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Play for disabled Children in Taiwan and Hong Kong: parent perspectives

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Abstract

This article discusses the findings of an empirical study, the first to investigate Taiwanese and Hong Kong parents' perspectives on their disabled children's play. The study employed an online survey to explore parents' views on (a) the value of play for their child; (b) their child's experiences of play (e.g. where and with whom they play); c) what, if any, barriers their child experiences in/to play. Our analysis shows that disabled children living in Taiwan and Hong Kong face many of the same barriers to play as disabled children elsewhere (e.g. in the West), but that these barriers have distinct 'local formations' resulting from, for example, high-density urban-living, family-based welfare systems, prevailing gendered family roles/relations, persistent social stigma towards disabled people and their families and intense valuing of academic achievement within Chinese cultures. We present this article as an original contribution to Disabled Children's Childhood Studies, to *Global* Disability Studies and Play Studies. The article concludes by mapping an agenda for further research into access to and inclusion in play for disabled children living in East Asia.

Keywords

Disability – Children/Childhood – Play – Accessibility – Inclusion – East Asia

1 Introduction

Research into disabled children's access to and inclusion in play is scarce outside the West. This is one of many gaps in knowledge about disabled childhoods, globally (UNICEF 2013). Traditionally, Western Disability Studies have payed only 'nominal attention to local formations and understandings of disability' (Barker & Murray 2010: 269). The field is now globalizing in its perspectives, thanks largely to non-Western scholars developing the field in 'glocal' ways (Goodley 2011). Nevertheless, when it comes to disabled childhoods – and disabled children's experiences of play in particular – our understanding of how they are shaped by different cultural constructions of disability and childhood, plus varied social and family structures around the world, is far from complete (Grech 2013).

In this article we contribute to knowledge in this regard. We present findings from a study investigating Taiwanese and Hong Kong parents' perspectives on their disabled child's play. These findings demonstrate that disabled children living in Taiwan and Hong Kong face many of the same barriers to play as disabled children elsewhere (e.g. in the West), but that these barriers have distinct 'local formations'.

The issue of access to and inclusion in play is of course highly pertinent to this journal's focus: education. Education is about learning, yet learning does not only take place in classrooms, it happens *everywhere*, including in informal settings such as play. Play is vital for children's physical, cognitive, social and emotional development (Frost et al. 2012), being an outlet for and fostering their creativity, reflection and problem-solving. It is crucial for their mental health (Hughes 2012), helping them to gain self-esteem and 'confidence to meet physical, intellectual and emotional challenges' (Whitebread et al. 2012: 31). In short, children learn through playing and gain the confidence to engage in all other aspects of their lives, including formal education. *Inclusive*

The Right to Play

CRC (1989) Article 31 'States Parties' must:

...recognise the right of the child to rest and leisure, to engage in play and recreational activities

CRPD (2008) Article 30, 5d 'States Parties' must take appropriate measures to:

...ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system

FIGURE 1
The Right to Play in UN Human Rights Conventions.

educators, we argue, should value play. It is essential, however, that they understand the difference between *play-like* activities determined by adults and what is termed 'free play'.

There is widespread agreement amongst play experts that children gain most from *free* play. This is defined as play that is: a) pleasurable; b) has no extrinsic goals; c) is spontaneous and voluntary; and d) involves some level of player engagement[1] (Garvey 1990). Free play occurs when children decide 'what they want to do, how they want to do it and when to stop and try something else' (Santer et al. 2007: xi). It is play *free* of adult-agendas.

All disabled children have the 'right to play'. This right is enshrined within two international treaties (see Fig. 1) – the United Nations (UN) Convention on the Rights of the Child (CRC Article 31) and the UN Convention on the Rights of Persons with Disabilities (CRPD Article 30). Further, General Comment 17 on CRC Article 31[2] makes clear that play should be understood as 'free play' (the definition provided echoes that of Garvey 1990). It is, however, well-known that this right to free play is not being realised for all disabled children. In fact, disabled children are at greater risk of play deprivation and play bias (exclusion from the full play experience) (Hughes 2003).

Impairment-effects[3] (Thomas 2014), by which we mean restrictions children face that are *not* social in origin and are instead related to their physical,

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[1] N.B. There is no set level of 'engagement'. A blink of an eye may be meaningful engagement.

[2] A quasi-legal document that helps interpret this article.

[3] In this article we adopt a language of disability deriving from the social model of disability. This model distinguishes between 'impairment' and 'disability', understanding the former in terms of differences in mind or body (which may involve 'functional limitations') and the latter as socially created/produced and a form of social oppression. According to the

cognitive or neurological differences, should not be ignored. For example, it is important to understand how certain toys may be more interesting for children with visual impairments (Besio et al. 2017). That said, whilst impairments may bring 'challenges' in/to play, these can be overcome with imagination on the part of 'allies' (families, friends, professionals) and are often navigated creatively by disabled children. It is important to remember that disabled children have agency (Priestley 1998). As the authors of CRC General Comment 17 and the International Play Association (IPA) have recognised, the truly *disabling* barriers to play lie beyond the minds and bodies of children. The IPA (2015: np) describes these as resulting from: (1) 'inaccessible facilities and environments, negative attitudes and inappropriate social policies and programmes' and (2), 'the imposition of activities determined by adults' onto disabled children's play. These barriers are said to be 'universal'. How they manifest in local contexts is less well understood.

In the remainder of this article we do the following: first, we consider existing research evidence concerning disabling barriers to play. Second, we introduce the local contexts for our study – Taiwan (TW) and Hong Kong (HK) – and factors that at the outset of our study we believed were likely to condition TW and HK disabled children's access to and inclusion in free play and which we were able to explore in our study. Third, we outline our project's methodology. Fourth, we present and discuss our findings. Finally, we draw conclusions and identify questions for future research.

2 Disabling Barriers to play: knowledge to date

For a detailed narrative review of research into barriers to play for disabled children within the social environment we recommend Barron et al. (2017). In what follows we provide a succinct summary of existing knowledge.

