p> <p>Type of adventurous play</p>

Appendix I: Step 3: Codes identified across the dataset.

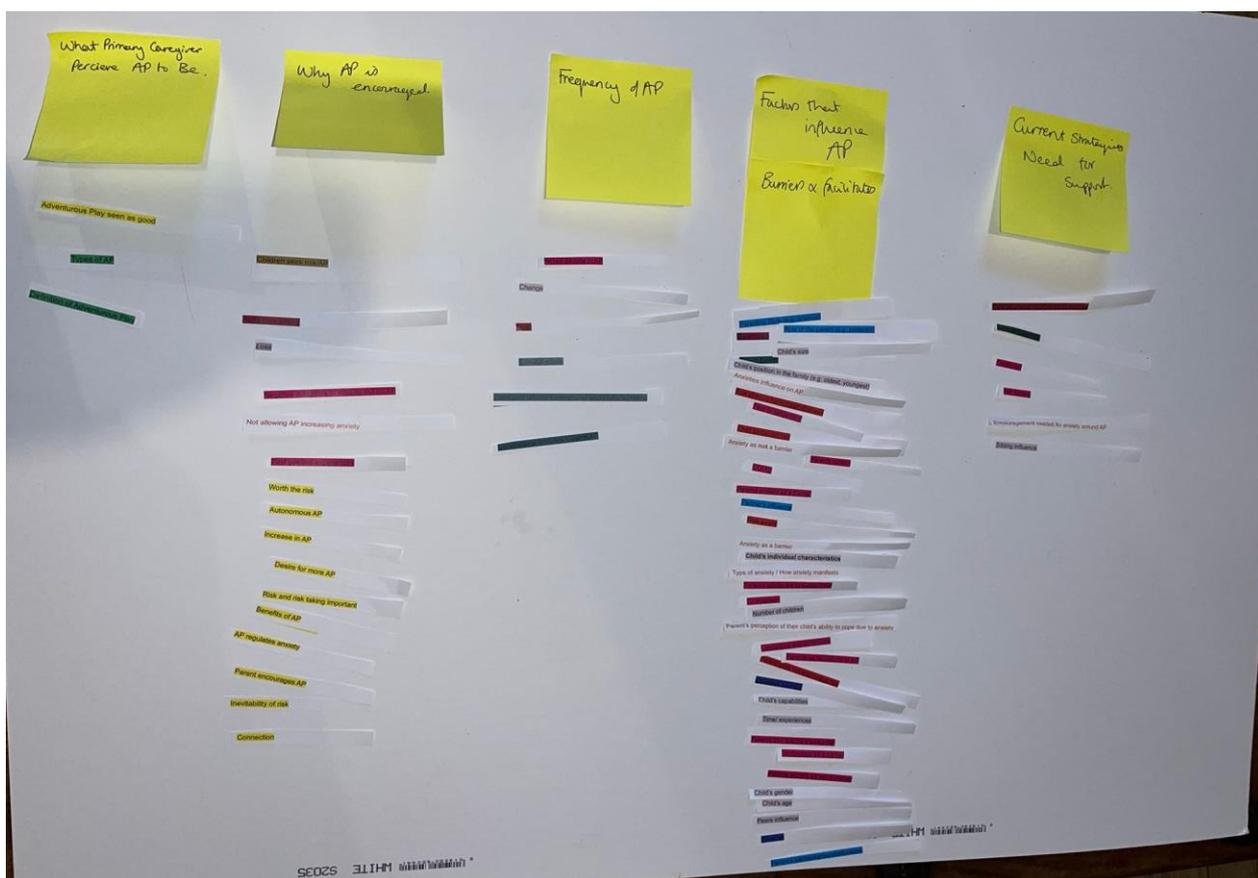
Key: Adventurous Play (AP)

Definition of AP	Generational Attitudes towards AP	Location/ Context
Types of AP	Cohort Beliefs	Weather
Parenting Style (e.g. anxious)	Societal norms	Child's age
Role of the parent (e.g. protector)	Sibling influence	Child's gender
Parent's characteristics	Peers influence	Child's capabilities
Parent's job/background/education	Time/ experiences	Child's size
Partner's influence	Change	Child's position in the family (e.g. oldest, youngest)
Transgenerational experiences/ expectations/ norms	Number of children	AP seen as good
AP regulates anxiety	Parent encourages AP	Benefits of AP
Risk and risk taking important	Inevitability of risk	Desire for more AP
Autonomous AP	Increase in AP	Worth the risk
Connection	Conflicted	Parents anxiety as a barrier
Parents anxiety as not a barrier	Parents control	Parents as facilitators of AP
Technology as a barrier	Fear of judgement	Past positive experiences
Parents strategies to support AP	Need for more time for AP	Not forcing
Negative outcomes of missing out on AP	Noted decline in AP	Comparison

COVID	Limitations and conditions	Parents and teachers as barrier
Children seek risk/AP	Supervision	Risk of injury/harm/death/distress
Parent does not encourage risk	Risk aware	Child perceived risk
Trust	Right from wrong	Anxiety as a barrier
Anxiety as not a barrier	Anxieties influence on AP	Type of anxiety / How anxiety manifests
Encouragement needed for anxiety around AP	Not allowing AP increasing anxiety	Parent's perception of their child's ability to cope due to anxiety
Lack of Diagnosis	Loss	Loss of AP

Appendix J: Step 4: Searching for and identifying themes.

