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Worries, 'weirdos', neighborhoods and knowing people: a qualitative study with children and parents regarding children's independent mobility

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ABSTRACT

This qualitative study involved focus groups with 132 children and 12 parents in primary and secondary schools in metropolitan and regional areas of Victoria, Australia, to explore experiences and perceptions of children's independent mobility. The study highlights the impact of family routines, neighborhood characteristics, social norms and reference points for decision making. Children reported a wider range of safety concerns than parents, including harm from strangers or traffic, bullying, or getting lost. Children expressed great delight in being independent, often seeking to actively influence parents' decision making. Children's independent mobility is a developmental process, requiring graduated steps and skill building.

1. Introduction

Declining physical activity levels in Australian children are having adverse long-term effects on population physical health and wellbeing (Active Healthy Kids Australia, 2014; Dollman et al., 2005). An important source of physical activity is 'children's independent mobility' (CIM) (Schoeppe et al., 2013). CIM refers to children's ability to move around in public spaces without adult accompaniment (Hillman et al., 1990) and includes active methods of transport (e.g. walking, cycling) and independent free play (Hillman et al., 1990). In addition to physical activity, CIM supports the development of cognitive skills, a sense of identity, independence, responsibility, confidence, self-esteem and social skills (Hillman et al., 1990; Malone, 2007). Despite its benefits, there is evidence that CIM has reduced in recent decades; Australian children's active travel to school has declined, with a corresponding increase in car travel (Salmon et al., 2005). Contemporary Australian childhoods are more constrained: children 'roam' less, with only one-third of 8–15 year old children permitted to venture more than 15 min from home alone (Carver et al., 2014). Emerging quantative evidence shows that children are more likely to be independently active if they are male (Carver et al., 2012), live in an area of high connectivity or low traffic (Oliver et al., 2015; Trapp et al., 2012) or live near to school (Trapp et al., 2012). Parents' fear is also relevant; fear of harm from strangers, or of abduction, is associated with being driven to school; less overall physical activity and more constraints on independent mobility (Carver et al., 2010; Ding et al., 2012; Weir et al., 2006).

Parents are the main gatekeepers to CIM and their decisions about their children's level of independence are influenced by a range of family, community and contextual variables (Davison and Lawson, 2006; Green et al., 2003). Qualitative studies indicate that parents' concerns about safety are key determinants of whether they allow their children to travel and play independently (Thomson, 2009; Zubrick et al., 2010). These concerns relate to the safety risks posed by strangers and traffic/road environments (O'Connor and Brown, 2013; Veitch et al., 2006), children's (in)ability to safely navigate the

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environment (O'Connor and Brown, 2013), and exposure to crime, bullying or antisocial behavior (Veitch et al., 2006). While parental concerns about CIM are well-documented, few studies have explored the factors governing those concerns, the role those concerns play in mobility permissions (Foster et al., 2014; O'Connor and Brown, 2013), or the processes by which parents negotiate their children's transition to safe and age-appropriate independent mobility.

A further limitation of research in this area is that children's views about their own independence have been largely neglected (Zubrick et al., 2010). Two notable exceptions are Carroll et al. (2015) and Nansen et al. (2014). The former focused on children living in suburban and inner-city New Zealand, and the latter involved children who already enjoyed a relatively high degree of mobility. As both these studies highlight, children *should* be consulted about matters that affect them, including matters relating to their safety, travel and play in their local environments (Office of the High Commissioner for Human Rights 1989; UNICEF Innocenti Research Centre, 2004). Ensuring that *both* children's and parents' voices are heard will provide a more complete understanding of the barriers and facilitators of CIM. This is important for developing physical activity promotion interventions and strategies that are accessible, relevant and implementable.