The first thing to note is that barriers to play for disabled children often result from, or are compounded by, barriers they face in other aspects of their lives, starting with economic deprivation. Poverty affects the lives of many disabled children, globally (UNICEF 2013). A significant number of disabled children are denied access to basic services such as healthcare and education and are at higher risk of experiencing violence or abuse (ibid). The CRC General Comment 17 highlights disabled children's exclusion not only from school, but also from informal and social arenas where they might form friendships and

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social model of disability, 'disabled people' are people *who have impairments* and have been disadvantaged as a result of barriers in the social environment (e.g. economic, political, social, cultural, technological or other).

where play (and associated learning) takes place. It is not known how many countries have a national play policy or programme that references the needs of disabled children.[4]

Inaccessibility of built and natural environments and exclusionary design are the most frequently cited barriers to disabled children's play (e.g. Burke 2013; Dunn & Moore 2005; Law et al. 1999; Moore & Lynch 2015; Rigby & Gaik 2007; Rimmer et al. 2004; Olsen & Dieser 2015; Woolley 2013; Yantzi et al. 2010). Play-spaces that have unsuitable surfaces or lighting and lack appropriately designed play equipment can prevent disabled children from playing independently in outdoor public/community playgrounds. Such problems are often exacerbated by lack of understanding of universal design (Steinfeld & Maisel 2012) amongst policy-makers and urban planners. The expertise of disabled children and their families is not always recognised and they are seldom consulted adequately during playground design processes (Prellwitz & Tamm 1999; Woolley 2013). Disabled children have been found to self-exclude from poorly designed (or inadequately supported) play-spaces lest they be perceived to be less 'able' within those spaces (Prellwitz & Skar 2007) – a finding that we interpret as revealing the role of poor design in the process of internalised ableism. A difficult 'journey to play' (Stafford 2017) – insufficient, unsuitable or expensive public transport – noise and overcrowding when children are able to 'get to' a play-site are also known problems (Law et al. 1999; Rimmer et al. 2004).

Lack of space can impact negatively upon disabled children's play at home. Research has found insufficient space for wheelchairs to manoeuvre, or necessary pieces of equipment (e.g. hoists) leaving little room for play (Brotherson 2008; Connors & Stalker 2003). Late or no adaptations to a home (e.g. absence of a stair-lift) can reduce children's independent mobility, impacting on their play. Toys are seldom designed to be accessible by children with a wide range of abilities and 'adapted' toys often offer limited play options, lacking the degree of challenge for pleasurable play experiences (Kuhaneck et al. 2010). Toys matched to children's abilities might not be age-appropriate (ibid). If the only toys a child can access are designed for younger children, this may become a barrier to their inclusion within their peer-group (ibid).

Attitudes held by non-disabled peers can lead to exclusion of disabled children from play (Mencap 2007; Spencer-Cavaliere & Wilkinson 2010). The

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[4] Play Policies exist that reference the play needs of disabled children. For example, Wales (UK) has Statutory Guidance in place entitled "Wales – a Play Friendly Country" (2014). This requires local authorities (local government) to enable access to and inclusion in play for disabled children. https://gov.wales/sites/default/files/publications/2019-07/wales-a-play-friendly-country.pdf (viewed 24/02/19). Research is needed to determine how many other countries have similar policies in place and their effectiveness.

addition of 'accessible' elements to playgrounds (e.g. wheelchair swings), if not carefully positioned, have been shown to lead to further segregation, even stigmatisation, if perceived to be '*special* things for *special* children' and not fun for all (Dunn & Moore 2005). Negative peer attitudes have led to disabled children becoming withdrawn, anxious or depressed (Baumeister et al. 2008; Contact a Family 2012). Disabled children are more likely to be bullied than other children (Connors and Stalker, 2003; McLaughlin et al. 2016). Disabled children do sometimes display bullying behaviours, but this is often an impairment-effect not understood by other children (e.g. a child might play roughly, accidentally hurting another child), or may be their response to bullying (Contact a Family 2012). Both reasons require sensitive management of play situations by adults, which does not always happen (ibid).

Adult attitudes and behaviours can also become barriers to disabled children's play. Exaggerated perceptions of the 'risk' of play for disabled children have been found amongst staff at outdoor play-sites (Andrews 2012; Ludvigsen et al. 2005) and some parents of disabled children (Connors & Stalker 2003; Schleien et al. 2014). Not all such concerns are unfounded, but over-protection ('bubble-wrapping') can constrain children's free play. This can also be a problem in the school-setting, where play studies reveal that teachers who are 'risk-averse' limit disabled children's opportunities to make choices, take risks, embrace challenges and make friends (Ozen et al. 2013; Richardson 2002). Finally, there is evidence that some adults consider play to be 'frivolous or disposable' if their focus is on making sure that disabled children participate in therapeutic regimes (Sense 2016: 21). Such regimes may take up so much of a child's time 'that opportunities for spontaneous play can be seriously limited' (ibid: 21).

One response to the latter problem has been to make such regimes *playful* or *play-like*, but this has led to one of the thorniest barriers facing disabled children in/to their play: 'adulteration' (Else & Sturrock 1998; Hughes 2012). Play 'adulteration' is contamination of play by adult agendas. Influential play theorist Sutton-Smith (1997) provided a deconstructive account of major 'play rhetorics'. These play discourses, he argued, reflect the way that play is influenced or positioned in relation to broader value systems. Play rhetorics matter because those who maintain them benefit from 'the exercise of hegemony over the players' (ibid., 16). He concluded that the dominant play rhetoric of the 20th Century (clearly continuing into the 21st) was 'play-as-progress', a work-ethic repurposing of play. Whilst not dismissing all work in this vein, he was concerned that the rhetoric is problematic when it serves 'adult needs rather than the needs of children' (ibid: 42). Literature suggests that the adult-need this rhetoric prioritises today is the production of a certain 'neoliberal-ableist' ideal child/young person and future citizen who possesses particular abilities – is self-sustaining, rational, productive and entrepreneurial (Goodley 2014; Slater 2015).

Disability Studies researchers have found that this 'play-as-progress' rhetoric – which positions play as a means for 'normalisation' towards this neoliberal-ableist 'ideal' – has been overly present in the lives of disabled children, at least in the West. Goodley and Runswick-Cole (2010) have explained how disabled children are especially likely to be considered by adults as 'deficient' in the abilities necessary for idealized forms of play. As a result, they are subject to significant adult intervention *in* and surveillance *of* their play-activities. Internationally, there is a veritable industry devoted to assessing children's play, especially that of disabled children. A raft of assessments emanating from the medical and psy-sciences is available to measure children's stages of development or social competence via play, evaluate their 'play skills', determine their 'play-age' or detect 'play dysfunctions'. Many are problematic because they employ a deficit-model approach to disabled children, are concerned with their 'normalisation' and concentrate attention on the effects of impairment/s rather than the disabling barriers children face. We are reminded of Hacking's (2006: 3, 11) comment that the medical and psy-sciences employ various 'engines' in a process of 'making up people', trying 'to make unfavourable deviants as close to normal as possible'. These play-assessments might be considered examples of such 'engines' – they 'make up' the 'play-dysfunctional-child' and seek to manage these unfortunate 'deviants'. They are absolutely *not* concerned with children's right to play, understood as a self-directed activity.