Codes were grouped together beneath potential themes. This process evolved as codes were arranged and rearranged as themes were identified, refined, and modified. This process continued to evolve through step 5 and was continued until the researcher identified these that adequately captured the substance of the coded data.



Appendix K: Step 5: Reviewing themes and supporting codes.

Codes	Developing and reviewing themes	Continue to develop
<ul style="list-style-type: none"> • Loss • Need for more time for AP • Decline in AP • Time to play adventurously • Noted decline • Reason for decline • Playing more • Transgenerational experiences 	<ul style="list-style-type: none"> • Frequency of play • Transgenerational similarities or differences. 	<p>Caregivers' reflections on the frequency their children with anxiety engage in adventurous play.</p>
<ul style="list-style-type: none"> • Perceived to be good. • Perceived benefits of AP <ul style="list-style-type: none"> - Emotional (pride, bravery, mood, confidence) - Anxiety - Physical - Risk assessment - Connection • Encouragement 	<ul style="list-style-type: none"> • AP is good and encouraged in adventurous play • Perceived benefits • Encouragement 	<p>Caregivers believe Adventurous Play is beneficial for their anxious children and they support their engagement in it.</p>
<ul style="list-style-type: none"> • Child Factors <ul style="list-style-type: none"> - Individual characteristics (age, gender, personality, position in family, size) - Child's anxiety • Parent Factors <ul style="list-style-type: none"> - Parent's Characteristics (mother/father) - Parenting style - Role of parent - Parenting experience - Parents background - Transgenerational experience - Parent's anxiety • Systemic <ul style="list-style-type: none"> - Play companions (siblings, peers) - supervision - Risk - Societal influence 	<ul style="list-style-type: none"> • Child Factors <ul style="list-style-type: none"> - Individual characteristics - Child's anxiety • Parent Factors <ul style="list-style-type: none"> - Individual characteristics - Role - Parent's anxiety • Systemic Factors <ul style="list-style-type: none"> - Play companions - Supervision - Risk - Location - Technology 	<p>Caregivers identified barriers and facilitators of adventurous play for their anxious children.</p>

<ul style="list-style-type: none"> - Location - Weather - Technology 		
<ul style="list-style-type: none"> • Need for more time for AP • Not forcing • Parents unsure what to do to support • Encouragement needed for anxiety around AP 	<p>Current strategies</p> <ul style="list-style-type: none"> - Encouragement around anxiety - Not forcing - Fear <p>Lack of strategies Guidance</p>	<p>Caregivers' current strategies to support their anxious child's adventurous play and desire for more guidance on how to support.</p>

Appendix L: Further Theme development.

Continued Theme Development	Refining and naming themes	Theme Name
Benefits of Adventurous Play Encouragement	Caregivers perceive there to be benefits to their anxious children engaging in adventurous play and encourage it.	“It’s an important part of childhood”
Child Factors Parenting Paradox of Risk	Factors caregivers identified that influence their perception of adventurous play and its facilitation.	“There are nuances to it in different contexts”
Benefits for child’s anxiety Children’s and caregiver anxiety as a barrier Sitting with uncertainty	The benefits on anxiety, anxiety as a barrier, current strategies to support and the need for more guidance.	The power of anxiety

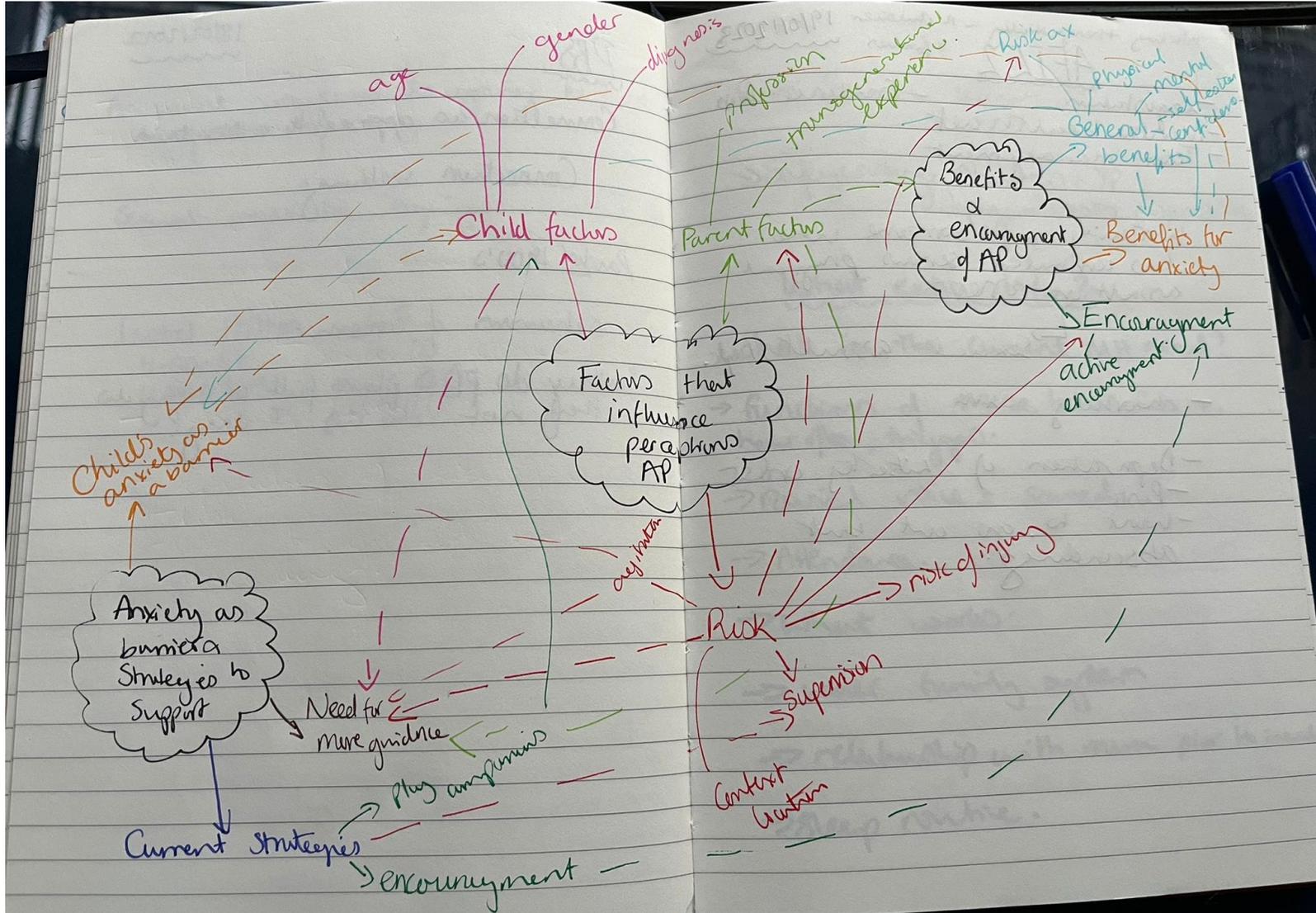
Appendix M: Step 6: Example of a development of a theme based upon a selection of coded extracts.

