**No.9  Play and Health**

**Introduction**

There is a growing body of evidence to illustrate the importance of play and play provision to children’s mental and physical health. In the past two years this research has been taken seriously by the Government in England. Consequently the need to provide for more and better play opportunities has begun to filter through into Government policy.

This factsheet outlines the extent to which the Government has acknowledged the value of play in children’s health and describes some of the underpinning evidence to support these developments.

**Government recognition of the value of play**

‘Recent findings suggest that outdoor play makes a major contribution to children’s overall level of physical activity, including playing in the street. DCMS is currently considering how to take forward work on children’s play. This work is in its early stages but will include the establishment of a cross-departmental group to devise a strategic approach to play policy’. (Department of Health, 2005a)

In recent years the government has begun to recognise the value of play to children’s physical health and activity levels. In 2004 the Chief Medical Officer in England recommended that:

‘Children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health, muscle strength, and flexibility.’

In considering how children of different ages can achieve the recommended level of activity, the report recommended that young children should, amongst other things, ’have 3–4 afternoon or evening play opportunities in the week’ and at weekends have longer walks, visits to the park or swimming pool and bike rides. For teenagers, the report’s recommendations include walking or cycling to and from school every day, 3–4 organised or informal midweek sports or activities and at the weekend, walks, biking, swimming, and sports activities. The report also 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. (Department of Health, 2004a)

In 2004 the Department of Health (DH) followed up this guidance with the public health policy paper *Choosing Health* which
acknowledged the value of play in promoting exercise. When describing ways in which children could be encouraged to be more physically active DH said:

‘Children’s and young people’s habits and their attitudes to physical activity impact on the choices they make later in life. We need to extend the opportunities that schools, working with local partners in the public and voluntary sector, provide through formal and informal opportunities for sport, play and active travel to and from school’. (Department of Health, 2004b) Choosing Health was followed up with guidance from DH on how local authorities and their partners can promote physical activity. This included the provision of green space and play projects to tackle childhood obesity, identified as one of the most serious threats to long-term community health.

‘We want to establish healthy behaviours from an early age and encourage enjoyable, health-enhancing activity that will be sustained throughout life. Children and young people need to experience a wide range of formal and informal activities both in and out of school from walking to school, to community dance initiatives and active free play in well-maintained open spaces. ... We will need to ensure that children in children’s centres through to young people in further and higher education are encouraged to build activity into their daily lives through play, physical education, sport and through increased walking and cycling opportunities... Access for all to well-maintained, safe walking and cycling routes, attractive and affordable leisure and sports facilities, playgrounds, parks and the countryside will make a significant contribution to enabling people to live more active lives.’ (Department of Health, 2005b)

More recently the 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 (National Audit Office, 2006). Also, in early 2006 the National Institute for Heath and Clinical Excellence (NICE) published a consultation document including strategies for reducing and preventing overweight and obesity in children and young people. The value of play and the need for opportunities for children to play are made clear.

**National health charities recommend play for health**

In 1999 the Mental Health Foundation recognised the importance of play to children’s mental health and as an effective way of giving them opportunities to practice making and consolidating friendships and dealing with conflict. These are basic skills needed in order to become ‘emotionally literate’, and to increase children’s resilience to mental health problems. (Mental Health Foundation, 1999b)

More recently the Manifesto for Physical Activity proposed by the
Chartered Society of Physiotherapy, Asthma UK, and Cancer Research UK published in 2005 calls on the government to complement a schools strategy and to ensure that the built environment and community facilities enable young people to be active. They add: "We know that outdoor play is crucial in helping children reach their activity targets and urge the government to do more to create safe outdoor play areas". (Chartered Society of Physiotherapy, 2005)

Similarly, the British Heart Foundation’s Get kids on the Go! advises parents that ‘physical activity can help your child build a healthy heart and develop strong muscles and bones’ and gives advice about how to achieve this – including ‘playing outside rather than watching TV’. It goes on to add, ‘check the area in which they are playing is safe, ...(but do try and let your child practice some independence). (British Heart Foundation, 2005) BHF also publishes teaching resources including advice about making school playgrounds better places for active play. (British Heart Foundation, 2001)

Research about play and health

Physical activity

Physical activity is widely recognised as important for health in childhood, providing benefits for both physical and psychological well-being. Physical benefits include positive effects for blood pressure and on preventing obesity. In 2000 Mulvihill and colleagues, published the findings of an in-depth qualitative study in England to examine the factors influencing children’s involvement in physical activity. Sixty children and 38 parents were interviewed. The study found very positive attitudes among the children interviewed towards physical activity, although their involvement in such activities was influenced by perceived enjoyment and of it being fun. They also found that parents appeared to play a central role in determining levels of physical activity and that a lack of facilities and play areas was a concern for many parents, which in turn affected the levels of physical activities engaged in by their child. (Mulvihill, 2000)

More recent studies have demonstrated how important energetic play is for children’s exercise. In 2001 the British Medical Journal reported that there is ‘an obesity epidemic in young (pre-school) children’ and that the main solution should be to ‘reduce television viewing and promote playing’. The article identifies that ‘opportunities for spontaneous play may be the only requirement that young children need to increase their physical activity’. (Dietz, 2001) Energetic play can take place both indoors and outside if children have enough space and suitable equipment. (National Toy Council, 2005)