Whilst this critique may seem 'radical', it is gaining momentum. Researchers, including from the psy-sciences, are now calling for greater recognition of the value of 'play-for-the-sake-of-play' in the lives of disabled children (Besio 2017) – a call for better balance. Disabled children have a right to high-quality healthcare, rehabilitation and education. Such activities should, wherever possible, be playful, but it is essential to recognise that enabling children's free play is equally important and should not be viewed as a frivolous distraction that 'takes away' from the more 'serious' business of rehabilitation or education. Enabling free play is about giving children opportunity to learn and develop skills, confidence and self-esteem in an informal way, via participation in activities they lead and enjoy and which contribute to their emotional wellbeing.

Existing research thus shows that disabled children face economic, physical, attitudinal and ideological barriers to free play. A final point is that these barriers operate in assemblage (Feely 2016), with other barriers and with more enabling factors. Together, these components disable or enable free play. For example, ensuring that playground equipment is physically accessible for a child with physical impairments will not guarantee inclusion in play if the child cannot get to the playground due to lack of affordable and accessible transport, or if other children using the playground are inconsiderate of, or unfriendly towards the child. Addressing one type of barrier without addressing all that are in operation in any given play event, is unlikely to result in meaningful inclusion in play for a disabled child.

3 Play in Context: Taiwan and Hong Kong

In this section we consider play for disabled children in the context of Taiwan (Republic of China) and Hong Kong (Special Administrative Region of People's Republic of China). Accessing data about disabled children in TW and HK is challenging, as it is about disabled children around the world. The precise number of disabled children in these locations is unknown. The best available figure for TW is the number of children eligible for special educational services which, in 2018, was 87,444 across elementary, middle and high schools, with 5,953 attending Special Schools (Special Education Transmit Net 2018). In HK, the number of disabled children is said to be 20,600 (Special Report No.62: 43, Table 5.1b), but this only includes children aged 15 and under. The majority of disabled children in HK attend Special Schools or 'Special Classes' (units) within Mainstream Schools.[5]

Disabled children and their families are amongst the most disadvantaged members of both societies. Welfare provision in TW and HK has grown over time, yet the expectation that families and 'goodwill' donations will play a significant part in supporting disabled children and adults continues (Chang 2017; Chiu & Wong 2005). In HK, for example, disabled people have higher poverty rates in each age group than non-disabled people and, in 2013, it was reported that 80% of the disabled people are covered by the social security system (Government of HKSAR, Hong Kong Poverty Situation Report on Disability 2013). Over the past 20–30 years the situation for disabled people and their families has deteriorated due to rationalisation, retrenchment and marketization of welfare services in TW and HK. This shift, combined with a widening rich-poor divide has resulted in an unjust distribution of social welfare. In TW,

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[5] The differences in numbers of disabled children in Taiwan and Hong Kong is of course a reflection of the different sizes of their populations, which in 2019 are 23,758,247 (Taiwan) and 7,490,776 (Hong Kong) www.worldometers.com (viewed 02/03/19).

for example, Chang (2017) found that it is urban, middle-class families who have the best access to social services.

In TW, early assessment of the needs of a child and 'interventions' are usually only medical and families have to locate and fund additional services for their child e.g. respite care (Chang & McConkey 2008). Chou and Kröger (2017) found that new disability assessments in TW remain highly medicalised, social participation is not being considered, professionals dominate the process and user-perspectives are being ignored.

Culturally, whilst there are differences between the populations of TW and HK resulting from their divergent histories, there are many similarities. Both populations are predominantly Han Chinese and the influence of Confucianism may have some bearing on attitudes towards play and disability. Bai (2005) describes Confucianism's 'antagonistic' attitude towards children's play, with it traditionally being viewed as opposite to learning. Shek & Chan (1999) explain how traditional Chinese cultural beliefs perceive the 'ideal child' to be studious, not playful. Younger generations are questioning this belief, but its influence lingers. Lin and Li (2018) found that Chinese parents were more likely to support young children's play as teachers, rather than as playmates. Having well-educated, high-achieving children is very important in TW (Chang, 2017; Chou 2014) and HK (Leung & Shek 2011; Shek & Chan 1999) and this shapes the attitudes of educators. Tsai's (2017) study of TW preschool educator's views on play concluded that educators recognised the value of play as a source of 'happiness' for children and as key to child development. Nevertheless, in their practices they prioritised the latter to such a degree that their students were 'not given the enough play time to discover and explore things on their own' (ibid: 157). Educators were at risk of 'imposing their views of *appropriate* play upon their children' (ibid 158, our emphasis). In Chinese societies, disabled children and their families exist, therefore, in wider cultures that have not, traditionally, valued play. Even when the value of play is recognised, the temptation to 'intervene' to ensure it is 'suitably productive' is strong.

How disability is understood within Chinese communities is also potentially relevant. Traditionally, disability has been viewed as resulting from the misdeeds of parents or ancestors (Miles 2002) and/or the result of 'karma' (Huang et al. 2009). Historic terms for disability in Mandarin – *cánfèi* (殘廢) and *cánjí* (殘疾) – translating as 'maimed', 'crippled', 'deformed' and 'ill' carry strong, negative, moral meanings (Kohrman 2005) associated with a lack of human worth ('good-for-nothing') (Chiu 2013). In recent years, these terms have been replaced by a less offensive term – *zhàngài* (障礙) – meaning impairment and barrier, yet the HK government still employs the term cánjí (Disability Discrimination Ordinance Section 2 i) and Chiu (2013) found that older understandings persist in TW.

Traditional beliefs result in disabled people and their families experiencing stigma (Goffman 1963). These beliefs are being countered by/amongst younger populations, yet the issue of 'saving face' and risk of family disgrace associated with having a disabled child persists to some degree in both places. Chang (2009: 40) found that in TW, 'family members of developmentally-delayed children usually confine themselves to the private family sphere and are unwilling to seek public support' due to stigma.