Theme 2: Caregiver identified factors that influence their perception of adventurous play and its facilitation.	
Subtheme: Child factors (8/8ppts)	
Codes	Indicative quotations
<ul style="list-style-type: none"> • Individual characteristics • Age • gender, • position in family • size) 	<p>Holly:</p> <ul style="list-style-type: none"> • “They are always going to kind of have that desire for risk-taking, I feel.” (lines 14-15). • “I would always want to supervise a four-year-old anyway.” (line 34). • “Um, because if I had girls that didn’t really want to be adventurous, I feel like, even now, that’s still more acceptable in society. I do recognise that for boys, I just didn’t want them to be left behind, with the crowd of boys who were able to do all those things. So, I’d say from a very, very young age I thought, “Okay, I want to give them those opportunities””. (lines 186-190) (gender) • “like I have two boys and a daughter who at the moment she’s not two yet so she’s a little bit young for adventurous play but it’s going to be interesting to see if my responses to encouraging it are the same with her.” (lines 189-201).
<ul style="list-style-type: none"> • Diagnosis 	<p>Lola:</p> <ul style="list-style-type: none"> • “Um, so, yeah, it’s been a bit of a struggle, to be honest. You see both my children have ADHD and tend to be, tend to push the boundaries further than I would like them to, so um.” (lines 27-28).
<ul style="list-style-type: none"> • Age • Gender • Child’s individual characteristics 	<p>Harriet:</p> <ul style="list-style-type: none"> • “Yes, I think yes. I...I suppose as they get older, they’ve done more of it. They’re more capable. And when she’s...she’s kind of the littlest and I feel like she’s the more vulnerable one, I suppose.” (lines 53-55) • “Umm well yes, my son was always a climber from a really young age. And so he was a bit different to the girls. The girls were slower to do those sorts of things. But yes, from a really young age my son was very adventurous. And...and now he’s bigger. I suppose with...with playgrounds and things, you know he’s kind of outgrowing certain things, so he’s not doing as much now.” (lines 176-180). • “No, I guess there’s a chance that gender played a part in how I parented around adventurous play. Possibly because of him being male and older. And the girls. I would maybe be a bit more nervous of them doing the same sorts of things as him. So...so yes, I suppose so.

