Play and health: making the links

In 2004, the Chief Medical Officer's report urged local authorities to take steps to make neighbourhoods and communities more ‘activity friendly’ by facilitating pleasant and safe environments for walking, cycling, and playing. The report also recommended that children should have 3 – 4 afternoon or evening play opportunities in a week; suggesting that this would make an important contribution to children’s physical activity and health.¹

Department of Health (2004), At least five a week

Introduction

Play is crucial to children's healthy development and happiness. Evidence demonstrates that one of the best ways for children to stay both physically and mentally healthy is through access to a variety of unstructured play experiences. Generally accepted claims of the benefits, acknowledge that ‘play allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive and emotional strength.’²

However, a survey commissioned by Play England for Playday 2007 revealed how under threat opportunities for playing freely outdoors are. Among those polled, 71 percent of adults said they had played outside in the street or area close to their homes every day when they were children, whereas only 21 percent of children do so today.³

The importance of free play

Playing is an important element of children's health and well-being, throughout their childhoods. Free play is different from structured activities like sport, art and music. It is what children and young people do when they are allowed free time and space to use in their own way, for their own reasons and for no external outcome, reward or goal. The essence of play is that it is child-led and initiated and not directed by adults.

Play and physical activity

Statistics from the annual Health Survey for England 2004⁴ show levels of obesity among children have risen over the past 10 years. Around one in four 11- to 15-year-olds are considered obese. The British Medical Journal reported in 2001 that there is ‘an obesity epidemic in young children’ and that the main solution should be to ‘reduce television viewing and promote playing.’ The report identifies that ‘opportunities for spontaneous play may be the only requirement that young children need to increase their physical activity.’ ⁵

Recent research reports have highlighted the importance of physically active play in contributing to children's exercise levels. Research by University College London found that outdoor and unstructured play is one of the best forms of exercise for children. The report concluded that ‘walking and playing provide children with more physical activity than most other activities.’⁶

Play and mental well-being

Good play experiences can also enhance children and young people's mental health. This is particularly important given the current rise in rates of mental health problems among young people. It is estimated that one in five children and adolescents suffer from a mental health problem.⁷ In 1999 the Mental Health Foundation reported that the increasingly limited amount of time children have to play outside, or to attend supervised play projects was a causative factor in the rise of mental ill health in young people.⁸
Play and emotional well-being
Play and unstructured time that allow for peer interactions are important components of social and emotional well-being. It is through play that children at a very early age engage and interact in the world around them. Play allows children to create and explore the world, sometimes in conjunction with other children or adults. As they explore their world, play helps children develop new competencies that lead to enhanced confidence and the resilience they will need to face future challenges.9

Targeted play provision
Targeted play provision and specialist intervention works at different levels of need and vulnerability. In some areas, play projects and playwork skills are specifically designed and used to aid children who have specific social, emotional and health problems.

For example, a London Borough of Camden play project, specifically for children and families living in temporary accommodation (hotels, hostels and bed and breakfast accommodation), recognises the impact of difficult housing conditions on children's opportunities to play and develop. The project also works with a large number of children in refugee and asylum-seeking families, who need specific support to enable them to learn about and join mainstream play services.

Government recognition of the value of play
The growing body of evidence illustrating the importance of play is increasingly being recognised in government policy in England. Below is a brief summary of government policy acknowledging the value of play and making recommendations to provide more and better play opportunities.

Department of Health
In April 2004, the Chief Medical Officer in England, recommended that children should have access to three or four afternoon/evening play opportunities in the week.10 The Department of Health (DH) followed this with guidance on how local authorities and their partners can promote physical activity. DH recommendations included ‘community level intervention to promote physical activity, use of green space and play projects’11

Tackling Child Obesity – First Steps
This inter-agency national report Tackling Child Obesity – First Steps has indicated that, in formulating national policy, government departments should consider provision for children's play as an important contribution to reducing obesity in children and young people.12

NICE guidance
National Institute for Health and Clinical Excellence (NICE) guidance, produced in 2007, on preventing obesity makes a number of recommendations. These include, providing facilities and schemes such as cycling and walking routes; safe play areas and making streets cleaner and safer; through to measures such as traffic calming and congestion charging.13 Health care specialists are expected to follow this guidance which supports the implementation of the White Paper Choosing health: making healthy choices easier.14

In 2008, NICE published guidance recommending that planning applications for new developments should prioritise the need for people to be physically active. This includes ensuring children can participate in physically active play.15

The Foresight report
The 2007 Foresight report, from the Government Office for Science, indicates that a bold, whole system approach to tackling obesity is critical, including redesigning the built environment to promote walking.16

Healthy Weight, Healthy Lives
This cross-government strategy, informed by the Foresight report, supports people to maintain a healthy weight.17 It makes reference to The Children's Plan, which announced new investment of £225m to allow up to 3,500 playgrounds to be built or renewed, 30 adventure playgrounds for 8- to 13-year-olds backed by a national play strategy in England by summer 2008.18

Role of Primary Care Trusts and health promotion specialists in promoting play
Health professionals have a crucial role in supporting play as part of children and young people's healthy development. They need to recognise and fully understand the role of play provision in providing physical activity and support for children and young people's emotional wellbeing.