Managing without sufficient welfare provision (social care support), navigating cultural pressures for children to be academically successful and battling against social stigma are not the only pressures families face which are likely to condition disabled children's enjoyment of the right to play. Families need time to play together and/or to support their disabled children to play, yet TW and HK have some of the longest working-hours in the world (China Daily 2016). Families also need suitable space to play – at home and in public/community settings. Space is not always available to families in the highly urbanised societies of TW and HK.[6] Urban population densities are extremely high in HK and very high in urban locations in Taiwan, especially in the capital city Taipei.[7] Further, in both places families encounter difficulties securing accessible accommodation. Chan et al. (2009) highlighted inadequacies in accessible housing provision for disabled people in HK. The 2017 'Concluding Observations' of the International Review Committee on TW's adherence to the UN CRPD expressed concern about the lack of accessible housing.

Barriers to play within the home make public play-space even more important, yet here too there are problems. In TW, many children's playgrounds have been built since the 1970s yet, twenty years later, Pan (1994: 47) found that 'most children tend to play indoors because of the limited size or location of playgrounds'. Recently, there has been a drive to build large-scale inclusive playgrounds, especially in Taipei, but the concept has yet to be rolled out across the country and to small-scale playgrounds (Chen et al. 2014). In HK, many families rely on urban parks/playgrounds because the city's country parks are on the outskirts and not very accessible. The HK Planning Standards and Guidelines (2015) detail extensive requirements for accessibility, visibility, safety, 'integration' and fostering of community spirit within children's playgrounds and for disabled children's needs to be considered in terms of playground location, design and activities. Despite this, critics suggest that HK's planning decisions are 'characterised by efficiency and economy' managerialism

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[6] 100% of the HK population is urban-dwelling. In TW the figure is 77.7% . http://www.worldometers.info/ (viewed 23/03/19).

[7] See http://www.worldometers.info/ and http://worldpopulationreview.com/countries/taiwan-population/ (viewed 23/02/19).

(McCay & Lai 2018: n.p.). Insufficient budget allocation to the Leisure and Cultural Services Department (LCSD) has resulted in a tendency towards easy-to-maintain landscapes in HK parks and playgrounds. Urban designers and architects interviewed by McCay and Lai (2018: n.p.) said that the result is 'concrete, no shelter (…) really quite bleak places', '(e)verything's designed to be cleaned with bleach', 'they don't want any fun or interesting things happening', 'it's highly regulated – there are lots of rules against things like eating, using a scooter, playing with a ball' and 'there are thirteen "not allowed" signs in every park'. Siu et al. (2017: 172) refer to a 2016 report from the HK Committee for UNICEF who found that only 4.5% of HK playgrounds are equipped with inclusive facilities (*no list of facilities is provided*). The UNICEF project[8] assessed HK playgrounds according to principles of 'universal design' and spoke to parents who expressed, for example, frustration that they could not find a merry-go-round suitable for their child, there was only one type of slide or swing available in most playgrounds, and no grassland, sand or water to enrich the sensory experience of children. On the basis of their own research, Siu et al. (ibid) conclude that: 'the inclusiveness of playgrounds and play spaces is not well addressed in Hong Kong'.

To conclude this section, it is instructive to consider reports into the performance of TW and HK governments vis-à-vis their UN CRC and CRPD commitments. China – as UN Member State, which includes HK – has signed and ratified both conventions. Taiwan, whilst not a UN-recognised State, has given effect to both of these human rights treaties via domestic legislation (via the Enforcement Act of the Convention on the Rights of the Child 2014 and Convention on the Rights of Disabled Persons Implementation Law 2014). The Concluding Observations of the CRC Committee on China 2005 make no specific mention of disabled children's 'right to play', but advise the HK government to reduce the competitiveness of the education system and promote the right of *all* children to play and leisure, recommending that parents be appropriately 'sensitised'. TW has established its own scrutiny committees of international experts to assess its performance in relation to the UN CRC and CRPD. In 2017, TW's CRPD committee expressed concern about the government's medicalisation of disability. They recommended that the government view disabled people as rights holders. In relation to CRPD Article 30, they highlighted concerns regarding discriminatory regulations and practices in parks and amusement centres and lack of access to playgrounds. The 2017 report from TW's CRC committee expressed concern about the long hours all children spend in school and educational activities outside school and their lack of

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[8] See https://www.unicef.org.hk/en/unicef-hk-and-playright-urge-for-more-inclusive-playground-for-the-all-round-development-of-children-with-disabilities/ (viewed 23/02/20).

time for sleep and play, with negative implications for their mental health. They proposed that parents be sensitised about these matters. Further, they recommended that the TW government implements the recommendations of the CRPD report, collect accurate, disaggregated data about disabled children, ensure that they receive appropriate services and have access to meaningful play. They highlighted the need for more playgrounds in urban locations, emphasising that these should be for children of all abilities.

4 Methodology

We now briefly describe the approach we took to our study.[9] At the outset we state that we do not consider parents' views to be 'proxies' for those of their children. We acknowledge the methodological lessons from previous studies revealing that parents and disabled children do not always perceive things similarly, with parents tending to view the lives of their disabled children more negatively than the children themselves (see Connors and Stalker 2003, 2007). It is also difficult to assess from parental responses the genuine abilities of their child in play, or other situations, given that there is evidence that some parents exhibit over-protection and over-sympathy (e.g. see Elshabrawy and Hassanein 2015 in Egyptian context) or hold lower expectations of their child which limit the child's achievements/capacities (e.g. see McCoy et al. 2016 in Irish context). As we develop further lines of research we will strive for disabled children's deep level of engagement (Tisdall 2012), to capture their experiences of and aspirations for play and establish if there are any differences between their accounts and those of their parents. The study reported here represents the first stage in a programme of research that will combine the views of disabled children with those of significant others in their lives, carefully and ethically.

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[9] Ethics Statement: the team verified that ethical scrutiny from the University of Leeds was sufficient for this research to be conducted in the jurisdictions of Hong Kong and Taiwan. The project was reviewed by the Chair of the Business, Environment and Social Sciences joint Faculty Research Ethics Committee, University of Leeds, UK. It was deemed low-risk, involving only adult-respondents, not targeting any 'vulnerable groups' (as per official categories), not requesting sensitive information, using an opt-in methodology (which adopted best-practice in providing project information and a consent process as part of the online survey) and fully adhering to the British Sociological Association's Research Ethics Guidelines. The Chair of the Ethics Committee determined that the project did not require further ethical evaluation and we were given clearance to proceed.