This qualitative study is one of the first to explore the experiences and views of both children and parents in relation to CIM. We address the gaps in the extant literature through the recruitment of metropolitan and regional children aged 8–15 years with different levels of independent mobility, as well as from parents of 8–15 year olds. The research aimed to answer the following questions:

1. What are children's experiences of independent mobility*
2. How do children view the supports and barriers to independent mobility*
3. What factors govern parents' views and behaviors about CIM*
4. What are children's and parents' perceptions of the process of becoming independently mobile*

2. Method

2.1. Study design

The study employed a qualitative design, using semi-structured focus groups (Daly et al., 2007) conducted separately with primary and secondary school children and parents. The study sought to gain an in-depth understanding of participants' views, lived experiences, and the processes underpinning decisions and permissions in relation to CIM. Focus groups were selected to allow participants the flexibility to discuss issues of personal relevance and importance in an environment that allowed for interaction between participants to extend the boundaries of discussion beyond what is possible in individual interviews (Willis et al., 2009).

Focus group discussions were grounded in a socioecological model that conceptualized CIM as being influenced by multiple interacting factors (Gibbs et al., 2011). As shown in Fig. 1 (adapted from Lynch, 2000), these included individual, family, social and community, built environment, and political and legislative characteristics.

Ethical approval was granted by the Parenting Research Centre Human Research Ethics Committee (Application No. 13, 2012) and the Department of Education and Early Childhood Development Research and Evaluation Branch (Application No. 2012_001662, 2012).

2.2. Settings and participants

Research was conducted in primary and secondary schools in Victoria, Australia. The principals of 15 co-educational Government schools were sent an invitation to participate. Schools were purposively sampled to ensure variability in child ages, geographic area and population characteristics. Seven schools consented to participate: five primary schools (children aged 5–12 years old), one secondary school (13–18 years old) and one Preparatory to Year 12 school (5–18 years old). Five were in metropolitan and two in regional areas, and the schools reflected diverse physical and community environments (e.g. densely populated suburban areas; beach-side inner-suburbs; farming communities; regional tourist towns; areas with high cultural diversity and new migrants).

Each school principal identified one to two classes that would be suitable to participate, based on child age (between 8 and 15 years) and teacher time commitments. The school then sent an information package to parents of children in each class, requesting written consent for their child to participate and also inviting parents to participate in a parent focus group. Children were asked for verbal assent prior to participating. In total, 132 children (43.2% male, 56.8% female) aged 8–15 years participated in 12 focus groups across the seven schools. Three focus groups (in two metropolitan and one regional school) were conducted with 12 parents (16.7% male, 83.3% female) who had children aged 8–15 years.

2.3. Data collection

2.3.1. Child focus groups

One to two child focus groups were conducted at each school. The mean number of participants in each child group was n=11; some had as few as 6; and one group, in a regional location had 17 participants, due to high interest and logistical constraints. Groups were organized to ensure participants were a similar age (e.g. age groups 8–10, 10–12). Child focus groups were conducted during school hours, and were 30–40 min in duration.

Children were asked about their experiences of travelling or playing in their neighborhoods (e.g. "Tell me about a time when you have gone to the park by yourself or with friends, brothers or sisters, but without an adult. Has this ever happened*"), their perceptions of the supports and barriers to travel and play without adults (e.g. "What are some of the reasons you don't go places in your neighborhood without an adult*"), and how their levels of independence had changed over time (e.g. "Does your family talk about when you can get to school or a friend's house by yourself* Are there any rules that would go along with being able to do that*").

2.3.2. Parent focus groups

Parent focus groups were conducted at three schools (two primary schools, one Preparatory -Year 12 school). Between two and six parents participated in each group. Focus groups were held at the school at a time convenient to parents, and were 45–60 min in duration. Parents were asked about their child's level of independent mobility (e.g. "Are there times when your child can travel to school or other places without an adult*"), their attitudes to CIM (e.g. "Tell me what you think about children moving around in the neighborhood without adult supervision."), factors influencing decisions about their children's mobility (e.g. "Tell me about some of the things that influence your decisions about how your child moves around in the neighborhood."), and the process of allowing their child to become independently mobile (e.g. "What needs to happen for you to feel comfortable with your child moving around the neighborhood without an adult*").

All focus groups were audio recorded, transcribed and anonymized for analysis. A note-taker recorded relevant points for discussion, and observations of participant interactions and expressions. Researchers SC and HG conducted all focus groups, alternating facilitator and note-taker roles.

2.4. Data analysis

Thematic analysis of data was conducted using the process described by Green and colleagues (2007) and included: immersion in the data; coding; creating categories; and identifying key themes. Initially,