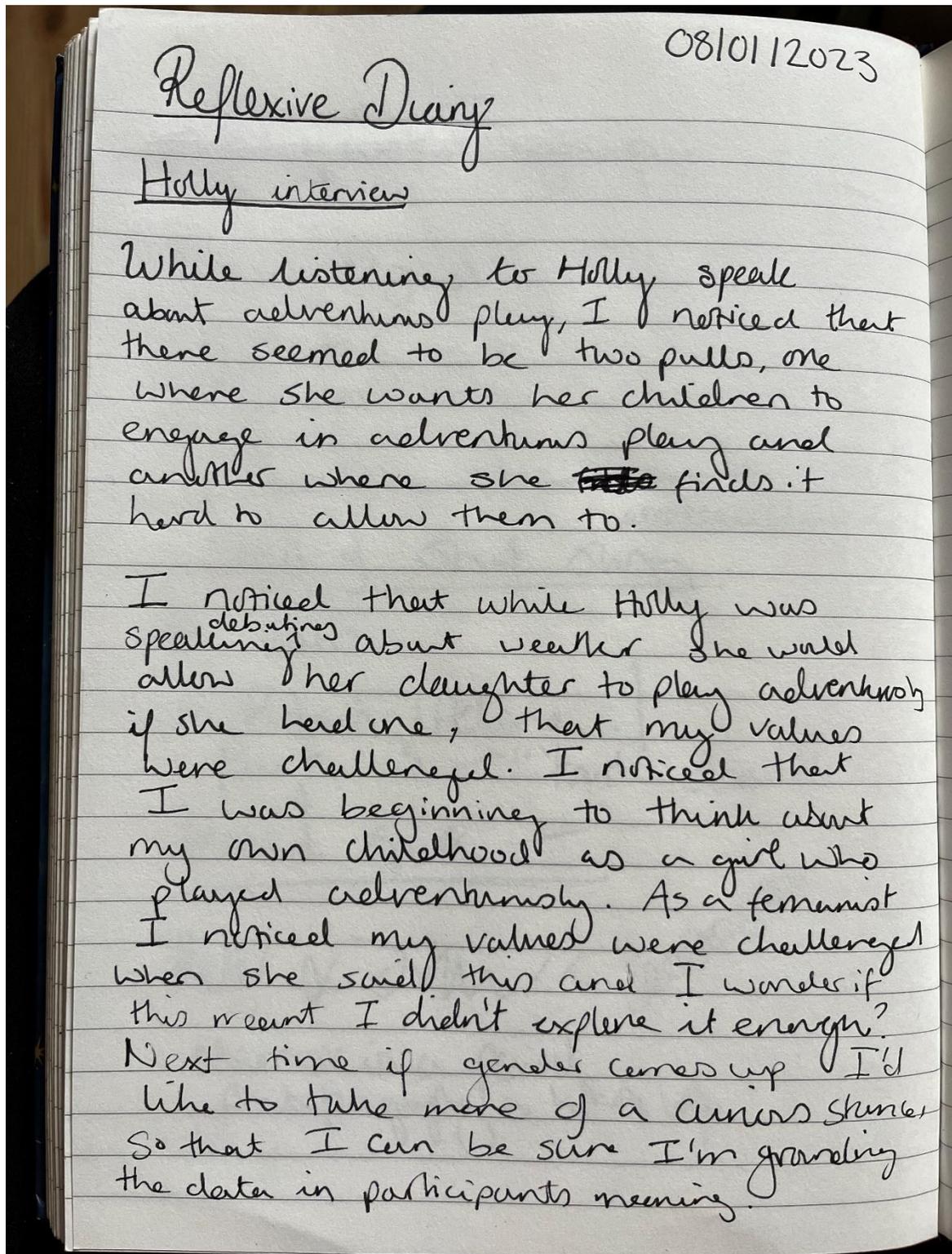
	<p>But then I don't know if that's an age thing or a gender thing. So yeah." (lines 187-191).</p> <ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • Gender 	<p>Sagari:</p> <ul style="list-style-type: none"> • "No. No, not at all, no. Yeah. Yeah, we, we don't restrict her, you know, to... to try activities on the basis of gender to regardless of...of this, we encourage her to try activities." (lines 213-215). (gender).
<ul style="list-style-type: none"> • Gender • Child individual differences • Personality 	<p>Jason:</p> <ul style="list-style-type: none"> • "Yeah, I probably do parent differently around their play because if they like argue with each other I'll get more cross if my son has hit my daughter, rather than if my daughter has hit my son. Yeah, I think I've still got a bit of that old-fashioned in me. Like that girls shouldn't be hit, no matter what." (lines 111-114). • "Umm, yeah I'll push my son more to play adventurously than I will my daughter. But my daughter usually does it before my son does anyway. So I don't need to be as push as I do with him to do something. You know, if we are at a park and they are climbing up a climbing frame I know my daughter will do it before my son. My son needs a bit of a kick up the butt. If I'm allowed to say that haha." (lines 117-121). • "I would say that I definitely parent them differently around adventurous play based on their genders but they engage in adventurous play differently because of their personalities. If that makes sense." (lines 124-126). •
<ul style="list-style-type: none"> • Age • Gender 	<p>Lily:</p> <ul style="list-style-type: none"> • "Yeah, yeah definitely. Yeah I think because there is a five year age gap between my youngest and my middle one...urm...she if anything its been a case of me trying to hold her back for some things." (lines 93-95). • "Urm...I think that he's old enough, that if something were to happen then...again I'm only across the road, if they were at the park, its like thirty seconds. I wouldn't let him take her to the other side of the village to a park I didn't know because again I don't think that its fair for him to be responsible for her because she is still relatively young." (lines 147-151). • "I think my oldest one as a fourteen-year-old now doesn't because he is a fourteen-year-old boy and would rather sit in his room on his PlayStation." (lines 254-256). (age) • "I don't really think that there is anything a girl can do that a boy can't do and vice-versa." (lines 304-305) (gender).
<ul style="list-style-type: none"> • Child's position in family 	<p>Ben:</p>

<ul style="list-style-type: none"> • Age • Gender 	<ul style="list-style-type: none"> • “And... and it's...It's interesting having the three of them. They all behave quite differently around that sort of thing.” (lines 55-56). • “I think your children are all different, and so they will..they will have a different level of what they consider risky or too risky to want to engage in.” (lines 157-159). • “I don't know. I'm not sure it's that. There might be an element of gender at play. But I think maybe for her it might affect her opinion of... of adventurous play more than it does mine. She might see other girls not doing that sort of thing and...and maybe that plays into it slightly.” (lines 201-204). • “Not on purpose but...but maybe...maybe subconsciously. If she had those thoughts of “this isn't what girls do”, then you know it kind of affects what we do together. So...so there's...there's maybe some...some feedback around there. But I would say that I didn't consciously parent them differently around adventurous play based...based on their genders no.” (lines 210-214).
<ul style="list-style-type: none"> • Gender • Individual differences 	<p>Aaron:</p> <ul style="list-style-type: none"> • “Because obviously there's always that like protective element, isn't there? You know we're...we're sort of told nowadays that, you know, men and women are the same. And obviously we're not... not the same physically. Umm strength-wise. And obviously, women are more vulnerable to umm...I don't know at like to... to the to the risks and stuff out there. They are more vulnerable to those sort of things.” (lines 129-133).