Data from parents of disabled children was collected via an online questionnaire (on Qualtrics®). Opportunity sampling was employed. This was the only viable approach given the absence of reliable registers of disabled children in TW or HK. An invitation to take part in our study was circulated via networks of/for parents of disabled children (i.e. Facebook groups, instant messenger group chats and listservs). Table 1 provides respondent demographics. We make no claim that the resulting samples are 'representative' of parents of disabled children or, by proxy, of the populations of disabled children. Further, we acknowledge the possibility that those who agreed to take part in research may be a distinct group. Again, methodological lessons from previous research suggest that parents keen to share their perspectives may be more critical of prevailing disability discourses (Goddard et al. 2000) or may be 'daring mountain climbers' facing challenges associated with parenting a disabled child with determination (Fleischmann 2004: 35). There is no easy way to mitigate the consequences of adopting an 'opt-in' mode of survey administration; we can only be open about this issue/possibility.

The survey adapted some questions from an earlier Europe-wide questionnaire undertaken by a COST Action Network[10] for which Beckett and Encarnação were Executive members. Most questions were, however, newly designed. Questions were written in English then translated into Mandarin by Chiu and Ng. Time was taken to ensure culturally sensitive phrasing. Qualitative data from the survey was translated from Mandarin into English by Chiu, verified by Ng, prior to analysis. Translation involves interpretation. We acknowledge that some nuance may have been 'lost in translation'. This limitation is less significant, however, within a predominantly quantitative study.

The Survey contained 34 questions, of different types: demographic, word-association, multiple-choice, multiple-selection, Likert-scale and rank order. Most were close-ended. A few open-ended questions allowed for deeper responses. The survey was piloted with a small group of parents in TW to ensure that it was of appropriate length and clarity.

After initial data screening, 85 cases from TW and 59 cases from HK were removed because they contained more than 15% missing data (Tabachnick & Fidell, 2007) – this left 88 responses from TW and 61 from HK. Data from each location was analysed separately. Quantitative data was analysed using IBM SPSS®. The small sample sizes precluded use of inferential statistics, thus purely descriptive statistics were generated. Quantitative content analysis was

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[10] COST Action TD1309 Play for Children with Disabilities – 'LUDI'. https://www.ludi-network.eu/ (viewed 09/07/20). See Allodi-Westling and Zappaterra (Eds) (2019) for details of survey.

TABLE 1 Respondent Demographic Information

Demographics	**TW**		**HK**	
	N	**Percentage**	*N*	**Percentage**
Relationship with child				
Father	5	5.7%	5	8.2%
Mother	80	90.9%	53	86.9%
Grandparent, guardian, or other	3	3.4%	3	4.9%
Age-group of child				
Pre-school (0–6)	44	50%	21	34.4%
School Age (7/12)	44	50%	40	65.6%
Gender of child				
Male	56	63.6%	46	75.4%
Female	32	36.4%	15	24.6%
Child's impairment/s (N.B. respondents were able to select more than one impairment category. Percentages add to more than 100%, reflecting the fact that some children had multiple impairments. Impairment categories are those Chiu and Ng determined were most familiar to/used by parents in TW and HK[a]).				
Intellectual/cognitive impairment	36	40.9%	12	19.7%
Sensory impairment	7	8.0%	10	16.4%
Communication/language impairment	31	35.2%	22	36.1%
Physical impairment	35	39.8%	4	6.6%
Autism/neurological difference	35	39.8%	33	54.1%
Learning and behavioural difficulties (e.g. ADHD)	2	2.3%	12	19.7%
Other, including 'rare diseases'	5	5.7%	5	8.2%
Type of school-setting of child (N.B. one respondent in TW sample did not respond to this question, hence percentages do not total 100%).				
Home-schooled	7	8.0%	0	0.0%
Special School/Centre	22	25.3%	16	26.7%
General Education School (including special class and resource room in regular school)	58	66.7%	44	73.3%

[a] They determined this in Taiwan with reference to categories adopted within Article 3 of the Special Education Act, 2019 and Article 5 of the People with Disabilities Rights Protection Act, 2015; in Hong Kong with reference to categories adopted by the Census and Statistics Department, Hong Kong Special Administrative Region (see e.g. https://www.statistics.gov.hk/pub/B71501FB2015XXXXB0100.pdf, viewed 23/02/20); *and* according to feedback from parents who were part of piloting the survey.

employed for the word-association question, identifying categories of response (qualitatively, according to themes), then counting the number of responses that 'fit' each category. Qualitative data was analysed thematically (Braun & Clarke 2013).

5 Survey Findings[11]

5.1 *Parental Perspectives on the Value of Play*

In TW and HK, 98% (TW n=86; HK n=59) of parents said that they believed it was 'important' or 'very important' their disabled child has opportunity to play. Parents were asked to select all 'relevant to my child' from a list of well-established (in Play Studies) 'benefits' of play. The list included benefits for children's 'health', 'physical development', 'cognitive development', 'making friends' and 'happiness'. Parents were asked to rank these on the basis of their perception of their relative importance for their child. Well over half of TW (n=51, 58.0%) and HK (n=41, 67.2%) parents chose *all* of the suggested benefits of play and 71.8% (n=61) of TW and 75.9% (n=44) of HK parents ranked 'happiness' first or second. These findings suggest that most parents in TW and HK recognise that play has multiple benefits for their children, including value for emotional wellbeing – an interesting finding given that research shows that parents elsewhere do not always recognise the importance of play for disabled children, some seeing it as a 'frivolous' distraction from therapeutic interventions (Sense 2016).

These findings are supported, to some degree, by responses to a word-association task. Parents were asked to list three words (or short phrases) that came to mind when they thought about their disabled child at play. Words/phrases associated with 'happiness' were the most often cited by parents in both locations e.g. '*happy smiles…happy mood*' (TW) and '*happy and delightful childhood*' (HK). We must strike a note of caution, however: happiness-terms represented less than a third of words/phrases used by parents in either location (see Tables 2 and 3). Additional qualitative research is needed to understand *why*.

TW parents were more likely than HK parents to mention concerns such as '*would she fall and get hurt?*'; evidence of an anxiety over safety that has been found amongst parents elsewhere in the world (Connors & Stalker 2003; Schleien et al. 2014). TW parents were also more likely than HK parents to

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[11] In this findings section the reader can assume that the response rate was over 90% for questions, *unless otherwise stated*. Percentages are given with respect to the total number of respondents for each question.