As part of their role on local planning and strategic bodies, health professionals can advocate for a strong, coherent play element in physical activity strategies and the health improvement section of the Local Delivery Plan.
Children's play needs should also be represented in wider plans that affect children and young people, including the Children and Young People's Plan (CYPP) and the Sustainable Community Strategy. This informs the negotiation of the children and young people's theme within the proposed new Local Area Agreement (LAA). Islington Council’s CYPP, for example, calls on traffic planners to reduce traffic speeds and volumes on residential roads.20

**Making the links**

Most areas in England now have local play partnerships many of which include PCT representation. Over 350 local authorities in England have developed a local area play strategy; a required component of application to the Big Lottery Fund’s Children’s Play programme – a £124 million programme to fund and support free local play spaces and opportunities.

It is important that health care professionals work with play partnerships to ensure that the CYPP, physical activity strategies and obesity strategies are all linked to a local area play strategy. It will be in the interests of health professionals to work with the play sector as improvements in play could impact on a number of health improvement indicators.

**Work with parents to understand value of play**

Health care professionals can provide information and encouragement to parents and carers. They can highlight the value of free play and its role in allowing children to develop greater independence. Children benefit from their parents’ active participation in their play and from their recognition and encouragement to play on their own or with friends.21

The Department of Health has produced a booklet for parents called *Why your child’s weight matters*. It includes information the steps that parents can take to help their family develop a healthy lifestyle. The booklets states: ‘Help your children find activities they enjoy. For most children, playing in the playground or park or running around outside can be great fun - whatever the weather. Try to incorporate physical activity into your everyday family life - walking, cycling and outdoor play should be part of this’.22

**Healthy schools**

Schools offer and ideal space for children to play freely and interact with other children. In order to provide a healthy school environment it is important for schools to develop a strong play element. There are a number of ways healthy schools coordinators can ensure play is set within a wider approach to children’s well-being. Healthy schools coordinators could work with schools to ensure that the £45bn *Building Schools for the Future* programme’s objectives include ensuring that all schools have well-designed playable space. The programme acknowledges the value of play and offers guidance as to how well-designed school grounds can support children’s play.23

**ProActive Islington: A strategy for Islington 2006 – 2012**

The London borough of Islington’s physical activity strategy sets out the aims of the ProActive Partnership, which works to increase levels of physical activity in all sections of the Islington community, regardless of ability. The strategy clearly recognises the importance of play in increasing children's physical activity levels.

The physical activity strategy states that: ‘Life-long physical activity starts with children’s Play’.24 It also fully supports the borough’s local area play strategy. Islington Play Association worked closely with the ProActive Partnership to ensure that play was represented appropriately and present in local strategies that determine where funding goes.

Healthy schools coordinators can also support the development of play in extended services. This is essential since the Department for Children Schools and Families published the 2007 updated extended schools prospectuses *Extended schools: Building on experience*. This emphasises that play needs are to be included as part of a varied menu of activities offered to children through extended schools.25

One way of ensuring that good play opportunities are delivered by schools is to create links with local play services. Trained playworkers could be used, on and off site, to support children to play freely with their friends in an environment where they feel safe. There is also potential for schools to link with local play centres, playschemes and adventure playgrounds in the provision of extended services.

**Play on prescription**

Children’s health may suffer because they do not have access to good play provision due to financial circumstances or where lack of knowledge of local provision may restrict choice.

When a child or parent, visits a GP or health visitor, with a medical condition or symptoms which may be alleviated by the children accessing play provision, a

**Lichfield District Council**

In Lichfield, the district council has offered play on prescription since June 1995. Play on prescription is available for all children aged six months to sixteen years. The broad referral criteria include:

- delayed development
- stress or depression in the family
- relationship difficulties
- bereavement or illness
- parent absent
- children at risk of social exclusion.

The referral costs are met by the services concerned and the scheme is administered by the council’s play development manager. A number of places are allocated within the existing council play services for children for that are referred.
prescription for play can be issued. A similar process can be followed by social workers or other child related services when establishing that a child is 'in need' and would benefit from better play provision.

Play on Prescription can be compared with the well-established Exercise on Prescription or GP referral schemes that now operate throughout the country.

Further information

Play in Local Area Agreements

Information on play in LAAs.

References

8 Mental Health Foundation (1999) Brighter Futures Promoting Children and Young People’s Mental Health. London: Mental Health Foundation.
9 See end note 2
10 See end note 1
21 See end note 13

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