Appendix N: Central organising concepts developed and the relationship between themes.



Appendix O: Reflexive Diary Excerpt



PAPER THREE: Executive Summary
**Exploring Perceptions of Adventurous Play in Primary Caregivers of Children
with Anxiety**

Author Note

A PDF file version of the Executive Summary has been prepared to share with participants and members of the target audience, images of the report are shared in Appendix A. A duplicate version in Word document format has been presented below for ease of marking.

Word count: 1,878

TARGET AUDIENCE:

Who is this summary written for?

This research summary may be of interest to primary caregivers of children with anxiety. It may also be of interest to caregivers who would like to learn more about perceptions of adventurous play.

Caregivers were consulted on study materials and participants were invited to give feedback on their transcripts to ensure their perceptions were adequately captured. Special thanks to all those who gave their time and support to this project.

BACKGROUND:

Why was it important to complete this research?

Play is a right of childhood (United Nations Convention, 1989) and offers a range of benefits for children's physical and mental health (Alexander, 2014). However, children now have fewer opportunities to play, especially adventurously (Dodd, 2021). We know that children need opportunities to take healthy risks in play (Alexander, 2014), so children playing less adventurously is worrying. Children who do not take risks have been found to have poorer psychological well-being (Tranter, 2005).

Anxiety is the most common mental health difficulty for children and adolescents, with 5-19% of all children in the UK estimated to be affected by anxiety (NHS, 2024). We know that anxiety disorders can begin in childhood, and most before the age of eleven (Hudson and Dodd, 2012). Anxiety in childhood is linked with cognitive and behavioural factors like a child's personality, avoidance, fear of uncertainty, and cautious parenting (Chronis-Tuscano, 2009; Lahat, 2011; Hudson & Dodd, 2012; Dodd & Lester, 2021).

Dodd and Lester (2021) have created a model that suggests that children playing adventurously (ages 3 to 11 years) can lower their risk for anxiety. Adventurous play is defined as child-led play where children feel excitement, thrill, and fear; often while taking age-appropriate risks (Dodd & Lester, 2021).

Caregivers play an important role in deciding if their children play adventurously or not (Watchman & Spencer-Cavaliere, 2017). Caregiver perceptions of adventurous play are the biggest deciding factor if their child plays adventurously (Waddington,

2022). We need to understand caregivers' perceptions of adventurous play, as we know that despite the perceived benefits caregivers lack confidence in allowing their children to play adventurously (Jelleyman, 2019). Previous research into caregiver perspectives and perceptions has been done but never into understanding the perceptions of caregivers of anxious children. This research is needed so that caregivers can make informed choices about their children's activities to support their development. It will also help future interventions that might be introduced to support children's anxiety through adventurous play.

AIM:

What did this research aim to achieve?

To explore perceptions of adventurous play in primary caregivers of children with anxiety.

METHOD:

How was this research completed?

Step 1: Staffordshire University Ethics Committee reviewed and confirmed a plan and justification for this research, to ensure that it was safe and ethical.

Step 2: Research adverts were shared on caregiver websites and social media platforms.

Step 3: Caregivers who were eligible to participate in the study read an information sheet and consent form that detailed what the study would involve.

Step 4: Interviews and consent took place over video call, were recorded, and then transcribed.

Step 5: Transcripts were analysed using 'Reflexive Thematic Analysis' (RTA). During the analysis, the researcher familiarised themselves with each participant's interview and searched for meaning and patterns across participants' interviews. The researcher then reflected on what each participant identified as meaningful in the data and identified themes within each interview and across participants.

What is Reflexive Thematic Analysis (RTA)?

RTA is one method used in research to analyse what people say. It is useful when you want to explore meaning from experiences in a particular group. It is a useful method when there is not much knowledge on a topic.

KEY FINDINGS:

What did this research find?

Three main themes were found, and each had sub-themes. Key quotes are shown to give examples of what was captured in each theme.

“It’s an important part of childhood”

All caregivers believed that adventurous play is important and beneficial for their children to experience. Caregivers discussed how adventurous play is helpful for their children in lots of ways. Caregivers said that they encourage their children to play adventurously. They also said that their anxious children needed extra encouragement.

“It’s the core memories that stay with you forever” (Sagari),

“I think they can derive huge benefits” (Holly)

“Sometimes all they need is a kick up the butt or a bright idea and then that’s them sold on adventurous play.” (Jason)

Caregivers said adventurous play was beneficial for their children’s social, physical, and mental development. They believed it helped their children’s self-esteem, confidence, pride, and ability to assess risks.

All caregivers believed that adventurous play should be encouraged, and that caregiver encouragement is important for adventurous play to happen.

Caregivers spoke of how their children with anxiety needed more encouragement to play adventurously than their non-anxious children. Some worries that caregivers noticed that their children had when playing adventurously were around risks and their lack of confidence.