TABLE 2 Word Association TW

TW

83 responses. 94.3% response rate. 252 distinct words or phrases.

Parent Response Category	N	%
Happiness	53	21.0
Toys/Games	39	15.5
Child Development	37	14.7
Safety	23	9.1
Playgrounds/Parks	11	4.4
Friendship	10	4.0
Collaboration/Interaction	9	3.6
Relaxation	6	2.4
Creativity	3	1.2
Exploration	3	1.2
Health	3	1.2
Miscellaneous	55	21.8
TOTAL	252	100

mention developmental 'functions' of play e.g. '*rehabilitation in games*', '*working with mind and hands*', '*motivation and development*', '*comprehension and focus*'. We will return to this issue later.

The majority of parents in both locations said they preferred inclusive playspaces (for children of all abilities) for their child: 73.9% (TW *n*=65) and 88.5% (HK *n*=54). Parents were given the opportunity to explain their choice. Parents who preferred 'segregated' playgrounds (for disabled children only), tended to say that they are safer. Analysis revealed three main reasons parents prefer inclusive playgrounds. Inclusive playgrounds:

- **Enable disabled children to make friends with and enjoy the company of non-disabled children** e.g. '*can play with ordinary* (*sic*) *children*' (HK), '*less boring when you have normal* (*sic*) *students by your side'* (TW).
- **Are important for social inclusion** e.g. *'hope to attain social inclusion'* (HK), *'more contact, more understanding, more tolerance', 'so they* (…) *have opportunities for inclusion'* (TW), *'important life experience to allow children with and without disabilities to be with each other'* (TW).

TABLE 3 Word Association HK

HK		
54 responses. 88.5% response rate to question. 147 distinct words or phrases.		
Parent Response Category	**N**	**%**
Happiness	33	22.4
Friendship	12	8.2
Toys/Games	12	8.2
Child Development	11	7.5
Playgrounds/Parks	10	6.8
Physical Activity/Game	8	5.4
Creativity	5	3.4
Health	5	3.4
Relaxation	5	3.4
Safety	3	2.0
Freedom	2	1.4
Collaboration/Interaction	2	1.4
Miscellaneous	39	26.5
TOTAL	147	100

- **Help prevent disabled children feeling 'different'** e.g. '*don't want to make him feel that he's a special kid*' (HK), '*the kid has his pride, he doesn't want to stand out*' (TW), '*make him/her feel like he/she is no different from others*' (TW).

A theme arising *only* amongst TW parent's responses was the idea that inclusive playgrounds are helpful for child development, rehabilitation and normalization e.g. '*more stimuli for my kid's physical development*'; '*I hope she could be like other normal children*'. There was a suggestion here of the 'play-as-progress' rhetoric (Sutton-Smith 1997) and concern for 'normalization' through play (Goodley & Runswick-Cole 2010).

Why TW parents were more likely to perceive play in this manner is unclear. In qualitative responses across several survey questions, TW parents employed psycho-educational terminology (e.g. 'socialization', 'comprehension', 'generalization'). TW has a well-established, Americanized self-help industry. Books on parenting regularly appeared in the top slots of self-help bookseller rankings

1995–2001 (Hendriks 2016). Without further discussion with parents we can do no more than speculate that herein may lie the explanation. We also wonder whether this is a sign of that neoliberal mode of governing that Rose (1999) and Hacking (2006) describe, whereby subjects are 'made up' by themselves and others, in this case disabled children by their parents, who in turn are being 'made up' via the popular science of parenting.

We would, however, be more worried if TW parents described the value of play *only* in terms of normalization. They do not. Further, it is positive that parents recognise that play is not a frivolous activity that takes children away from more 'purposeful' tasks. That they recognise it as an important means for/site of informal learning is encouraging. What we cannot say from our study, however, is whether the value-of-play narrative in TW requires rebalancing to encourage parents to recognise, *fully*, the value of free play – of 'play-for-the-sake-of-play' (Besio 2017). This may be the case, but further research is needed.

5.2 *Disabled Children's Play: where and with whom?*

5.2.1 Where

With regard to where their child likes to play, 'outdoors' (but not in purpose-built playground) was the most popular answer from TW and HK parents, followed by at home and then at school. Less than a third of parents in either location said that their child enjoys playing in a community playground (see Table 4).

TABLE 4 Where my child likes to play (multiple-selection question)

Location for play	**TW**		**HK**	
	N	**Percentage**	***N***	**Percentage**
Outdoors	76	87.4%	53	86.9%
Home	56	64.4%	45	73.8%
School playground	40	46.0%	26	42.6%
Community playground	24	27.6%	16	26.2%
Any other location	3	3.4%	3	4.9%

5.2.2 With Whom

Just over half of TW parents reported that their child plays with other children 'every day or a few times per week' (*n*=50, 56.8%). In HK, the figure was lower at 34.4% (*n*=21), but 45.9% (*n*=28) of parents said that their child does play with other children 'occasionally'. In TW, the corresponding figure was 26.1% (*n*=23). It is positive that parents report that their children are having opportunity to play with peers, since research has shown that this is not always the case, internationally. Tamm and Skär (2009), for example, found that children with restricted mobility living in Sweden were more likely to play alone or with adults, in a variety of contexts.

Over half of parents in both locations said that *they* play with their child 'every day', or 'several times a week' (TW *n*=49, 55.7%; HK *n*=34, 55.7%). It was notable, however, that around a quarter of TW and HK parents reported that they play with their child only 'occasionally' or 'never' (TW *n*=21, 23.8%; HK *n*=17, 27.9%). We consider the impediments parents identified as preventing them being able to spend more time supporting their child's play in the following section.

A multiple-selection question asked parents whether any of the following groups assisted their child to play:

- Teachers
- Other Staff at School
- Occupational Therapists (OTs)
- Physiotherapists
- Playworkers
- 'Others' (to be specified)

In TW, teachers (TW *n*=69, 79.3%), OTs (*n*=59, 67.8%), physiotherapists (*n*=39, 44.8%) and other staff at school (*n*=33, 37.9%) were most often identified, with playworkers and 'others' only occasionally mentioned (including psychologists and speech and language pathologists [sic]). In HK, parents identified teachers (*n*=34, 57.6%), other staff at school (*n*=29, 49.2%), OTs (*n*=26, 44.1%) and playworkers (*n*=15, 25.4%), with physiotherapists and 'others' only occasionally identified (including social workers and speech and language therapists). In TW, 85.2% (*n*=75) of parents and, in HK, 84.8% (*n*=50) of parents were 'satisfied' or 'very satisfied' that these professionals understood the play needs of their child. Exploring whether these professionals are supporting children's *free* play, as opposed to *play-like* activities, was beyond the scope of the survey and warrants further investigation.