Research with children in school years 6 and 8, by Mackett (2004) showed that to increase their energy expenditure, children need to spend less of their free time in their homes. The best free-time exercise was shown to be walking and playing informal
Children got more exercise from outdoor play than they did from clubs and formal sports activities and the children who walked to their leisure activities and school were more energetic when they got there. (Mackett, 2004)

This latter finding supported the growing body of evidence that children who walk to and from school, rather than being driven, are generally more physically active than those who do not. This seems to be particularly true for boys and it has been suggested that this is because they play actively on their way home. (Fox 2003, Cooper and others 2003, Cooper and others 2005) Fox (2003) also cites a number of small studies, which looked at together, indicated that `daily lifestyle patterns are critical to energy expenditure’.

During the school day there is clear evidence that break/play-time is the best time for children to get exercise. Mackett (2004) showed that during this time children expended more energy than they did during the whole of the rest of the school day (excluding PE lessons) and almost as much as when PE was included. Although PE and games lessons were more energy intensive they took up a much smaller portion of children’s school time than play/break times. Over a full week 17 per cent of the children’s activity energy expenditure was during play/break time although that accounted for only 5 per cent of their time. For the children who spent most of the rest of the time in their own homes, school play is their main form of exercise.

School playtime is also thought to be important for developing positive attitudes towards physical activity and sport and also to have a positive impact on learning. Children are more attentive in class when they experience regular breaks from their work. (Ridgers, ND and others, 2005)

**Play and mental health**

Although not a widely researched field there is some evidence that play can enhance the mental health of children and young people. (Meltzer and others, 2000) In the *Bright Futures* report the Mental Health Foundation highlighted the importance of child mental health and of children being able to play and take risks and to use their initiative. The report, based on an extensive gathering of over 1,000 pieces of evidence drawn from professionals, parents and young people, referred to earlier work undertaken by the Foundation (Listening to Children, 1998) where young people talked of the importance of personal achievement for their well-being. The growth of out-of-school care and the importance of play in these settings is also highlighted. This may ‘provide children with opportunities to take part in recreational activities which may otherwise be denied to them – commonly involving children in creative artwork, physical activities, music, sport and drama’ (Mental Health Foundation, 1999a)

It is also suggested that providing enriching experiences may help to develop children’s emotional and social skills and may reduce the risk of them developing mental health problems later on.
This theme is also, to a limited extent, picked up on in Gilligan’s review of factors that may promote resilience where mention is made of ‘spare time experiences’ (identified by Gilligan as including cultural pursuits, the care of animals, sport, help and volunteering, and part-time work, though interestingly, not specifically play) in helping to foster feelings of self-esteem and self-efficacy. (Gilligan, 2000)

The value of playwork and staffed play provision to supporting children’s mental health is illustrated in case study research evaluating play projects funded through the Big Lottery Fund’s Better Play programme (Youlden, 2006). All six projects studied allowed and encouraged children to challenge themselves and test their own boundaries, offering a variety of experiences new to the children. The relationships between staff and children were important in the children’s positive response to the challenges and the way in which staff supported children had an impact on aspects of the children’s self-esteem. The projects were also successful in fostering independence and self-esteem in children. This was achieved in different ways in different projects. In one project there was a programme and activities designed specifically to enhance self-esteem and independence. In other projects children’s growth in self-esteem was related to their relationships with staff, being valued and respected for their contribution to the project, their engagement in decision-making and planning and recognition of what they considered to be their achievements. The type of setting in which children play may also have an impact on their mental health. For example, Faber Taylor (2001) found that children with Attention Deficit Disorder ‘function better than usual’ after activities in ‘green settings’, that is with natural green elements, and that the greener the children’s play area the less severe the attention deficit symptoms. (Taylor, 2001)

Physical activity, and the contribution of play to this, seems also to impact on children’s mental health. Research has indicated the potentially negative long-term consequences of a sedentary lifestyle and is increasingly suggesting that involvement in physical activity is a protective factor against stress, depression and risk-taking behaviours such as drug use. (Ferron and others, 1999)

Psychological effects of physical activity include enhanced psychological well-being, reduced symptoms of depression and anxiety and increased self-esteem. (Mulvihill, 2000)

**Conclusion**

For children, play is a spontaneous activity with no particular purpose other than what they decide for it. However, evidence shows that play is much more than that. It provides children with a valuable means of getting exercise and being active and can support and promote good mental health.

Although the Government has begun to recognise the value of play to children’s health in some of its recent policy developments there is still much to do to
persuade Ministers that they should invest in children's play opportunities to the same extent as they do in other areas of children’s lives.

Acknowledgements
Information for this fact sheet was provided by Alan Sutton (London Play) and includes information from ‘The value of children’s play and play provision’ by Cathy Street, published in Making the Case for Play: Gathering the evidence, National Children’s Bureau, 2002.

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April 2006

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The Children’s Play Information Service produces factsheets and student reading lists on a variety of play topics, and can also provide customised reading lists in response to individual requests.

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The Children’s Play Information Service is funded by the Department for Culture, Media and Sport (DCMS) and the BIG Lottery Fund through Play England, and forms part of the NCB Library and Information Service.

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