“There are nuances to it in different contexts”

Caregivers spoke of lots of things that influenced their thoughts on and how they parent around adventurous play. Factors about their children that influenced their perceptions of adventurous play and led them to decide if they would allow it or not included their age, gender, personality, and any additional diagnoses.

Caregivers also spoke about how factors such as their profession, childhood experiences of adventurous play, partner influence, play companions and societal influence, had an impact on how they parent around adventurous play. They said that these influences influenced whether they allowed their children to play adventurously or not.

“I think your children are all different” (Ben)

Societal attitudes towards adventurous play are **“contributing majorly to the mental health crisis that we are seeing in children” (Lola).**

“I am a big believer in adventurous play and a big believer in safe risk-taking. Which I suppose is a bit of an oxymoron.” (Holly)

Caregivers all reported that how safe they viewed the adventurous play to be ultimately decided if they allowed their child to engage in it. If there was a risk of injury or agitation, they would not allow it.

Factors that influenced caregivers’ perceiving adventurous play as safe were the location of play and adequate supervision. Locations deemed to be safe were the playground, village, garden, and park. Some caregivers believed that children could not play adventurously in the home. Caregivers felt that adult supervision was important for adventurous play.

The Power of Anxiety

Caregivers spoke of how adventurous play helped their children’s anxiety. But that their and their children’s anxiety was also a barrier to adventurous play. They shared strategies that they use that help support their children’s anxiety around playing

adventurously. They also shared that they struggle with the uncertainty around their children playing adventurously and that they would like some guidance around what to do to support their children's anxiety around adventurous play.

“Helps with anxiety” (Lily)

“Anxiety does have an impact” (Harriet)

**“Like there isn't a guide...maybe I respond wrong and make it worse when I'm trying to make it better. It's hard to know how to get them to do it when they get stuck”
(Jason)**

Caregivers said that adventurous play helps with their children's anxiety by helping them to feel calm and manage their emotions.

Caregivers also said that their and their children's anxiety can be triggered during adventurous play. Caregiver said that their anxiety can happen when there are risks in adventurous play. They said for their children their anxiety shows up when other people are there when they play, when they feel scared, and when they do not feel safe and lack confidence. Caregivers thought that the negative outcomes of their children becoming anxious during adventurous play were that they missed out, became upset and had less confidence.

Caregivers said that it is hard for them to manage uncertainty around their children playing adventurously and would like guidance on how to manage their and their children's anxiety and uncertainty.

IMPLICATIONS:

What do these findings mean?

This study offers insight into perceptions of adventurous play in caregivers of children with anxiety. For these caregivers, adventurous play is perceived as positive and beneficial, so they actively encourage it in their anxious children.

Specifically, caregivers believed that their children's anxiety benefited from adventurous play. This is important as it is in line with Dodd and Lester's (2021) model that suggests that adventurous play can be used to reduce the risk of

childhood anxiety. Suggesting that future preventative interventions to support childhood anxiety could utilise adventurous play.

Despite caregivers noting that there are several benefits to adventurous play, there are factors that influence them and so they sometimes bar it. This means that perceptions around child factors, influences on parenting and risk factors will need to be addressed to make sure that caregivers are comfortable allowing adventurous play.

Some caregivers also believed that their and their child's anxiety can act as a barrier to their children's adventurous play and wanted guidance around supporting their children to play adventurously because of this.

These findings support the idea that there is a need for a change in how adventurous play is viewed by society and the public. Messages around the risks associated with adventurous play are influencing caregiver perceptions and are linked to the findings that children in the UK are playing less adventurously (Dodd, 2021). The findings suggest that playing adventurously has many benefits, especially for anxious children, so hopefully they can demonstrate that adventurous play is a "risk worth taking" (Ben).

RECOMMENDATIONS:

What does this mean for professionals supporting caregivers of anxious children?

- Findings suggest that interventions to reduce the risk of childhood anxiety could involve elements of adventurous play in line with Dodd and Lester's (2021) model.
- Professionals could play a role in providing evidence-based guidance around support for children's and caregivers' anxiety around adventurous play (e.g. exposure, mindfulness, breathing techniques and virtual reality (NICE, 2023)).
- The finding suggested that concerns around risk and fear of judgement from others contributed to stopping caregivers from allowing their children to play adventurously, despite the perceived benefits. So, professionals have a responsibility to contribute to further research around adventurous play, to add to the evidence base so that best practices can influence caregivers' decision-making around adventurous play.

LIMITATIONS:

What are the limits of this research?

- Participants all had positive perceptions of adventurous play, so those who did not were not represented in this study. This is important as caregivers with negative perceptions of adventurous play are more likely to bar it (Bauer, 2021) so future research will need to capture this population to ensure that strategies can be accommodated to support adventurous play happening.
- The need for a device that could connect to the internet excluded those without the resources.
- This study did not collect extensive demographic information from the participants, so cultural differences in perceptions were not captured and it is unclear if diverse populations contributed.

DISSEMINATION:

How will this research be shared?

A completed written report will be submitted to a peer-reviewed journal for publication so that it can be shared with a wide academic audience. This Executive Summary will be shared with study participants, professional organisations and caregiver groups that supported the study.

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Appendix A: The Final Format of the Executive Summary to be shared with participants and members of the target audience. All written details are the same as those presented above.

