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#### Schoolyard Activity of Children At Risk for Communication and/or Language Delays

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# Schoolyard Activity of Children At Risk for Communication and/or Language Delays Play was mostly social and active, similar to observations in other populations

# Introduction

Outdoor time during school or child care (i.e., recess) affords unstructured free**play** which can positively benefit motor, cognitive, and social development.<sup>1</sup>

 Schoolyard design influences children's ability to realize these benefits.<sup>2</sup>

Low parental education, hearing loss, premature birth, and several developmental disorders put children at risk for communication and/or language delays, which adversely affects social development and academic readiness.<sup>3</sup>

**Optimizing schoolyard design** may be an avenue to positively benefit children at risk for communication and/or language delays by promoting active play, conversation, and social interaction.

**Our purpose** was to characterize the free-play behaviors of children who are at risk for communication and/or language delays to inform schoolyard changes which promote physical activity, social interaction, and language development during outdoor play.

Figure 1. Research assistant completing observations





**UtahState**University



Figure 2. Percent of observations by a) activity level, b) activity type, c) activity context, d) group composition, and e) play type

# Methods

## Sample/Setting

- The Institutional Review Board designated this as non-human-subjects research as the purpose was program evaluation
  - No identifiable information were collected
- Preschoolers or kindergarteners (n=16) at risk for communication and/or language delays participated

## **Data Collection (Fall 2022)**

- Each child was directly observed for 1 day which included 1 or 2 recess periods (Figure 1)
- 5-sec observe, 25-sec record cycle (1 observation every 30-sec)
- Cyber Tracker used to record outcomes from the Observational System for Recording Activity in *Children*<sup>4</sup> and *Play Observation Scale*<sup>5</sup>

#### **Data Analysis**

Mean and standard deviation were calculated



# Results

- 25 individual recess periods
- 61% of observations spent in **total physical** activity (Figure 2a)
- Walk, ride, and stand were the most common activity types (Figure 2b)
- Open space, wheel, nature, and socioprops were most common activity contexts (Figure 2c)
- Play in/with nature occurred for 19% of observations
- Majority of observations (79%) were spent in a **social setting (**Figure 2d)
- Most common play type was functional (68%; Figure 2e)
- Children engaged in **conversation** for 31% of observations

#### **Future Directions**

## **References:**

Mason Widdison, Katherine L. Mckee, Lauri Nelson, Kimberly A. Clevenger Emma Eccles Jones College of Education and Human Services | Utah State University



# Conclusion

• Participants spent similar time in moderate-to-vigorous physical activity, compared to prior research (20 vs 17%)<sup>4</sup> • Less time was spent in **fixed equipment** 

or portable/ball contexts than prior research<sup>4</sup>, likely due to the playground design (no fixed equipment present, little portable equipment)

• Children may have been more **solitary** than prior research (21 vs 15%)<sup>6</sup>

 Lack of research with children at risk for communication and/or language delays so not clear why these differences exist

#### Limitations

Small sample size (n=16)

– No comparison group (e.g., peers not at risk for communication delays) Did not control for variables like weather which could affect play

- Will use this data to inform **playground** design for children at risk for communication and/or language delays We are conducting similar observations of children's **indoor free**play to inform optimal classroom design

1. Truelove S et al. (2018). Prev Med. 2. Clevenger KA et al. (2020). Kin Rev. 3. Nelson KE et al., (2011). First Lang. 4. Brown WH et al. (2009). *Child Dev*. 5. Rubin KH. (1989). *The Play Observation Scale*. 6. Nicaise V. (2011). *Prev Med.*