Interestingly, it was only amongst TW parents that any reference was made under the ‘other’ category to non-professional groups. One respondent said that ‘*my own friends – people who know about my child*’ supported their child in/to play; another mentioned ‘*parent support group members*’. Too few comments like this were made for us to be able to conclude that parents’ friends or parents’ associations play a significant role in supporting disabled children’s play in TW. This was nevertheless an intriguing finding, not least because support for disabled children’s play provided by family friends and/or of peer support networks of/for parents has yet to be researched internationally.

5.3 *Barriers to Disabled Children’s Play: parental perceptions*

A series of questions encouraged parents to reflect upon barriers their children face in/to their play. In what follows we present statistical data plus qualitative comments parents made in a ‘free text’ final part of the questionnaire, where they were invited to convey additional observations to the research team.

An important finding was that even when provided with an opportunity to do so, very few parents in TW or HK identified impairment-effects (Thomas 2014) as a barrier to their child’s play. From this we surmise that most parents perceive the main barriers to play for disabled children to exist beyond the mind/bodies of their children, within the social environment.

5.3.1 Social Attitudes

Social attitudes were identified as a major barrier. We infer from this that the problem of ‘stigma’ towards disability which, as previously discussed, persists in Chinese societies (Miles 2002; Kohrman 2005; Huang et al. 2009; Chiu 2013), *is* conditioning disabled children’s access to and inclusion in play. Echoing findings of research elsewhere (e.g. see Contact a Family for research in UK 2012) 69.8% (n=60) of TW and 68.3% of HK parents (n=41) said that the ‘negative attitudes or lack of understanding of other children’ were a barrier to their child’s play. The degree to which parents felt that this was ‘intentional’ exclusion by non-disabled children was signalled by the 44.8% TW parents (n=39) and 50.8% HK parents (n=31) who agreed the statement: ‘other children are sometimes unkind and unfriendly to my child’. 56.3% TW parents (n=49) and 55.7% HK parents (n=34) also reported that other children infrequently or never ask their child to play with them. 45.3.0% (n=39) of TW and 50.0% (n=30) of HK parents said that the attitudes of adults were also problematic. ‘Free text’ comments from parents relating to attitudinal barriers included that ‘*community education*’ was needed ‘*so that citizens may know and accept*’ disabled children (HK) and that ‘*caring for the minority communities*’ (HK) and ‘*empathy*’ (TW) ought to be promoted within society.

5.3.2 Home Environment

Interesting insights were gained from questions exploring parents' level of satisfaction with the: home environment as a play-space; toys their child has at home; accessibility to and within their local community playground for their child; and the safety of their local community playground. Tables 5 and 6 summarise responses to these questions.

TABLE 5 Level of Satisfaction Play in Home and Community Playground TW

100% response rate to questions	**Very dissatisfied**		**Dissatisfied**		**Satisfied**		**Very Satisfied**	
	n	**%**	***n***	**%**	**n**	**%**	***n***	**%**
Home								
Space	5	5.7%	31	35.2%	45	51.1%	7	8.0%
Toy	2	2.3%	24	27.3%	52	59.1%	10	11.4%
Community Playground								
Accessibility to and within playgrounds	5	5.7%	29	33.0%	51	58.0%	3	3.4%
Safety	8	9.1%	48	54.5%	30	34.1%	2	2.3%

TABLE 6 Level of Satisfaction Play in the Home and Community Playground HK

100% response rate to questions	**Very dissatisfied**		**Dissatisfied**		**Satisfied**		**Very Satisfied**	
	n	**%**	***n***	**%**	**N**	**%**	***n***	**%**
Home								
Space	5	8.2%	28	45.9%	27	44.3%	1	1.6%
Toy	0	0.0%	10	16.4%	48	78.7%	3	4.9%
Community Playground								
Accessibility to and within playgrounds	2	3.3%	12	19.7%	46	75.4%	1	1.6%
Safety	1	1.6%	15	24.6%	44	72.1%	1	1.6%

The majority of respondents in both locations were satisfied that their child had access to suitable toys. That almost a third of TW parents (n=26, 29.5%) indicated that they were 'dissatisfied' or 'very dissatisfied' with toys their child has at home, is, however, worthy of further investigation. Existing research suggests that parents elsewhere in the world often struggle to find suitably accessible, age-appropriate toys (Kuhaneck et al. 2010). Understanding the nature of TW and HK parents' concerns in this regard will be important.

As we anticipated, given the high-density urban populations of both TW and HK, insufficient space for play in the home was highlighted by parents. As Table 5 indicates, just over 40% (n=36) of TW parents indicated that this was a problem facing their family and child. As Table 6 shows the issue is more acute in HK, where over half of parents (n=33, 54.1%) said that they were either 'dissatisfied' or 'very dissatisfied' in this regard.

5.3.3 Community Playgrounds

With regard to local playground accessibility and safety, whilst there were HK parents with concerns in this regard, the majority were content that community playgrounds were accessible and safe. We were surprised by this result, given that research suggests that HK playgrounds do not tend to be 'inclusive' (Siu et al. 2017). We must strike a note of caution here, however, because only 6.6% (n=4) HK parents reported that their child had physical impairments. It is possible that had a larger proportion of HK respondents been parents of children with such impairments, the findings would differ. Further, a 'free text' comment made by a HK parent was revealing:

> *Places for children's play are too small and too far away. Space in parks with sensory play facilities is too small.*

Whilst a majority of TW parents were content that community playgrounds were accessible, just over a third were 'dissatisfied' or 'very dissatisfied' in this regard (n=34, 38.6%). A 'free text' comment made by a TW parent provides useful insights:

> *Most park entrances are gated to prevent scooter riders entering, but it also keeps people with physical disabilities out.*

A majority of TW parents were 'dissatisfied' or 'very dissatisfied' with local playground 'safety' – 63.6% (n=56). As previously mentioned, TW parents appear to be particularly concerned about safety. To what extent this reflects *actual* safety risks, or *perceived/imagined* risks and parental anxieties requires further investigation.