EXPLORING PERCEPTIONS OF ADVENTUROUS PLAY IN PRIMARY CAREGIVERS OF CHILDREN WITH ANXIETY

A REFLEXIVE THEMATIC ANALYSIS APPROACH



EXECUTIVE SUMMARY

With special thanks to the experts by experience who reviewed a draft of this executive summary and provided their feedback and who designed the exceptional artwork for this study.

Amy Finney (Trainee Clinical Psychologist)

Word count: 1,870

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Step 5: Transcripts were analysed using 'Reflexive Thematic Analysis' (RTA). During the analysis, the researcher familiarised themselves with each participant's interview and searched for meaning and patterns across participants' interviews. The researcher then reflected on what each participant identified as meaningful in the data and identified themes within each interview and across participants.

What is Reflexive Thematic Analysis (RTA)?

RTA is one method used in research to analyse what people say. It is useful when you want to explore meaning from experiences in a particular group. It is a useful method when there is not much knowledge on a topic.

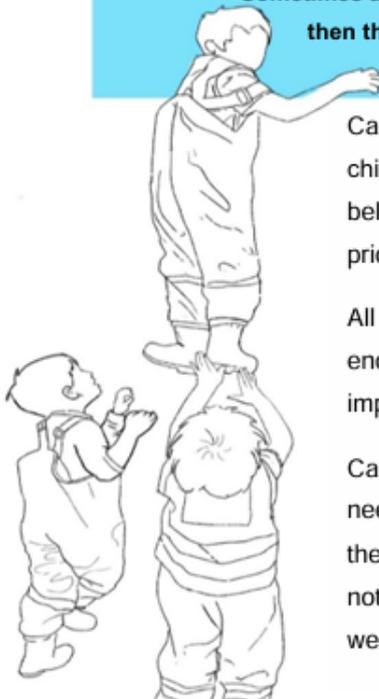
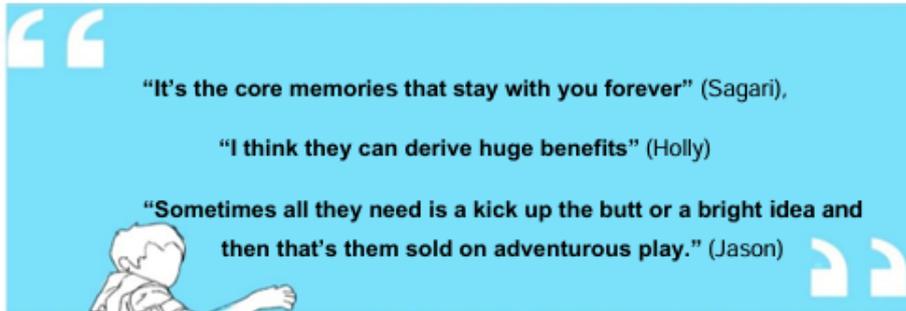
KEY FINDINGS:

What did this research find?

Three main themes were found, and each had sub-themes. Key quotes are shown to give examples of what was captured in each theme.

“It’s an important part of childhood”

All caregivers believed that adventurous play is important and beneficial for their children to experience. Caregivers discussed how adventurous play is helpful for their children in lots of ways. Caregivers said that they encourage their children to play adventurously. They also said that their anxious children needed extra encouragement.



Caregivers said adventurous play was beneficial for their children's social, physical, and mental development. They believed it helped their children's self-esteem, confidence, pride, and ability to assess risks.

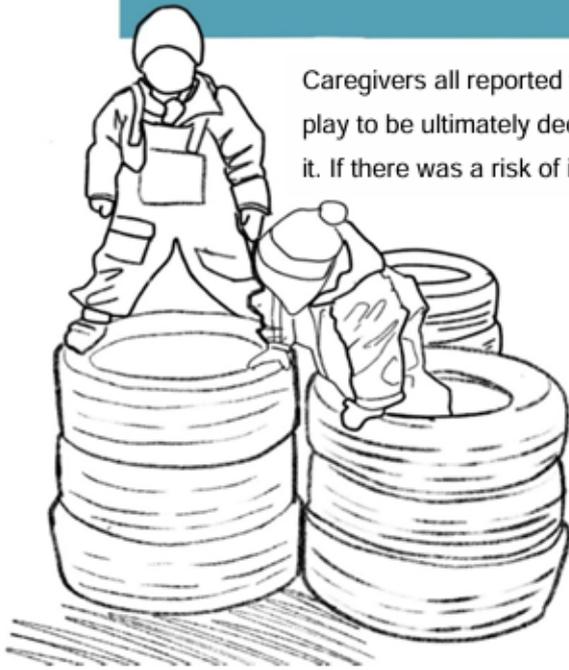
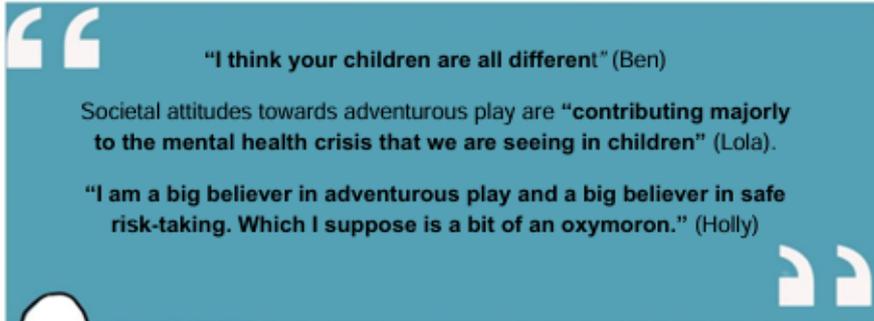
All caregivers believed that adventurous play should be encouraged, and that caregiver encouragement is important for adventurous play to happen.

Caregivers spoke of how their children with anxiety needed more encouragement to play adventurously than their non-anxious children. Some worries that caregivers noticed that their children had when playing adventurously were around risks and their lack of confidence.

“There are nuances to it in different contexts”

Caregivers spoke of lots of things that influenced their thoughts on and how they parent around adventurous play. Factors about their children that influenced their perceptions of adventurous play and led them to decide if they would allow it or not included their age, gender, personality, and any additional diagnoses.

Caregivers also spoke about how factors such as their profession, childhood experiences of adventurous play, partner influence, play companions and societal influence, had an impact on how they parent around adventurous play. They said that these influences influenced whether they allowed their children to play adventurously or not.



Caregivers all reported that how safe they viewed the adventurous play to be ultimately decided if they allowed their child to engage in it. If there was a risk of injury or agitation, they would not allow it.

Factors that influenced caregivers' perceiving adventurous play as safe were the location of play and adequate supervision. Locations deemed to be safe were the playground, village, garden, and park. Some caregivers believed that children could not play adventurously in the home. Caregivers felt that adult supervision was important for adventurous play.

The Power of Anxiety

Caregivers spoke of how adventurous play helped their children's anxiety. But that their and their children's anxiety was also a barrier to adventurous play. They shared strategies that they use that help support their children's anxiety around playing adventurously. They also shared that they struggle with the uncertainty around their children playing adventurously and that they would like some guidance around what to do to support their children's anxiety around adventurous play.

“Helps with anxiety” (Lily)

“Anxiety does have an impact” (Harriet)

“Like there isn't a guide...maybe I respond wrong and make it worse when I'm trying to make it better. It's hard to know how to get them to do it when they get stuck” (Jason)

Caregivers said that adventurous play helps with their children's anxiety by helping them to feel calm and manage their emotions.

Caregivers also said that their and their children's anxiety can be triggered during adventurous play. Caregiver said that their anxiety can happen when there are risks in adventurous play. They said for their children their anxiety shows up when other people are there when they play, when they feel scared, and when they do not feel safe and lack confidence. Caregivers thought that the negative outcomes of their children becoming anxious during adventurous play were that they missed out, became upset and had less confidence.

Caregivers said that it is hard for them to manage uncertainty around their children playing adventurously and would like guidance on how to manage their and their children's anxiety and uncertainty.





IMPLICATIONS:

What do these findings mean?

This study offers insight into perceptions of adventurous play in caregivers of children with anxiety. For these caregivers, adventurous play is perceived as positive and beneficial, so they actively encourage it in their anxious children.

Specifically, caregivers believed that their children's anxiety benefited from adventurous play. This is important as it is in line with Dodd and Lester's (2021) model that suggests that adventurous play can be used to reduce the risk of childhood anxiety. Suggesting that future preventative interventions to support childhood anxiety could utilise adventurous play.

Despite caregivers noting that there are several benefits to adventurous play, there are factors that influence them and so they sometimes bar it. This means that perceptions around child factors, influences on parenting and risk factors will need to be addressed to make sure that caregivers are comfortable allowing adventurous play.

Some caregivers also believed that their and their child's anxiety can act as a barrier to their children's adventurous play and wanted guidance around supporting their children to play adventurously because of this.

These findings support the idea that there is a need for a change in how adventurous play is viewed by society and the public. Messages around the risks associated with adventurous play are influencing caregiver perceptions and are linked to the findings that children in the UK are playing less adventurously (Dodd, 2021). The findings suggest that playing adventurously has many benefits, especially for anxious children, so hopefully they can demonstrate that adventurous play is a "risk worth taking" (Ben).



RECOMMENDATIONS:

What does this mean for professionals supporting caregivers of anxious children?

- Findings suggest that interventions to reduce the risk of childhood anxiety could involve elements of adventurous play in line with Dodd and Lester's (2021) model.
- Professionals could play a role in providing evidence-based guidance around support for children's and caregivers' anxiety around adventurous play (e.g. exposure, mindfulness, breathing techniques and virtual reality (NICE, 2023)).
- The finding suggested that concerns around risk and fear of judgement from others contributed to stopping caregivers from allowing their children to play adventurously, despite the perceived benefits. So, professionals have a responsibility to contribute to further research around adventurous play, to add to the evidence base so that best practices can influence caregivers' decision-making around adventurous play.

LIMITATIONS:

What are the limits of this research?

- Participants all had positive perceptions of adventurous play, so those who did not were not represented in this study. This is important as caregivers with negative perceptions of adventurous play are more likely to bar it (Bauer, 2021) so future research will need to capture this population to ensure that strategies can be accommodated to support adventurous play happening.
- The need for a device that could connect to the internet excluded those without the resources.
- This study did not collect extensive demographic information from the participants, so cultural differences in perceptions were not captured and it is unclear if diverse populations contributed.



DISSEMINATION:

How will this research be shared?

A completed written report will be submitted to a peer-reviewed journal for publication so that it can be shared with a wide academic audience. This Executive Summary will be shared with study participants, professional organisations and caregiver groups that supported the study.



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