5.3.4 Time to Play

Responses to a question about whether their child has sufficient time to play were almost identical between the TW and HK surveys. Half of parents responded 'yes' and half 'no' (TW 'yes' *n*=45, 51.1%, 'no' *n*=43, 48.9%; HK 'yes' *n*=31, 50.8%, 'no' *n*=30, 49.2%). 53.7% (*n*=47) of TW and 52.5% (*n*=32) of HK parents reported that their child plays for less than an hour a day. Over a third of parents in TW (*n*=33, 38.4%) and in HK (*n*=26, 43.3%) stated that other commitments of their child (e.g. educational, rehabilitative, otherwise therapeutic) limited their play time. This finding is important, because it reveals that the UN CRC General Comment 17 (2013: point 41) statement that many disabled children's 'right to play' 'is restricted by the imposition of adult-decided activities, including, for example (…) rehabilitative activities' is relevant in/to TW and HK.

TW and HK parents also reflected on the impact on children and parents of living in societies that prioritise academic achievement (Shek & Chan 1999). This was a particular concern amongst HK parents, as their 'free text' responses indicated (quotes from different parents):

> *The child has high study pressure. Parents feel troubled. Relationship is affected and so is the child's self-esteem and self-confidence. Through play, children can release some of the pressure. Hope that the government can adjust the aims of education and let children have real time to play.*
>
> *Parents and children with learning disabilities are very much troubled by daily homework.*
>
> *Children of the same age have great study pressure. Other parents have arranged too little play time, therefore it's difficult to find playmates.*

In the previous section we highlighted that around a quarter of TW and HK parents said they play with their child only occasionally or never. Here we consider possible reasons for this. One explanation may be time-poverty. Over half of respondents (TW *n*=52, 59.1%; HK *n*=39, 63.9%) stated that they did not have enough time to support their child's play. Employing within-method triangulation, a multiple-selection question asked parents for further details regarding impediments to their time. We were keen to explore whether the long working-hours culture of TW and HK and/or the family-based welfare system put pressure on families, squeezing out time to support disabled children's play. This was one of the least well-answered questions, the response rate being only 59.1% in TW and 60.7% in HK. We are thus wary of over-stating our findings. Nevertheless, we suggest that the findings do support our initial suppositions.

TW parents identified as impediments 'housekeeping' (*n*=42, 80.8%), followed by 'taking care of other children and family members' (*n*=35, 67.4%) and then 'work' (*n*=25, 48.1%). One TW parent made the following 'free text' comment: '*I'm just very tired from caregiving*'. In the HK sample, respondents were most likely to identify 'work' (*n*=24, 64.9%) as the main barrier, with 54.1% (*n*=20) of the respondents also identifying 'housekeeping'.

Most respondents from TW and HK were mothers (see Table 1). Whilst more women have been taking up paid employment, changes in gender equality in the domestic sphere have been slow in TW and HK. Women continue to shoulder most housework and childcare responsibilities (see Yu, 2015 on TW; Census and Statistics Department, 2015 on HK). We thus add gender relations to our initial suppositions regarding likely causes of pressure on families of disabled children. Our findings present a picture of time-poverty amongst many mothers, resulting from employment, wider family caring responsibilities, housework and combinations thereof.

5.3.5 Parental Knowledge/Confidence

Time poverty may not be the only issue, however. 52.3% (*n*=46) of TW parents and 44.3% (*n*=27) of HK respondents reported that they were 'dissatisfied' or 'very dissatisfied' with their own level of knowledge/skill when it comes to enabling play for their disabled child. 47.7% (*n*=42) of TW and 55.7% (*n*=34) of HK respondents were 'satisfied' with their level of knowledge/skill, but no parents in either sample stated they were 'very satisfied'. The majority of parents said they would like more advice and information about how to support their child's play (TW *n*=67, 76.1%; HK *n*=45, 75.0%); of the remaining parents, most said they would 'perhaps' welcome more advice and information (TW *n*=20 22.7%; HK *n*=14 23.3%).

That so many TW and HK parents stated that they need, or would value more advice about how to support their child in/to play, is a useful insight. A next step might be to explore whether this is specific to parents of disabled children or a wider concern amongst parents in TW and HK, perhaps a reflection of insufficient accumulated cultural knowledge about enabling play for *all* children within Chinese societies (Bai 2005).

6 Conclusion

As stated at the beginning of this article, we know little about disabled children's access to and inclusion in play within countries outside the West, including those in East Asia. This knowledge-gap matters for two reasons: first, from a rights-based perspective because it means that *we do not know whether disabled children's right to play is being respected everywhere;* second, from a sociological perspective, because it means that *our knowledge of the 'local formations' of disabled childhoods is incomplete*. Our study has begun to address this gap, revealing that disabled children in TW and HK face similar barriers in/to play as disabled children around the world – play-spaces being inaccessible or otherwise unsatisfactory (home or elsewhere), disabling, exclusionary attitudes (of peers or others) and educative, rehabilitative or otherwise therapeutic activities encroaching on their time for play. Our study has shown, however, that there are 'local formations' (Barker & Murray 2010) to disabling barriers to play in TW and HK resulting from high-density urban-living, stigma towards disabled people and their families and intense valuing of academic achievement within Chinese cultures. We also found evidence of parents – specifically *mothers* – being under pressure and not having sufficient time or energy to support their child in/to play. It seems likely that this is a symptom of long working-hours, family-based welfare/care models and the gendered division of household responsibilities.

We end by listing a series of questions – indicative, not exhaustive – that arise from the findings of our survey and would be worthy of further research in TW and HK:

(1) How might community playgrounds be improved, in consultation with disabled children and their families, to ensure that they are safe and accessible?
(2) What might be done to ensure that all disabled children are able to play at school?
(3) What type of pedagogies – school and public – might be used to promote positive attitudes towards disabled children amongst peers and others?
(4) To what extent are relevant professional groups (e.g. teachers, OTs, playworkers) supporting disabled children to engage in *free* play?
(5) What, if any, role do parent support groups/networks play in supporting *free play* for disabled children?
(6) What is causing some TW parents to view play as a vehicle for 'normalization' and how might this be challenged?
(7) How might parents be supported to have sufficient time and knowledge to enable their child's play?

Most importantly, however, we need to know if disabled children agree with their parent's assessments of the value of play in their lives, their play experiences and barriers to their play. Only when we have addressed the questions we list here *and* have consulted in-depth with disabled children, will we have a complete picture of play for disabled children in TW and HK. Our work continues.

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